MORE YEARS BETTER LIVES

Final report

Demographic change and migration

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Executive summary

It is widely believed that migration will play a significant role in defining the future shape of Europe's population. This short project was an attempt to review the evidence on some of the potential implications of this.

For the purpose of this report, "migration" includes any change of normal residence that involves a move over a significant distance, to a new country or within a country, so that the new location becomes his or her own "usual residence". This includes movement into and out of Europe, movement between countries and regions within Europe, and, though largely neglected here, the movement of refugees, family members, and students. The focus of the report is on the implications of migration for an ageing society (and not migration overall).

In that, it is a short-lived and limited review of existing evidence on this specific topic. The project duration was from March to October 2017. An interdisciplinary group of researchers from Europe and Canada collected and analysed recent research evidence in four main topics and eleven countries. The objective was to bring together current knowledge and help define the scope of any further work by the Joint Programming Initiative "More years, better lives". This final project report presents the researchers' findings.

The potential benefits of immigration depend on the capability of host societies to implement immigration-friendly policies and forestall social tensions between minority and majority population. Research suggests that persons, who are less educated, politically affiliated to the right and dissatisfied with the economic situation, tend to have more restrictive migration attitudes. While there is mixed empirical evidence on the effects of gender, income and employment on attitudes to migration, the two key sociodemographic determinants are age and urbanisation. According to research, economic self-interest is less important than cultural concerns about the development of society overall. Equally important in opinion-making is framing by the media (perception vs. facts). However, there is a lack of knowledge about the formation of beliefs and potential alignment with factual evidence. In view of the possible increase of anti-immigrant stances in ageing societies, these knowledge gaps are of particular relevance.

Migrants in the health and social care workforce help alleviate the deficit of skilled health care workers. Among health and social care workers, intra-EU mobility exceeds extra-EU migration. The European Union only plays minor role as receiver of health workers from outside; yet, evidence on the volume and nature of mobility within the European Union is limited. There is evidence that countries with a public healthcare system can better control their recruitment strategies than countries with a strong private sector. Staff shortages in the European health and social care sector interact with complex regulations of legal residence and work permission. Often, there is a misalignment between the career aspirations of skilled immigrants and the types of jobs available to them. Further research is needed into these barriers, as well as the role of migrants in service delivery and the provision of culturally sensitive care services, as well as transnational care-migration-chains (e.g. the impact on families left behind).

Older migrants' health patterns are very distinct from host populations. They also vary greatly between different migrant groups. While, upon arrival, migrants tend to be healthier than the average resident in the host country ("healthy migrant paradox"), empirical evidence suggests that their health and

mortality converges to that of the host country over time and generation. The reasons are manifold and include: general socioeconomic circumstances (irrespective of migrant status) like education, income, and housing conditions; migrant-specific factors (e.g. related to the social and economic integration in the host society, including the adoption of health (risk) behaviour); and differences in coping with feelings of rejection, social exclusion and discrimination (i.e. mental health). Data on these factors is relatively poor for the migrant population at large, and older migrants in particular. Hence, there is a lack of detailed analyses of the life/health situation of older migrants (especially longitudinal and comparative studies), estimations of migrants' care demand in the future (acknowledging the interactions of health and migration), as well as research that integrates the dimensions of mental/physical health or formal/informal care (including gendered family networks, role of migrant families in old age care) and addresses cultural norms and expectations.

The pensions of migrants are a function of the design of the pension system (i.e. retirement age, portability of pension rights, earnings-related vs. universal flat rate benefits), of how this design interacts with the individual migration history (e.g. length of stay), their socio-legal status (i.e. right to work, pay taxes, receive benefits) and employment history (i.e. length, full or part-time work). During the past two decades, concerns over demographic change and lower employment rates among those of active age have led to pension reforms across most member states of the European Union. In that context, more comparative research on the effects or outcomes of different pensions systems for different migrant groups is important. In those countries with register systems, there is also scope for register-based research on pension outcomes in the country of origin and country of destination, as well as research on the effects of circular migration on pension outcomes.

Across themes and countries, the authors called for more research on specific migration groups and their motives (e.g. intra-EU migrants, circular migrants or irregular migrants), migrants' intentions to stay and comparative outcomes of immigration (i.e. social and economic integration). In order to answer many of the open research questions, there are specific thematic data needs (e.g. on public perceptions and attitudes towards immigration, the recruitment of health and social care workers, migrants' pensions in countries of destination and countries of origin, and migrants' true length of stay. Beyond, there is need for new data sources, either through data linkage (e.g. of registry and survey data) or new data collections (esp. longitudinal), as well as an expansion of existing data collections and survey programmes, ideally to include all areas and life stages of migrants.

The evolving agenda of the Joint Programming Initiative "More years, better lives" identified migration as one of the priority topics. The list of research gaps and opportunities for joint actions that came out as a result of this fast-track project include opportunities for joint funding (e.g. a joint research call on demographic change and migration, possibly linked to data infrastructure measures, covering the identified research gaps), for mutual scientific learning and exchange (e.g. joint workshops to define the scope of specific research fields, such as migrant health and "other" migrants, to discuss content-related or methodological issues and bring together, formerly disjoint, research communities), and for outreach measures (e.g. large-scale conference to disseminate the results of the fast-track project addressing scientific and non-scientific stakeholders, such as other Joint Programming Initiatives, policymakers, data centres, migrant organisations, municipalities, health and care practitioners). The list may serve as groundwork for future demographic research and other activities conducive to the integration of research, policy and practice.

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RESEARCH GAPS AND OPPORTUNITIES FOR JOINT ACTIONS

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COUNTRY REPORTS

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1. Introduction

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In an era of deepening globalisation and increasing connectivity, migration touches all countries more than ever before. In view of the considerable rise in migration in many parts of the world, migration has become a high-priority issue for policymakers, while demographers struggle with its volatility when calculating population projections (IOM, 2017). In this context, there have been various attempts to map and advance national and cross-national research on migration in Europe (cf. NORFACE Research Programme on Migration, Coordination and support action on "Current European and cross-national comparative research and research actions on migration", activities of the Joint Programming Initiative "Urban Europe").

In line with its core interest in demographic change, the Joint Programming Initiative "More years, better lives" (JPI MYBL) commissioned a short-lived review of existing evidence on the interrelationship between migration and demographic change. An interdisciplinary group of researchers from Europe and Canada collected and analysed recent research evidence in four main topics and eleven countries. The objective was to bring together current knowledge and help define the scope of any further work by the JPI MYBL.

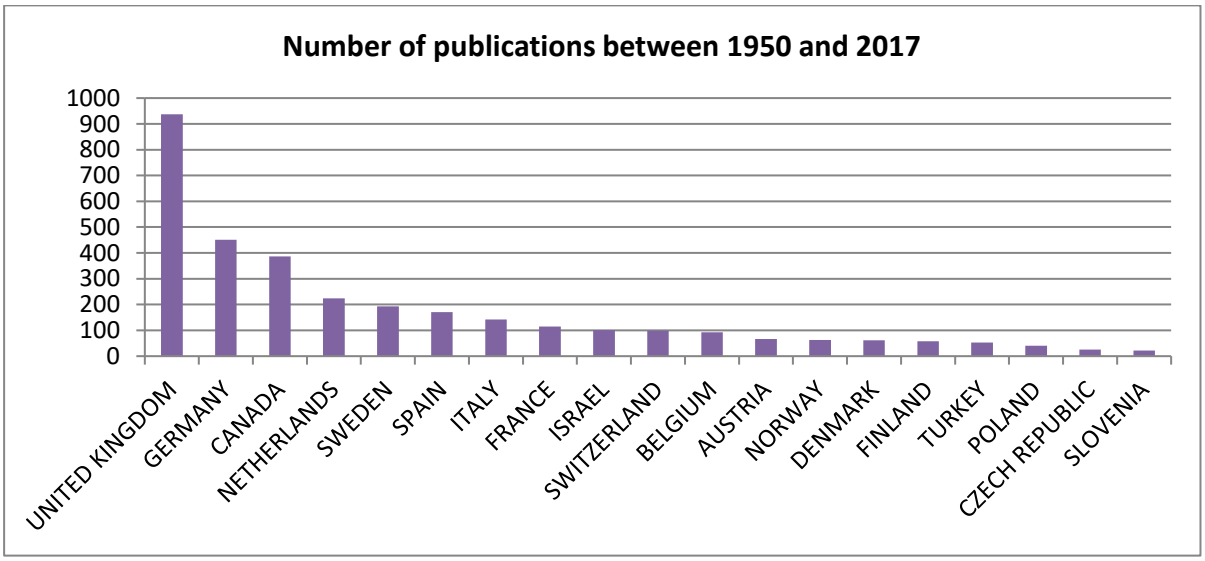
For that, researchers from nine member countries – including Austria, Belgium, Canada, France, Germany, the Netherlands, Norway, Sweden and the United Kingdom – provide a comparative overview of their countries' recent history of migration, and analyse the relationship between migration and health, employment, pensions and public attitudes. Since only researchers from Northern and Western countries were part of the working group, their perspective will also dominate the reports. In order to increase the geographical coverage of the project, some researchers contributed chapters on another country than their own (i.e. Czech Republic, Poland, and Spain). These country chapters are preceded by four thematic chapters that address the question of how well migrants are received in host societies, and how they fare in the workforce, in terms of health and in the pension system in the host society. As a common thread, there is a lack of knowledge about the living conditions of the migrant population overall, and older migrants in particular. Therefore, this report shall serve as a tool for mutual learning and as groundwork for deriving future research questions.

An integrated view of demographic ageing and migration is highly relevant. The meaning and conditions of older age have significantly changed in recent decades in modern countries. At the same time, the ageing process and age as life phase have become more diverse in the course of social and demographic change. The parallel increase in older persons with an immigration background also contributes to this diversity (Schimany, Rühl, & Kohl, 2012).

Although the life situation of older people has long been the subject of scientific and political discussions, older migrants have only recently received increased attention. In fact, this applies to all countries covered in this project. With the absolute and relative increase of both the elderly population and the migrant elderly population, an integrated view on demographic change and migration becomes even more important.

Generally, the volume of academic work on migration has grown significantly, reflecting some of the dynamism of the phenomena. Interesting differences can be observed with regards to research and corresponding publication activities for each country taken from Web of Science shown in Figure 1. Web of Science is an online-database that contains bibliographical data of more than 50.000 books, 12.000 journals and 16.0000 conference proceedings in natural and social sciences and to a certain extent the humanities including Available meta-information like abstracts, subject-areas, institutions or the number of citations. It also contains information about co-authorship. The bibliographical data from Web of Science comprise about 6.000 publications from the period of 1950 to 2017 and derive from selected domains – migration, employment, attitude, public opinion, health and pension – and connected with search operators (AND or OR).

Figure 1 Number of publications between 1950 and 2017



Source: Web of Science

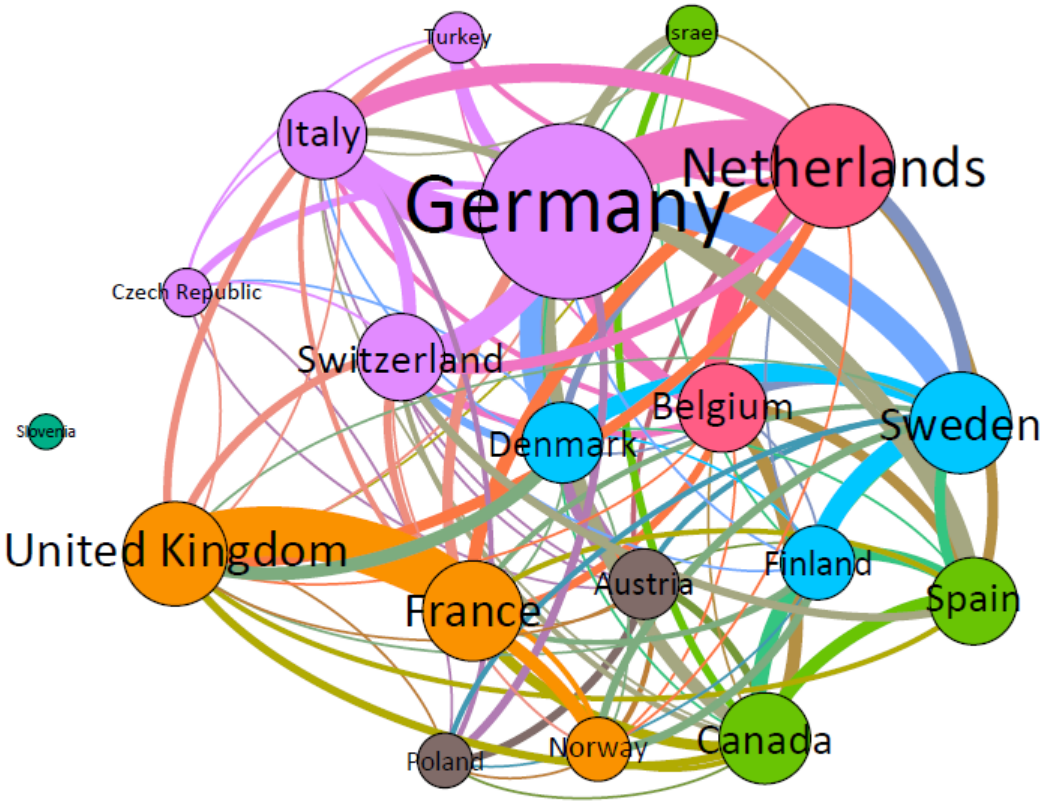
1.1 Migration research communities across JPI MYBL countries

Recognising that JPI MYBL countries operate in a global context in which international migration has been stimulated by processes of globalisation, climate change and rapid changes in new technology, communication and transport systems, joint European as well as worldwide cooperation can contribute to better insight in a complex phenomenon and foster knowledge transfer between the nations.

Accordingly, Figure 2 represents an overview of joint publication activities among all JPI MYBL countries. The illustrated network is based on co-authorships between the displayed countries. As for an explanation, the larger the node, the higher the number of co-publications published of the specific country with its JPI MYBL partner countries. An edge between two countries indicates shared authorship of a publication. Accordingly, a thicker edge means a higher number of co-authorships between the connected countries. The different colours of the nodes distinguish different communities in the network calculated with a community-detection-algorithm (Blondel, Guillaume, Lambiotte, and Lefebvre, 2008). Within the community of JPI MYBL countries, there is a high degree of cooperation in the field of migration research: Researchers from almost all JPI MYBL countries have published and, hence, worked with each other. However, there is some room for improvement. High

cooperation activity is shown for Germany, the Netherlands, the United Kingdom and Sweden. Slovenia is not yet connected to the research activity of the other countries.

Figure 2 Co-authorships of participating JPI countries in the field of migration



Source: Web of Science

The colours attributed to a node illustrate research communities that may result from shared migration experiences of the countries that may pose relevant research questions, as well as linguistic or regional ties (e.g. Switzerland, Germany; Denmark, Sweden, Finland), or relationships as well as dependencies due to bilateral agreements (e.g. recruitment agreement between Germany and Turkey). Strong co-authorships also exist between the United Kingdom and France, as well as Germany, Italy, Switzerland, or the Netherlands.

Taking into account that the United Kingdom ranks first as regards to the total number of publications (cf. Figure 1), it can be assumed that the respective research is more oriented towards international cooperation outside the JPI MYBL.

1.2 Outline of the report

The focus of the report is on older migrants since they form the intersection of the two central social processes “demographic ageing” and “international migration” (Schimany et al., 2012). After this introduction, four thematic chapters address the question of how well migrants are received in host societies (cf. chapter 2), and how they fare in the workforce (cf. chapter 3), in terms of health (cf.

chapter 4) and in the pension system in the host society (cf. chapter 5). Then, in chapter 6, eleven country reports will provide an overview of the recent history of migration across countries, specific phenomena of demographic change and migration, and the availability of data on older migrants. The thematic chapters and country reports both conclude with specific research gaps that provide the basis for the list of research gaps and opportunities for joint actions in the last chapter. The list may serve as groundwork for future demographic research and other activities conducive to the integration of research, policy and practice.

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2. Attitudes to immigration and the ageing of societies

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2.1 Introduction

According to demographic forecasts, old-age dependency ratios in European economies will halve, from four working-age people for each pensioner to two by 2050 (United Nations 2015). The economic ramifications of this may be severe. An older population will lead to rising healthcare and pension costs (e.g. European Commission, 2015). It will also contribute to a declining labour force, and thus potentially a shortage of workers, lower productivity and reduced innovation (Malberg et al., 2008; Poot, 2008). This may in turn be associated with lower competitiveness. It may also be associated with sizeable shifts in the regional and sector structure of economies, as demand patterns between the older and younger population groups will differ markedly, and rural to urban migration patterns within countries are expected to continue (e.g. Tae-Jeong and Hewings, 2015). Furthermore, the ageing of the population may also increase labour market problems. As older people are less mobile across regions and sectors than younger ones, countries with older populations could be less well prepared to accommodate the labour reallocation needs of highly developed economies (Boersch-Suppan, 2001; Shimmer, 2001)

To reduce these potential adverse effects of an ageing society, some analysts (e.g. Zimmermann, 2008; OECD, 2008) have called for increased immigration. The effectiveness of such a strategy, however, is contingent on several conditions. First, from a demographic perspective, migration can be a long-term solution to ageing only if immigrant groups have sufficiently higher and stable fertility rates than natives or if immigration continues in the long run. Second, from an economic point of view, the success of such a strategy hinges on the labour market integration of immigrants and their descendants. Immigration can alleviate the financial problems of welfare and pension systems only if immigrants are net contributors to the welfare state and well-integrated in their host countries' labour markets. Such a strategy hinges on the capability of host societies to maintain immigration-friendly policies and avoid increased inter-ethnic tensions as these may have high economic costs, impede the integration of immigrants, act as a disincentive to immigration and may have massive (and costly) political consequences.

Little research assesses the extent to which host countries positively perceive the arrival of newcomers. The current contribution therefore surveys the empirical literature on attitudes to immigration. The aims are twofold: First, the survey assesses the determinants of attitudes to immigration among the native population in general. Second, it determines to what degree the ageing of societies could increase anti-immigration sentiments among the native population. The section below discusses the methodological and data issues prevalent in this literature, as well as recent proposed solutions. Section three presents the stylised facts generated by observational studies, and summarizes the contributions directly related to ageing. Section four surveys the wider literature on

[1] The authors thank Wenke Apt, Julia Bock-Schappelwein and Thomas Hovath for helpful comments and suggestions. Remaining errors remain in the responsibility of the authors.

attitudes to immigration to highlight the empirical evidence with respect to some competing hypotheses that may contribute to explaining the correlation between aging and anti-immigration attitudes. Finally, section five concludes by deriving suggestions for future research.

2.2 Method and data

2.2.1 Measurement

Most empirical analyses of determinants of anti-immigrant sentiment start by investigating the correlation between a measure of attitudes to immigration and a set of explanatory variables, measured at either the individual or regional level. One of the challenges for research related to the topic is therefore related to the measurement of anti-immigration attitudes. In this respect, researchers have either focused on data on voting behaviour (e.g. Facchini et al., 2011; Krishnakumar and Müller, 2012; Brunner and Kuhn, 2014) or have based their analysis on measures drawn from questionnaires (e.g. Fachinni et al., 2012; Huber and Oberdabernig, 2016; Schotte and Winkler 2016). Voting data has the obvious advantage that the results of elections and plebiscites have an immediate impact on future policies. It, however, takes no account of other mechanisms through which migration attitudes may influence policymaking, such as through political contributions or lobbying (Facchini and Mayda, 2008; Facchini et al., 2011). Also, voting behaviour may not be related to a single issue, as right-wing populists may receive votes for reasons other than their migration stance.

Furthermore, abstentions from voting may drive a wedge between attitudes to immigration and election or plebiscite results. Krishnakumar and Müller (2012) use Swiss data to show that citizens in favour of immigration restrictions (i.e. those with more negative attitudes to migration) have a lower probability of participating in plebiscites on the introduction of migration restrictions. Finally, voting also occurs infrequently and voting data rarely allow for an analysis on an individual level because of the secrecy of voting.

By contrast, studies using questionnaire-based data, which are the focus of the current survey, usually involve selecting the answer to a question on attitudes to immigration and relating this to various explanatory variables at the individual, regional and national level. This research design is therefore more likely than voting data to measure the extent of hostility to immigrants in a country or region, while at the same time analysing attitudes that may be relevant for the development of future immigration policies, irrespective of the party affiliation of voters. Furthermore, it holds the advantage of allowing for greater flexibility than voting data. Questionnaires can be repeated at any point in time. They therefore allow for a more frequent analysis, and the construction of panel data sets that can be used to link changes in individual-level migration attitudes to events such as changes in immigration policy and/or intensive media reporting (see Diehl and Tucci, 2011; Dustmann and Preston, 2001; Semyonov et al., 2004; Wilkes and Corrigall-Brown, 2011; Jolly and DiGiusto, 2014). They can also be used to experiment with the impact of certain cues or the salience of certain topics on attitudes to immigration (e.g. Sniderman et al., 2004; Sniderman and Hagendorn, 2007).

Of course, surveys also have caveats. Most importantly, they are subject to social desirability bias and face the typical issues related to studies based on stated rather than revealed preferences, whereby peoples' actions may conflict with their stated beliefs. Hainmüller and Hangartner (2013) suggest that these differences may be substantial. Focusing on municipal votes on the naturalization of immigrants in Switzerland, they find that applicants from Turkey or former Yugoslavia had a much higher

probability of being rejected than visibly similar-looking candidates from Western Europe, although opinion polls and survey data showed that people favoured immigration from poorer countries than richer countries at the time.

In the last few decades many free, easily accessible, and internationally comparable questionnaires, which interview respondents on various values and attitudes (such as the European Social Survey - ESS, the World Values Survey - WVS, or the International Social Survey Program - ISSP) have become available. These surveys are regularly used in the European and internationally comparative literature on the determinants of attitudes to immigration as they offer data on a large set of countries over several years.[2] Aside from differing in their sampling methodology and sample sizes, these surveys also differ in the questions on attitudes to immigration.[3]

As a consequence, the definition of immigrants differs widely. In the ISSP, these are persons who settle in the country (i.e. permanent migrants), while in the ESS, these are persons coming from another country to live here. This may or may not include temporary immigrants. The WVS focuses on anybody who comes to the country of destination (including temporary migrants). Interestingly, these definitions all differ from the United Nations definition of migration that focuses on persons moving to a country for more than 12 months (Blinder, 2016). Furthermore, the ESS identifies the source region of immigrants, while the ESS and WVS do not. Unsurprisingly, previous literature has found that measures of anti-immigrant sentiments are rather sensitive to the question used. Respondents are generally more hostile to immigration from poor countries and other races than from the same race or ethnic group. They also prefer temporary and legal migrants over permanent and illegal immigrants (Ford, 2011; Bridges and Mateut, 2014; Hainmueller and Hangartner, 2013; Epstein and Venturini, 2006). Furthermore, in other (mostly national) questionnaires, immigrants have been undefined, or the focus has been on a certain admission category such as refugees (Crawley et al., 2013; Pehrson et al., 2009). In other cases, attitudes to immigration are measured by stereotypes (e.g. a group being considered “unintelligent”), while elsewhere concerns about the impact of immigration on the economy or culture of the receiving country have been used to measure anti-immigration attitudes (Semyonov et al., 2006). This raises issues of comparability across studies, and no consensus has emerged as to what questions are most appropriate for measuring anti-immigration attitudes and research on the impact of different conceptual and measurement issues on results is still underdeveloped.[4]

[2] The ISSP is a set of annual surveys of the population aged 18+ on several topics relevant to social sciences. It covers some 30+ countries. Its national identity modules (in 1995, 2003, and 2015) have been much used in the literature. The ESS is a biannual survey (starting in 2002) covering all persons aged 15 years and over. It covered 21 EU and non-EU countries in its last wave. The WVS is a collection of surveys on attitudes and values in almost 100 countries conducted in the time periods 2010-2014, 2005-2009, 1999-2004, 1995-1998, 1990-1994 and 1981-1984.

[3] For instance, the question used by most authors basing their analysis on the ISSP (e.g. Mayda, 2006; Facchini and Mayda, 2008) is “Do you think the number of immigrants to the country nowadays should be: a) increased a lot, b) increased a little, c) remain the same as it is, d) reduced a little, e) reduced a lot?”, where an immigrant is defined as a person “who comes to settle in a country” in an earlier question. The ESS, by contrast, provides a set of three questions that read: “To what extent do you think the country should allow people of the same race or ethnic group to come and live here?”; “How about people of a different race or ethnic group?”; “How about people from the poorer countries outside Europe?” These can be answered answer by choosing one of four categories (“allow many”, “allow some”, “allow a few” and “allow none”). Finally, the WVS asks respondents: “Which one of the following, do you think the government should do? – a) “Prohibit people coming here from other countries”; b) “Place strict limits on the number of foreigners who can come here”; c) “Let people come as long as there are jobs available” and d) “Let anyone come who wants to”.

[4] As an exception Meulemann and Billet (2011) show that questions on opposition to immigration have a higher cross-cultural validity than measures on perceptions of threats and other measures of immigration attitudes. This may make such measures preferable in comparative work.

2.2.2 Causal inference

Analyses of attitudes to immigration must also address whether results can be interpreted as causal and to what degree they can be used to differentiate between competing theories. The latter issue often arises either because theories make rather similar predictions about the impact of a certain variable on immigration attitudes or because certain hypotheses are not testable with standard data. For instance, the correlation between education and pro-immigration attitudes has been interpreted as a result of educated workers being less likely to expect to suffer from labour market competition by low-skilled immigrants by some authors (e.g. Scheve and Slaughter, 2001; Dustman and Preston, 2007), while others attribute this to a general education-induced reduction of prejudice (e.g. Gang et al., 2013; Hainmueller and Hiscox, 2007).

Endogeneity, by contrast, may arise from missing-variable bias, reverse causality, or sorting. Given the variety of possible explanatory variables for immigration attitudes, missing-variable bias is an issue in most applications. It, however, is particularly severe in cross-sectional data as this does not allow for controlling for time-invariant regional, national and individual characteristics that are potentially correlated with either the regressors or attitudes to immigration. Similarly, reverse causality is likely to be an issue for almost all variables, but is most strikingly apparent when individual-level explanatory variables, such as political affiliation or media consumption, are considered, as it is not clear whether a person embraces far right ideology or consumes certain media because they hold strong anti-immigrant sentiments or vice versa. Finally, sorting is likely to be of particular relevance for regional and national controls, such as the share of immigrants residing in a region, because natives with particularly negative attitudes towards immigrants may move to regions in which fewer immigrants live.

The more recent literature on attitudes to immigration has therefore addressed the issues of observational equivalence by more carefully deriving predictions that can be used to empirically differentiate between theories. This has often resulted in testing interactions between individual-level variables and national characteristics (such as e.g. the interaction between education and the share of high-skilled immigrants). Furthermore, to address missing-variable bias, some contributions have resorted to panel data (Dustmann and Preston, 2001; Semyonov et al., 2004; Wilkes and Corrigall-Brown, 2011; Jolly and DiGiusto, 2014) to control for unobserved time-invariant individual level characteristics or repeated cross-sections of international data to control for time-invariant unobserved country or regional characteristics through fixed effects.

Reverse causality and sorting have been much less considered. Most studies that do consider these issues use instruments that are not always convincing. Few use experimental or quasi-experimental approaches. The little experimental literature available often involves manipulating the salience of certain topics and randomising the appearance of certain cues in questionnaire-based approaches (Sniderman et al., 2004; Newman et al., 2012, 2013, Stör and Wichardt, 2016), randomly exposing in-group to out-group members (Shook and Fazio, 2008; Bolsloy et al., 2006; Billiet et al., 2014) or using the random occurrence of certain events during interviews (De Poli et al., 2016).

2.3 Stylised facts

The observational studies in the field have, however, uncovered many important correlates of anti-immigration attitudes. Aside from the preference for migrants from more developed countries mentioned above, this especially applies to individual-level variables. Thus, an analysis of the findings

of 21 observational studies with respect to 11 much used control variables shows that the most robust findings in the literature are that less educated, as well as persons that are politically affiliated to the right, and those that have negative racial stereotypes or are dissatisfied with the current economic situation, have more restrictive attitudes towards immigration. Only one study (McLaren and Johnson, 2007), which is, however, based on a relatively small sample, finds an insignificant correlation between education and willingness to restrict migration, and all studies that include right- or left-wing affiliation, as well as indicators on the dissatisfaction with economic conditions, find that persons who politically lean to the right and are more dissatisfied with economic conditions are also more willing to restrict immigration.

Similarly, the few studies that include indicators for negative racial stereotypes suggest that these are positively correlated with anti-immigration attitudes. In addition, age, which is positively correlated to willingness to restrict migration in 13 studies and insignificant in 4 studies, and having a migration background or being a minority group member are further important predictors of anti-immigration sentiments. Having an immigration background oneself has a consistently negative impact on the willingness to restrict migration (in 8 out of 8 studies the impact is negative) although cases where "established" immigrants are more sceptical about "new" immigrants have been documented. Belonging to an ethnic minority usually also implies less opposition to immigration. Blacks and Asians in the US are more open to immigration than Whites. Interestingly, opinion data from the early 1990s indicates that Hispanics were initially not particularly pro-immigration, but became more pro-immigration as the public debate increasingly focused on Hispanic immigrants (e.g. Burns and Gimpel, 2000; Citrin et al., 1997; Espenshade and Hempstead, 1996).

Evidence on the correlation of anti-immigration attitudes with income, gender, and employment status is more mixed. Although males and higher income groups are often found to be less anti-immigrant than females and lower income groups, there are also studies that suggest the opposite. In most cases, the coefficient on these variables remain insignificant. Women have been found to be less opposed to refugees (O'Rourke and Sinnott, 2006), while men have been found to be less opposed to immigrants from rich countries (Hainmueller and Hiscox, 2007). With respect to labour market status, by contrast 3 studies find unemployed persons to be more opposed to immigration than employed persons, while 8 studies find no significant impact of this variable.

Mixed evidence has also been found for most region or country characteristics, such as the economic situation or the unemployment rate. Most studies thataccount for this information find insignificant effects, and for those where effects are statistically significant, positive and negative effects are found to similar degrees. The most robust stylised fact is that residents of urban regions are more welcoming to immigrants than residents of peripheral or rural regions. Furthermore, more recently, some authors have argued that anti-immigration attitudes may also be related to risk aversion and other behavioural parameters. For instance, Tomiura et al. (2017) show that more risk averse persons and persons more strongly opposed to changes (with higher status quo bias) are also more opposed to immigration.

In the context of this paper, the most important empirical regularity is the correlation of age with anti-immigration attitudes. This may give rise to a concern that anti-immigrant sentiments increase as societies age. Yet, so far, this finding has received little attention. A host of studies find age to be a key socio-demographic determinant, not only of anti-immigration attitudes, but also of some of the antecedents of anti-immigrant attitudes (e.g. perceived group threat and intergroup contact) although these impacts sometimes point in opposite directions. For instance, on the one hand previous research

shows that older people are less likely to experience face-to-face contact with immigrants (Schlueter and Scheepers, 2010; Schlueter and Wagner, 2008), which should increase anti-immigrant sentiments among the older. On the other hand, the perceived size of the out-group decreases with age. This should reduce perceived group threat among the elder (Schlueter and Scheepers, 2010).

Few studies, however, address why age plays such a significant role in explaining anti-immigrant attitudes although both from a theoretical as well as an empirical point of view it is unclear whether this finding is due to cohort effects or a genuine ageing effect. From a theoretical perspective, the "impressionable years hypothesis" holds that in their youth, people are especially responsive to influences and the overall political climate (Alwin and Krosnick, 1991). Hence, the observation that older people appear more hostile towards immigrants in a cross-sectional sample could be traced back to cohort effects. These may arise from commonly shared life experiences linked to the year of birth. To disentangle the age and the cohort effect, it is necessary to have panel data that covers many years and thereby credible captures a life-cycle. Furthermore, even if this is satisfied, after including age and cohort effects, it is not possible to separately identify effects that are specific to the period. These could, however, be important to control for, in case of period specific events that impact on attitudes to migration not measured precisely by other data (e.g. the economic or political situation at the time of interview or the way media reported about immigrants at the time).

The few studies that directly address the impact of ageing on attitudes to immigration have made rather strong assumptions and have also provided rather mixed evidence. For instance, in a pioneering study, Calahorrano (2011) uses 1999-2008 individual level data from the German Socio-Economic Panel (GSOEP) to find evidence of a distinct ageing effect. By contrast, in a follow up study, Schotte and Winkler (2016) use repeated cross-sectional data from the ESS for the period 2002 to 2012 to find that that cohort effects are more important than ageing effects, while Hermann (2015) focuses on descriptive evidence from voter analyses following referenda to show important differences in ageing effects across cohorts. This applies mainly to the birth cohorts of 1956-1970. These have come of age in the progressive and highly politicised post-1968 era and thus began markedly more open than the average Swiss, but have become ever more restrictive since then. By contrast, other cohorts, both younger and older, seem to have had more stable opinions on immigration. In addition, among the 1956-1970 cohort, urban dwellers maintained their liberal immigration opinions and, on average, did not display age effects, while the opposite applies to residents of rural regions.

2.4 Differentiating between hypotheses

Empirical research on attitudes to immigration also often focuses on testing various theoretical predictions about the determinants of attitudes to immigration. For that, researchers draw on the analytical models and methods of various social sciences including sociology, political science, social psychology, and economics. This is a result of the many different factors that have been shown to impact attitudes to immigration, traditionally analysed by different disciplines. An implication is that research on similar issues often uses varying terminologies. Previous attempts to systematise this literature (e.g. Hainmueller and Hopkins, 2014; Stephan et al., 2009; Ceobanu and Escandell, 2010) therefore often targeted specific research questions rather than disciplinary labels.

2.4.1 Self-interest versus societal concerns

Hainmüller and Hopkins (2014) argue that a central division in this literature is between approaches in political economy and a more heterogeneous set of contributions focused on socio-tropic concerns.

According to these authors, the former emphasises the role of (economic) self-interest in shaping attitudes to migration. The latter, by contrast, put concerns about the development of society at the centre of their analyses.

Political economy approaches often build on the assumption that natives' attitudes to immigration are shaped by self-interest, arising from the competition with immigrants in labour and housing markets, as well as over scarce resources such as welfare benefits or other state-provided services. This literature established two main channels through which immigration may contribute to anti-immigration attitudes. The first, commonly referred to as the "labour market channel", arises if increased immigration leads to more intensive labour market competition. Most studies investigating this channel (e.g. Facchini and Mayda, 2012; Hainmueller and Hiscox, 2007; Mayda, 2006; Scheve and Slaughter, 2001) therefore assume that immigration preferences are directly influenced by immigration-induced changes in wages or unemployment. As an empirical prediction, it is often tested whether self-interested, less educated workers will oppose the immigration of less educated workers given that they would fear lower wages and higher unemployment.

The second channel, referred to as the "social security channel", proposes that negative attitudes to immigration arise if immigrants benefit disproportionately from the host country social security system. In this case, depending on whether immigrants' additional social security claims are financed by savings in social security payments to the native resident population or through higher taxes, either net recipients or net contributors to the social security system should be more opposed to immigration. By contrast, if immigrants are net contributors to the social security system, then depending on whether the additional revenues are used to reduce taxes or to increase welfare benefits, net contributors or net recipients should favour immigration. Studies testing this hypothesis often assume that immigrants are net recipients of social welfare benefits (Hanson et al. 2007, Hainmueller and Hiscox 2010 Facchini and Mayda 2008, 2009, 2012, Dustmann and Preston 2007, and Mayda 2006). Thus, they have focused on the impact of several individual-level variables, such as education (Dustmann and Preston 2007, Facchini and Mayda 2008, 2009, 2012) and income, or interactive effects between these variables and measures of the welfare state's generosity (e.g. Huber and Oberdabernig, 2016a). [5]

Socio-tropic approaches are based on a more varied theoretical background, but have also emphasised different mechanisms through which attitudes to immigration may be influenced. At the centre are mostly concerns about the impact of immigration on the economy, inequality, crime, and various aspects of local amenities (e.g. neighbourhood characteristics and the quality of residential areas), as well as the religious, linguistic or cultural identity of a society. Because it is difficult to measure such concerns objectively, researchers have typically linked data on attitudes to immigration to individual assessments about the state of the economy or the impact of immigration on aspects of societal development such as linguistic, cultural or religious identity to test the relevance of these factors.

[5] This literature also occasionally referred to the impact of age on attitudes to immigration. Schotte and Winkler (2016) argue that older people may be more affected by migration if they function as "substitutes" to (younger) immigrants in the labour market, or if they are concerned about potential immigration-induced reductions in pension payments. Of these hypotheses the second has received some empirical support in previous research (see O'Rourke and Sinnot, 2006; Huber and Oberdabernig, 2016a) and suggests an interesting interaction effect between the design of pension systems and the impact of age on attitudes to immigration. For instance, in fully funded pension systems, concerns among the older population that immigration may lead to lower pensions should not arise. By contrast, in pay-as-you-go systems, effects may depend on whether the pension has fixed benefits or fixed contributions, (Razin and Sadka, 1999; Scholte and Thum, 1996; Krieger, 2004; Krieger and Traub, 2011).

Results of this research suggest that, while self-interest may play a role in shaping immigration attitudes, concerns about the society as whole are more important. For instance, a much cited study by Citrin et al. (1997) presents evidence that personal economic circumstances do not significantly impact immigration attitudes, but that respondents who view the national economy as being on a descending trajectory, and immigrants as taking away the jobs of natives, are significantly more likely to express negative attitudes towards immigrants. Likewise, Chandler and Tsai (2001) find that while one's outlook on the economy significantly predicts negative immigration attitudes, personal income hardly matters. In addition, using experimental methods, Jetten et al. (2015) find that the strength of anti-immigration sentiments increases as inequality rises within fictitious societies. Hence, inequality in a society may be a further determinant of anti-immigration attitudes.

A number of contributions also suggest that values, norms and beliefs that are closely linked to socio-tropic concerns may play an important role in determining attitudes to immigration. According to these studies, people who harbour negative views on one out-group are more likely to also derogate other out-groups (Sniderman et al., 2000; Duckitt, 2006). On the other hand, persons with higher levels of social capital and trust – irrespective of contextual factors – exhibit more positive attitudes towards immigration, as do people who show higher civic or political engagement (Herreros and Criado, 2009; Economidou et al., 2017). In addition, anti-immigration attitudes are strongly linked to attitudes about national sovereignty and autonomy (Ackerman and Freitag, 2015) and ethnic concepts of nationality (Pehrson et al., 2009). Similarly, both right-wing authoritarianism and an orientation towards social dominance have been found to exert strong influences on anti-immigrant attitudes (Duckitt, 2006; Hodson et al., 2009). Those prone to right-wing authoritarianism strongly favour group conformity and control, and see immigrants as a threat to social order. Furthermore, a number of contributions from social psychology (e.g. Dinesen et al., 2016) find a close link between immigration attitudes and certain personality traits such as openness, agreeableness and conscientiousness; certain normative orientations such as nationalism (Quillian, 1995; Mayda, 2006; Sides and Citrin, 2007), racism or ethnocentrism (Quillian, 1995; Citrin et al., 1997; Dustmann and Preston, 2007), parochialism (Schneider, 2008; Vallas et al., 2009), language (Chandler and Tsai, 2001), and religious sectarianism (Facchini et al., 2013); and certain individual beliefs or perspectives, such as concerns over immigrant work ethic (Helbling and Kriesi, 2014) and bitterness in life (Poutvaara and Steinhardt, 2015).

Economic versus cultural concerns

Empirical studies seem to converge on the conclusion that, while economic concerns (both self-interested and socio-tropic) do play a role, concerns about religious, cultural and ideological factors are more important. In a widely cited study, Card et al. (2012) compare the role of economic concerns about immigration (e.g. regarding wages, the economic prospects of the poor, the labour market and welfare systems) and concerns over what they call "compositional amenities" (i.e. the impact of immigration on culture, religion, language, social tensions and crime). They find that the latter concerns are two to five times more important in predicting immigration attitudes than are economic concerns. Bridges and Mateut (2014) point in a similar direction, but extend these findings by differentiating between immigrant groups. Bridges and Mateut (2014) find that self-interested concerns about labour market competition are of greater importance when immigrants are of the same ethnicity than when they are of a different race. Similarly, Dustmann and Preston (2007) find that cultural and racial prejudices are by far the most important determinants of attitudes to immigration from Asia and the West Indies, but of lesser importance for European immigrants. This is largely due to attitudes

among the less educated, for whom cultural concerns dominate those about the labour market and welfare by a factor of six.

Other authors (e.g. Sniderman et al., 2004; Newman et al., 2012, 2013) focus on the role of cultural concerns through experimental methods, and results suggest that the effects of cultural cues on expressed anti-immigration sentiments are much more pronounced than those of economic cues (e.g. Sniderman et al. 2004). Furthermore, Fitzgerald et al. (2012) show that concerns about crime are a more powerful predictor of immigration-related anxiety than are concerns about the economy, and the impact is particularly strong among those most interested in politics. Vallas et al. (2009) find important interaction effects between cultural concerns and economic and demographic conditions, while Müller and Tai (2010) argue that individual-level factors are more important determinants of attitudes to immigration than labour market and welfare channels.

In sum, although the debate on the importance of economic concerns relative to those about culture, religion, crime, and other compositional amenities is ongoing, an emerging consensus is that socio-tropic cultural concerns, personality traits and values are more important determinants of immigration attitudes, even if economic concerns also play a role. These findings would suggest some interaction between ageing and socio-cultural concerns over migration, and indeed, some authors have presented hypotheses and/or partial analyses of such interactions. For instance, in interpreting age differences in attitudes towards migration, Hillman (2002) suggests that appreciation for social norms might differ with age and hypothesises that older people are more reluctant to accept societal change. Card et al. (2012), by contrast, show that most of the differences in migration attitudes across age and education groups can be explained by varying levels of cultural concern.

2.4.2 Group threat versus group contact

A second important division within the literature on immigration attitudes (emphasised e.g. by Stephan et al. 2009) is between approaches which hold that concerns about the cultural and economic consequences are increased or decreased through social contacts of the in- and the out-group. Proponents of contact theory hold that increased face-to-face interaction of in- with out-group members reduces perceived group threats and fosters intergroup tolerance (Pettigrew, 1998; Pettigrew and Tropp, 2006). By contrast, proponents of group conflict or threat theory hold that increased contact between in- and out-group may lead to increased inter-group intolerance, due to real or due to perceived threats (see e.g. Stephan et al., 2009). Thus, the two issues predominantly discussed in this literature are whether group contact reduces or increases anti-immigrant sentiments and whether attitudes to immigration are driven by perceived or actual threats.

Realistic vs. symbolic group threat

The latter issue is of particular relevance with respect to political economy approaches as their underlying assumptions have often been questioned both from a theoretical and empirical point of view.[6] This has led a number of authors to suggest that perceptions of the effects of immigration on natives – rather than the actual situation – drive attitudes to immigration (Bean et al., 1997; Card et

[6] For instance, with respect to the labour market channel, economic theories lead to rather different predictions of the labour market consequences of immigration, and empirical evidence suggests at most very minor impacts of migration on the labour market (see Longhi et al. 2005 for a meta-study and Lewis and Peri, 2015 for a recent survey). With respect to the social security channel, literature focusing on the impact of immigration on the state budget often finds immigrants' welfare utilisation is below that of natives (see Castronova et al. 2001 and Rowthorn 2008 for surveys).

al., 2005; Card et al., 2012; Dustmann and Preston, 2001, 2007; Gang et al., 2013; Hanson et al., 2007; Scheve and Slaughter, 2001).

This is substantiated by the large literature on the effects of perceived relative to actual group size on attitudes to migration. Respondents substantially overestimate the immigrant share residing in their region or country. This overestimation is particularly pronounced among respondents with strong anti-immigration sentiments. Thus, various authors (e.g. Herda, 2010; Alba et al., 2005; Brader et al., 2008; Boomgaarden and Vlieghart, 2009) find that perceived group size is more important in explaining attitudes to migration than actual. For instance, Semyonov et al. (2004) find no evidence for Germany that the actual size of the immigrant population in a district matters for anti-immigrant attitudes. Instead, the perceived size of the immigrant population significantly increases perceived threat and, indirectly, exclusionary attitudes. Furthermore, in a study on the Netherlands, Schlueter and Scheepers (2010) find that perceptions of immigrant group size are associated with perceived threats to group interests, while after controlling for this measure, larger objective immigrant group size facilitates inter-group contact, which is negatively associated with perceived threat and subsequent anti-immigrant attitudes.

Contacts versus threats

Several studies have also attempted to differentiate between group threat and group contact theory, with this literature falling into two distinct strands. The first links measures of immigrant population density to measures of anti-immigrant sentiment. It argues that the probability of natives experiencing face-to-face contact with the out-group rises in areas where the share of immigrants is higher (e.g. Quillian 1995, Blalock 1967, Schlueter and Scheepers 2010, Schlueter and Wagner 2008). This approach has led to rather inconclusive results. A recent meta-study of this literature by Pottie-Sherman and Wilkes (2015) surveys 55 studies that yield a total of 487 estimates of the effects of group size on immigration attitudes. They find that over 60 % of these estimates show no statistically significant effect of group size, 24,4% show a significant positive effect and 15,4% a significant negative effect. The authors conclude that existing results reveal no clear impact of out-group size on attitudes to immigration. They also conclude that results in this line of research are strongly influenced by methodological choices.

By contrast, the second line of research focuses on the impact of actual contact with out-group members by regressing measures of frequency of contact on attitudes to immigration. These studies find stylised facts that are much more supportive of group contact theory (see Schlueter and Scheepers, 2010; Schlueter and Wagner 2008). In a recent meta-study of over 500 empirical papers focusing on the impact of actual contacts on migration attitudes, Pettigrew and Tropp (2006) find that inter-group contact reduces inter-group prejudice.

A few studies (Shook and Fazio, 2008; Boisjoly et al., 2006; Enos, 2014) have also used experimental designs to evaluate how contact with out-group members impacts anti-immigrant sentiments. Shook and Fazio (2008) as well as Boisjoly et al. (2006) use the random assignment of White American freshmen students with African American roommates, while Enos (2014) randomly exposes White American commuters from predominantly White residential areas in Boston to Spanish-speaking commuters on trains. The results from these studies suggest that the impact of group contact depends on the context, intensity and frequency of contact. The first two focus on instances of long lasting, frequent contact, and find that sharing rooms with African Americans reduced intergroup anxiety amongst White Americans. By contrast, the latter study, focuses on infrequent, impersonal and short

lasting contact of low intensity among commuters to find a substantial increase in inter-group anxiety among White commuters. These sentiments peak in the early phases of contact and diminish as subjects get accustomed to out-group members.

2.5 Policy, the role of media and framing

The finding that perceived (or symbolic) threats are more important than real threats in determining attitudes to immigration leads to the under-researched but highly policy-relevant issue as to how public policy can and should affect attitudes to migration. Evidence available on this issues suggests that cues delivered in public debates and media, as well as the salience of issues publicized have an important role to play in the development of such beliefs, but mostly remains silent on the role of public policy. Many authors argue that rather than being a "natural" outcome of immigration, the development of anti-immigrant sentiments is highly dependent on the specific group of immigrants, and hinges strongly on how the discourse of political elites and the mass media depict immigrants.

Quite a large body of experimental evidence is indicative of the type of framing that may lead to increased or decreased anti-immigrant attitudes. Thus, Sniderman et al. (2004) show that individuals, who are primed on their national identity are more likely to voice negative attitudes about immigration than those with a more individualistic identity. Jacobs et al. (2017) find that watching television is positively associated with fear of crime, which in turn is associated with anti-immigrant sentiments. Stöhr and Wichardt (2016) find that once refugees are described as sensitive and open to the host population's concerns, respondents voice less anxiety over increased refugee migration. De Poli et al. (2016) show that after increased reports about the drowning of refugees in the Mediterranean Sea, natives tend to have lower anti-immigrant sentiments than before. Branton et al. (2011) show that anti-immigration attitudes increased among White Americans after the terrorist attacks of 9/11 as does Schüller (2013) for Germany. Kosho (2016) finds that residents of countries where media treat immigrants primarily as a threat also tend to be more opposed to immigration. Abrajano and Singh (2009) show that persons following only Spanish news, that use a more positive framing of immigration issues than English speaking media, have more positive attitudes to immigration than consumers of only English-speaking and Dunaway et al. (2010) show that residents of US border regions, where media attention to immigration is larger in other states of the US, also consider immigration to be a more important problem for policy. Finally, Brader et al. (2012) suggest that the media impact on attitudes to immigration may not only result from the framing of reports, but also from the subjects of reporting. They show that anti-immigration attitudes tend to increase more among American Whites when Latinos are featured compared to when White immigrants are covered.

Furthermore, with respect to the formation of beliefs, Davis and Deole (2015) highlight differences in the correlates of negative immigration beliefs. They show that strong beliefs about negative economic effects of immigration are closely correlated to measures of socio-economic status (e. g. labour market status and income), while beliefs about negative cultural effects of immigration are more strongly linked to religious affiliations. By contrast, a study by SOPEMI (2010) shows that unemployment, political conviction, age, education, and residence in peripheral regions are important drivers of negative beliefs about the impact of immigration on culture. In terms of gender differences, this study also shows that women tend to have more negative beliefs about the impact of migration on the economy, whereas women and men have similar beliefs about the impact of migration on the culture of the host country. Furthermore, the negative impact of age on attitudes to immigration is found to be mostly mediated through the negative impact of age on beliefs about the consequences of

migration for a country's culture and economy (i.e. this correlation loses significance once beliefs are controlled for in a two-stage systems estimation).

In addition, a recent contribution by Hatton (2017) argues that the importance of the salience of immigration issues (i.e. the importance people give to immigration issues) in the public debate[7] has been too little considered in previous research, despite its strong impact on immigration attitudes and even more so on immigration attitudes.

These findings suggest that avoiding certain cultural cues in the public discourse or media debates may be instrumental in preventing the emergence of anxiety over immigration or realigning beliefs to actual facts. In addition, recent research by Hericourt and Spielvogel (2014) points to the efficacy of information in reducing fears. They show that people, who may be deemed to be better informed on account of their media consumption are also less concerned about the effects of immigration on their home country's economy and society. However, they are not necessarily more pro-immigrant than people that are less well-informed.

2.6 Conclusions and future research

This paper has surveyed the literature on the determinants of attitudes to immigration. It shows that despite some methodological and data limitations the respective literature has made substantial progress in recent years. This applies to uncovering some of the robust correlates of negative attitudes to migration such as stronger anti-immigrant sentiments among whites, the less educated and older people, those dissatisfied with the economy, leaning to the political right, or living in a rural region. Although these are clearly still waiting for "a once and for all" settlement, recent literature has noticeably converged in the direction of a view that holds that a) while (economic) self-interest is an important driver of anti-immigrant sentiments, socio-tropic concerns over the development of the society as a whole tend to be more important. b) Compared to economic concerns, anxieties over the cultural development of society explain a substantially larger part of the development of negative attitudes to immigration. c) anti-immigrant sentiment is more closely linked to perceived than realistic group threats and d) inter-group contact reduces anti-immigration sentiments only under certain conditions that are related to the intensity, frequency and context of the contact.

In addition, this overview has identified some research gaps despite this emerging consensus. These are: first, the still rather underdeveloped research on the impact of different conceptual and measurement issues on results. This often questions the comparability of different results and sometimes also leads to tensions between some of the results from different strands of the literature. Second this applies to the limited number of contributions using experimental or quasi-experimental methods to test for the causality of effects. This implies that for most results a causal interpretation remains questionable. Third this relates to the lack of consistent and sustainable internationally comparable panel data, which would allow researchers to track the evolution of attitudes to immigration among individuals over time and thus assess the impact of specific events on attitudes to immigration. Finally, this also applies to the lack of results with respect to the impact of ageing on attitudes to migration and a clear lack of research that could advise policy makers on as to how attitudes to immigration can be addressed and changed by public policy.

[7] Hatton (2017) measures this by interview responses in which respondents name the most important political issues in their country at the time.

Of these “gaps”, arguably the lack of policy oriented research and of internationally comparable panel data are the most severe. This is because the lack of policy related results implies that a large part of this research is silent on as to what options policy makers to guarantee sound interethnic relationships in the increasingly diverse European societies. The lack of internationally comparable panel data, by contrast, is a major impediment to progress, as the large number of publications that have used the standard cross-sectional data sets implies that future work on such data is likely to face decreasing returns. To adequately identify the factors that shape public perceptions around immigration and move forward in our understanding of this phenomenon therefore, new data sources are likely required.

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3. Migrants in the health and social care workforce

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This chapter discusses the role of migrants as health and social care workers within the context of the aging of the health and social care workforce. It starts with a brief description of the relevance of the topic before turning to review the evidence on the nature and scale of health and social care labour migration, including issues of data availability and the drivers for such migration, both in terms of migrants themselves, the qualifications systems and the requirements of the sector within which they are working. The chapter then focuses in on the social care sector, discussing the status and conditions, nature and quality of the work that immigrants perform in caring for older people. Finally, it also briefly touches on migrants as recipients of health and social care services, and the challenges they may face in receiving culturally appropriate services. In addition to a discussion on migrants in the health and social care workforce in the general EU context, the chapter contains a case study of the provision of health care services to older people in Norway.

3.1 Relevance of the topic

Migration of health workers is a phenomenon related to population ageing, ageing of the social care workforce, globalisation and women's emancipation. The WHO has estimated that there will be a global deficit of about 12.9 million skilled health care workers by 2035 (WHO, 2014). Recruitment and retention strategies are amongst the most common ways to address shortages of ageing care workers in the care workforce, including international recruitment activities (Chen, 2014). The balance between recruitment and retention strategies is complex and requires a weighing of the need for health care personnel in different countries and different areas within countries, as well as the needs of the individual migrant care worker. Worldwide, the main directions of migration is from rural to urban areas, from public to private facilities and from poorer to richer areas (Schultz & Rijks, 2014; WHO, 2014).

Because of the dire needs for health care personnel in most parts of the world, and discussions regarding the ethics of recruiting health care personnel from abroad and the associated "brain drain" from low to high income countries, various codes of practice relating to the international recruitment of health workers have been developed over the past 10-15 years, culminating, in 2010, in the *WHO Global Code of Practice on the International Recruitment of Health Personnel* (Schultz & Rijks, 2014, p. 55; WHO, 2010). The Code urges destination countries to strive for policies that reduce the need to recruit migrant health care personnel *and* secure equal legal rights for migrants as for the domestically trained workforce. However, a study of the evaluation of this Code in Australia, Canada and USA and found a lack of knowledge and use of these codes (Edge and Hoffman, 2013).

Migration may, in some instances, transpire to be less of a career improving outcome for migrant health care personnel (Bidwell et al., 2014). For example, migration can lead to a de-skilling of persons who do not receive an authorisation in the new country or whose previously acquired education is only

partially approved, or who are not fully integrated or trusted in the new work place, or who lose their authorisation in the native country or cannot use the acquired skills in the native country upon return (Schultz & Rijks, 2014). These de-skilling factors in the destination country are also highly intertwined with language skills. It is a cause for concern that skilled health and care workers are doing jobs for which they are overqualified, while there are a multitude of vacant positions worldwide. On the other hand, the main concern for policymakers and national authorities is to secure safe health and care services for their populations, thus there is a need for an internationally recognised qualifications system.

3.2 Health and social work force migration in the EU

It is important to distinguish between *intra*-EU mobility and *extra*-EU migration of health and social care workers. Whilst there has been an increase in the movement of health and social care workers within the EU, reflecting the free movement of workers within its borders, the EU generally plays only a limited role as a receiver of health workers from *outside* the union, with flows of health workers out of the EU being more significant than flows of health workers into the EU (Schultz & Rijks, 2014). Although the internal market provides a framework for health worker mobility within the EU, it acts to reduce inflows from non-EU member countries, with restrictions on visas and work permits. This is in line with the EU development policy that aims to sustain health systems in low- and middle income countries by reducing the "brain drain" of skilled medical professionals from these countries (Schultz & Rijks, 2014). A conclusion made by the International Organisation for Migration (IOM) is that "It is unlikely that the EU will be able to attract health workers from outside the EEA [European Economic Area], as Directive 2005/36/EC restricts access of non-EEA health workers" (Schultz & Rijks, 2014). Moreover, countries, with their full implementation of the WHO Code or their cutbacks due to economic changes, may restrict opportunities for foreign health workers. However there is variability across the EU and some member states are increasingly reliance on the inflow of foreign-trained professionals. In Ireland, it is estimated that two in five (40%) of newly registered nurses between 2000 and 2009 were from outside the EU (Humphries et al, 2009), whilst 12% of NHS staff in England are nationals of a country other than the UK. This includes 5.5% (just over 60,000) who are nationals of other EU countries (Baker, 2017). As of December 2016, staff with EU nationality made up 7.4% of nurses and 9.8% of doctors in England (Baker, 2017). It will be interesting to see what happens after Brexit as, as well as being a destination country, the UK is also a sought-after source country for skilled health worker migrants due to both the language and the quality of its training. Together, the English-speaking countries of USA, Australia, Canada and the UK account for 72 % of foreign-born nurses and 69 % of foreign-born doctors working within the OECD countries (WHO, 2013).

Precise figures on the volume and nature of mobility of health and social care professionals *within* the EU is limited, with analysis largely reliant on administrative data on staffing from national or local government. Most, if not all, European countries report inadequate updated and comprehensive data on outflows of health care workers but also on inflows (Glinos, Maier, Wismar, Palm, & Figueras, 2011; Maier et al., 2014). One commonly used measure of the level of out-migration is the number of requests for certificates of verification of their qualifications by doctors and nurses intending to leave. However this is an inexact measure as only a proportion of health professionals requesting the document go on to migrate, whilst other may decide to move without such paperwork (Glinos, 2014).The EU PROMeTHEUS project provides some evidence on the mobility of health professionals before and after the 2004 and 2007 EU enlargements: In 2007, the vast majority of EU health

professionals (92 % for medical doctors, 95 % for nurses and 95 % for dentists) worked in their country of nationality, or birth, or in the country where they received their training (Ognyanova et al, 2014). However, over the period 2004-2007, there were significant flows of staff from the new accession countries (EU-A8) into the EU15 (Wismar et al, 2011; Ribeiro et al 2014). These flows have increased further since the financial crisis (Ognyanova et al, 2014). In Bulgaria the number of doctors applying for verification certificates grew from 220 to 440 between 2009 and 2012, whilst in Portugal the number of nurses applying for certificates nearly doubled from 1724 in 2011 to 3202 in 2012 (Dussault & Buchan, 2014). A study of emigration preference and plans among medical students in Romania over the period 2013-2015 found that 85% of subjects planned on seeking employment abroad after graduation. Many had already started preparing for emigration, with 22 % of those who wished to migrate having already performed at least one Erasmus mobility programme in their country of choice, and 44 % had enrolled in a suitable language course (Suciu et al, 2017). Over the last decade, the intra-EU flows have largely been from East to West and from South to North, and there is a risk that free health workforce mobility disproportionately benefits wealthier member states at the expense of less advantaged EU countries (Glinos, 2015).

3.3 Filling skills shortage – recruitment of migrants versus training of natives, or both

Addressing and attempting to solve skills and staff shortages in the health care sector requires a coordinated effort between key institutional actors, such as governments, training and education organisations, employers, unions and individuals (Cooke & Bartram, 2015). In many developing countries, gains can be obtained without training more health workers simply by reducing attrition to other sectors or to other countries (WHO, 2014). However, alternative strategies are required in developed countries, where there is an increasing demand for health and social care reflecting the rising number of older care recipients, an ageing of the health care and social care workforce, combined with fewer entrants into the profession, high staff turnovers and raised patient expectations (Chen, 2014; Cooke & Bartram, 2015; Schultz & Rijks, 2014). To remedy a declining national recruitment and also to compensate for the out-migration of native born trained professionals, many countries are becoming more dependent on immigrant health and care workers. The UK, and other English speaking countries such as Australia and the US, have turned to the overseas market for recruitment. These recruitment drives are often facilitated by the state and target less developed English-speaking countries in Asia and Africa, such as India, the Philippines, Indonesia, Malaysia, Ghana and South Africa (Cooke & Bartram, 2015). English-speaking countries have a larger appeal as a destination because of the lower language barrier (Bidwell et al., 2014). Other countries within the EU however, such as Norway, do not have the same advantage concerning language. Hence, there are major differences in the extent and kind of migrants that different destination countries attract. For example, a study of Polish migrants revealed that young Poles from large cities with university degrees, and who spoke English emigrated to England and Ireland. In contrast, those Poles, who move to Norway are, on average, older, males, seldom from large cities, often have completed vocational training, but do not speak Norwegian and speak poor English, if any (Friberg, 2016).

Countries with a predominantly public healthcare system can better control their recruitment strategies than countries with a considerable private segment. Evidence from Italy demonstrates that the chronic shortage of public services, and the underdeveloped private market have led to an excess demand for social care services, and large numbers of female immigrants have moved in to fill this gap,

often working in the informal economy (Bettio, Simonazzi, & Villa, 2006; Schultz & Rijks, 2014, p. 20). To manoeuvre a country's recruitment strategies, it is important to focus on the whole welfare system, because securing sufficient numbers of care workers for older people with appropriate training and skills is usually a diffuse challenge, with no one agent or party demonstrating ownership (Chen, 2014, p. 384).

In many countries, the challenge is to train more healthcare staff to reduce the need for attracting migrants, but also to have policies that both target and protect immigrants already living in the country (Seeberg, 2012). In Norway, with a limited extent of private health and care providers are there examples of staffing agencies, who have exploited foreign-born nurses by indebting them because of language training, travel and job mediation (Berge, Falkum, Trygstad, & Ødegård, 2011, p. 10).

Training, qualifications systems and requirements

Existing evidence suggest that there is a serious misalignment between the career aspirations of skilled immigrants and the types of jobs available to them (Cooke & Bartram, 2015, p. 720). Some authors argue that improvements in entry and licencing procedures could limit the actual need for more foreign-qualified health workers as it would promote a better use of those already in the country (Schultz & Rijks, 2014, p. 52). The underutilisation of migrants' skills is disadvantageous for the individual migrant, the source country who could have used the skills, and the receiving country who have highly skilled persons doing unskilled work.

UNESCO and the Council of Europe have issued a Convention on the *Recognition of Qualifications concerning Higher Education in the EU* (UNESCO & Council of Europe, 1997). The Convention states that everyone is entitled to a written appraisal or evaluation of an individual's foreign qualifications by a competent body with a view to access education or employment. There are also EU regulations on the recognition of qualifications from other member states. In Norway, as is the case elsewhere, the diplomas held of all nurses from EU countries are automatically accepted (Isaksen, 2012, p. 64). On the other hand, language skills is a basic prerequisite and may, therefore, also act as a fundamental barrier in the health care professions (Schultz & Rijks, 2014). There is an unequivocal need for communication between patient and healthcare worker and between healthcare workers, which is why language training is important for all migrants.

For asylum seekers, options to work as health professionals in receiving countries may be limited due to the complex procedure for being granted legal residence and work permits (Schultz & Rijks, 2014, p. 13). For example, Iraqi immigrants in Norway, who are a numerous and rather qualified migrant group, have been unable to obtain recognition because of difficulties to receive verifiable information from the educational institutions in the country of origin (Liebig, 2009, p. 35). Hussein et al. (2011b) explored the potential of refugees and asylum seekers to work in social care work. Their findings highlight a general willingness of refugee participants to join the care workforce, although there are barriers around language and culture, as well as issues of structural racism. Achieving a qualification in line with that of the receiving country may require large financial and time investments and may drive health workers to accept work below their original levels of qualification, or drive nurses to work as unregulated health assistants (Schultz & Rijks, 2014, p. 20).

3.4 Migrants within the social care sector

Although there is some data concerning the migration of highly skilled professionals such as doctors and nurses within the EU, there is less information regarding the movement of lower or unskilled

workers, particularly in the social care sector where registration of qualifications is not necessarily required. However, the demand for migrant workers within the social care workforce is perhaps the highest of all within the health care sector, reflecting changes in the sector and skills shortages alongside increasing demand from an ageing population. Over the past decade there has been an enhancement of the nursing profession through a gradual academisation and technologisation (Dahle 2005 in Seeberg, 2012), and migrants have tended to fill gaps in the workforce created by the increasing unwillingness of natives to take those jobs in what is called the 'stigmatizing geriatric' sector (Bettio et al., 2006; Schultz & Rijks, 2014). Working conditions in healthcare or old-age care are highly physically and emotionally demanding. If care workers receive poor levels of pay, with limited occupational benefits and low social status, it could potentially result in high turnover rates and recruitment problems (Chen, 2014). On the other hand, the old-age care sector provides opportunities to find employment in a labour market that otherwise marginalises many who have an immigrant background, with migrants, refugees and asylum seekers all being recruited to the care services as unskilled care workers (Seeberg, 2012). Moreover because of the female role stereotype of being natural carers, the caring profession offers an opportunity for migrant women with low qualifications to enter employment (Seeberg, 2012). Indeed, it has been argued by some commentators that the high prevalence of migrant care workers within old-age care may itself be contributing to the devaluation of the profession amongst natives, whilst the supply of willing migrant employees may actually be driving down the wages (Browne & Braun, 2008), creating an almost dual labour market for migrant care workers. There is some evidence of this phenomenon as throughout northern Europe the care sector finds it difficult to recruit and retain staff, with working in care unattractive due to low pay and stressful working conditions and thus many countries are increasingly dependent on flows of migrants to fill the gap. See, for example, the discussion of migrant care workers from Slovakia and Romania providing extramural 24-hour elder care in Austria (Austria country chapter; Lenhart, 2009; Wilk, 2009). Estimates for the UK suggest that in 2015/16, EU nationals accounted for around 7% of jobs in the adult social care sector (both local government and private sector), whist 11% were held by people with a non-EU nationality (NMDS-SC, 2017). Over time however, EU nationals have accounted for an increasing proportion of new entrants into the sector, with a growing number of migrants from Romania and Bulgaria. Potential changes to the free movement of workers post-Brexit could therefore have serious consequences for the UK social care workforce (ILC, 2017).

Case study: Norway

Norway is a small country of 5.252.166 inhabitants, of which 724.988 are immigrants (ssb.no, tables 05184 and 01222). Norway has a high GDP per capita, low unemployment and high labour market participation of both genders. The labour market and social security system is characterised by a fairly high degree of wage compression with wages largely determined by centralised bargaining, high net replacement rates, in particular, for low earners with many children, a large public sector and a relatively "active" labour market policy (Liebig, 2009, p. 4). Norway has a Nordic-type welfare state, where health and care services are provided by the public, and in-kind. There are few cash-for-care services for adult persons. Hospitals and specialist healthcare are under the responsibility of the national government, old-age care, such as nursing homes and homecare services, is a municipal responsibility. Health services are financed through taxes with limited user fees. Care services are also tax-financed. The user fees for homecare services, except home nursing, which is provided for free, are means-tested with a price cap. The user fees for nursing homes are approximately 80 % of the patient's income (Martens, 2014). The Norwegian welfare state has not crowded out the family, but rather led to a complementarity of roles, where the public services provide extensive care, and the family provides support (Daatland & Lowenstein, 2005). Of course, however, there are older persons, who buy practical services on the private market, such as cleaning and shopping. There are also private companies providing care services, but they are remunerated by tax money. Overall, there is no considerable private market for buying care services, nor a widespread use of private carers in Norway. Norwegians expect that the public services will meet their care needs. Thus, there is a need for many health and care workers in the public sector.

An analysis of the Norwegian healthcare workforce shows that the recruitment problems to the professions would have been even larger without the increased immigration of healthcare professionals and skilled care workers since 2005 (Stølen et al., 2016, pp. 4, 38, 44).

Health care migrants in Norway

In 2012, there were 30.723 immigrants and commuters with an education in health and care services that were also employed in the health and care service sector in Norway. Of these, 7.464 persons were nurse aids and similar, 9.587persons were nurses, midwives and health visitors and 4.841 were doctors (ssb.no, table 09184). A report shows that of the 7.600 foreign nurses employed in Norway in 2009, 58 % worked in the public sector, 36 % in staffing agencies and 6 % in the private sector. Foreign-born nurses dominate the staffing agencies, with Swedish nurses being the largest group. In the public sector, 6 % were foreign citizens (Berge et al., 2011, p. 8)

Recruitment and welfare state

The Norwegian health and care sector has had recruitment shortfalls for several years (van Riemsdijk, 2010, p. 125). Given these shortfalls, Norway has looked to fill the gap by increasing the recruitment of non-natives. Of a yearly growth of 1000 nurses, 40 per cent have an immigrant background, and even more among care workers (Aamot, Høst et al in Munkejord, 2016). Employers, hospitals and nursing homes, do not recruit from abroad themselves. They receive applications directly from foreign nurses. In the 1990s, the Norwegian state secured bilateral agreements with Germany and Finland to recruit nurses, but these nurses soon returned to their home countries. Between 2001 and 2004, the Norwegian employment agency recruited 106 nurses with master degrees in nursing from Poland. Although highly qualified, almost all were employed in nursing homes (van Riemsdijk, 2010, pp. 125-127). After Poland's membership in the EU in 2004, the entry requirements were lowered without an increase in Polish nurses seeking employment in Norway (van Riemsdijk, 2010, p. 126).

Foreign nurses that are employed directly by the public sector are mainly from the Scandinavian countries. Nurses with other country backgrounds are often employed via staffing agencies. Language is an important reason, why Scandinavian, and especially Swedish nurses are preferred (Berge et al., 2011, pp. 40-41). Of all immigrant nurses in Norway that are employed in the public sector, 33 % come from Sweden, 10 % come from Denmark and 31 % from old EU-member countries. An additional 10 %

come from new EU countries, of which Polish nurses are the largest group constituting 6 % of the foreign public nurse workforce. Nurses from the Philippines make up 5 % of the foreign public nurse workforce, while the remaining Asia, Africa, Americas and Oceania make up 11 %. In the private sector, 53 % come from the old EU countries, while nurses from Poland make up10 per cent and nurses from the Philippines 16 % of the workforce (Berge et al., 2011, pp. 44, 48).

There are discussions regarding the ethics of recruiting foreign nurses to Norway. One issue in this debate is the au pair scheme. Working as an au pair provides the possibility of preparing for a job as a nurse while already in Norway (Seeberg & Sollund, 2009, p. 43).

Training, qualifications systems and requirements

In an OECD report, a finding for Norway is that there seems to be a large discount of foreign qualifications in the labour market, (Liebig, 2009, p. 4). Nurses from particular countries are faced with large difficulties in the recognition of their educational attainment and skills. As a result, it is argued that they have to settle for less challenging or unpleasant tasks (Munkejord, 2016, p. 233). There are various shortcomings in the process of the assessment and recognition of foreign qualifications in Norway, which need to be tackled. In particular, there seems to be a shortage of "bridging" offers for persons, whose degree is not considered fully equivalent to a Norwegian one. Likewise, the currently limited possibilities for the assessment and recognition of vocational competences, both acquired formally and informally, should be expanded with a specific focus on immigrants, in cooperation with the social partners (Liebig, 2009, p. 4). One remedial action is the establishment of a study program for complementary skills for nurses and teachers starting this spring. The program has a focus on language training and vocational skills (hioa.no).

All nurses educated in countries outside the EEA have to take national classes in nursing in Norwegian to be able to receive an authorisation as a nurse in Norway. The authorisation office does not require language skills, it is the employers responsibility that their employees have sufficient language skills to perform their duties in a proper manner (Berge et al., 2011, p. 35). From 2000 to 2010, the number of authorisations provided to Norwegian-born nurses has been stable, while there has been an increase in the number of authorisations granted to Swedish born nurses.

Role, status and conditions of migrant workers

Investigation shows that foreign nurses that are directly employed by the public receive the same wages and rights as Norwegian nurses. This is among others a result of central bargaining of wages and regulation of the work force. Among nurses that work for staffing agencies, there is a higher incidence of nurses receiving unacceptable wages and working conditions although the hiring company – public hospitals and nursing homes – by law are obliged to control the working conditions of the persons they hire through staffing agencies (Berge et al., 2011, pp. 55, 90). Nurses from other countries, and especially non-Nordic countries often have inadequate knowledge of Norwegian laws and agreements (Berge et al., 2011, p. 138). This can have consequences for their own abilities to claim correct wages and working conditions. It can also have consequences for the culture and ethics in workplaces. The same study found that foreign nurses knowledge is at a professionally acceptable level although there are exceptions as with Norwegian nurses (Berge et al., 2011, p. 56).

A shortage of nurses both in supply and positions leads to several breaches of working time provisions. This is, however, equal for all nurses and does not seem to coincide with nationality (Berge et al., 2011, p. 142). Yet, nurses recruited through staffing agencies are more often subject to breaches of working time provisions, and more nurses in staffing agencies are foreign. On the other hand, several Swedish nurses that are in Norway to binge-work, the working time provisions that are issued to protect them can be conceived of as a hindrance rather than an aid, yet another focus of the provisions is to protect patients' safety.

From these observations, it is possible to conclude that there is a hierarchy in the health and care sector. Norwegian and Scandinavian nurses staff the hospitals, while other foreign born nurses work in the municipal long-term care services: This indicates a recruitment problem, where the hospitals are

considered more prestigious and attract more Norwegian nurses, while the municipalities have fewer choices. It is also possible that the language requirements are stricter in hospitals (Berge et al., 2011, pp. 9, 44-45). Most foreign-born nurses in the municipalities work in long-term care, and not as home nurses or health visitors for children. In the municipal care services, there are more employed immigrants than immigrant users of the services, especially in the capital of Oslo (Ingebretsen, 2010, p. 72). This can improve the cultural dimension of care for the patient. On the other hand, there is a risk that there are extra demands put on the employee to take care of patients with the same country background (Ingebretsen, 2010, p. 73). It is also found that even immigrants, who want help from "adult Norwegian women" and the ideal nurse is an ethnic Norwegian woman without a foreign accent (Ingebretsen, 2010, p. 80; Munkejord, 2016, p. 233).

The recommendation is that more attention should be paid to low-skilled immigrants, whose outcomes are unfavourable in international comparison. This seems to be attributable to a mix of disincentives to work and limited availability of low-skilled jobs. To overcome these obstacles, more targeted training and education measures should be considered (Liebig, 2009, p. 4). Also a Norwegian government document points out that foreign skills and education seem not to be valued in the Norwegian labour market, and those with Norwegian education seem to have a higher employability than persons with similar education from abroad (nou 2017:2 s 15).

3.5 Research gaps and future research needs

- Better data is needed on the recruitment and inclusion of health and social care workers in different in parts of the EU. At present there is some data in the receiving country where the migrants are working but less data from the sending country and the impact on the sending countries' economy and society.
- Further studies are needed to understand the difficulties and barriers faced by migrant workers. The limited studies that exist highlight that many migrant workers experience challenges with their lack of setting-specific knowledge (e.g. language, cultural, clinical and system). Furthermore, the behaviour of patients and co-workers was often perceived as discriminating or inadequate for other reasons (Hussein et al, 2011b, Kingler and Marckmann, 2016; Munkejord, 2016). Thus more research is needed to inform the design of support structures to ensure quality of care and staff well-being. In particular, there is an urgent need to identify strategies to address divergent normative positions between migrant health and social care personnel and their patients and colleagues in order to tackle structural discrimination and racism.
- More research is needed on the role of migrants in service delivery and the provision of culturally sensitive care services (e.g. language, food, religion, privacy). Here it is important to bear in mind the cultural needs of migrant carers (e.g. being required to serve alcohol, pork) and migrant elders (i.e. the cared for). For example older migrants may have forgotten their learned second language, e.g. Swedish elders living in Norway or Greek Cypriot elders living in London may need a carer that speaks original mother tongue. Research is required on both the socio-cultural *needs* of older migrants and how these might be met.
- Migrant workers who are providing care to older people in the older persons' own home constitute a special group. In general very little is known about the social conditions and careers of this group of transnational care workers and the extent to which their rights are being observed and protected.
- Additionally, little is known about the potential impact of the flow of care migrants on sending countries' societies in the care-migration-chain. What is the impact on the families 'left behind'? How do female migrant care workers organise care replacement for their own older parents and (grand)children?

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4. Health among older populations of migrant origin

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4.1 Health of older migrants: an introduction

According to the WHO, health can be defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO 1948). This implies that studying health includes different dimensions that will be addressed in this short report. On the one hand, health refers to the physical dimension of being able to perform activities of daily living, having objectively diagnosed chronic diseases, as well as self-assessed health. On the other hand, it also includes mental health issues and other problems in social relations that may lead to social isolation and loneliness (see also Carballo Divino, & Zeric, 1998; Mladovsky, 2007). These different dimensions of health are also clearly related and simultaneously influence each other. For example, a chronic disease like obesity tends to be linked to poorer physical and mental health, as well as low psycho-social wellbeing (Bollini & Siem, 1995; Cunningham & Vandenheede, 2017; Jatrana et al., 2017). Health outcomes are sometimes triggered by one event but may also be the result of an accumulation of health disadvantages over the life course. In all cases, the current health situation of a(n older) person needs to be understood from a life course perspective. In light of the growing diversity of European populations it has been more and more acknowledged that research should address the potential different health situation and paths (Carballo et al., 1998; Carballo & Nerukar, 2001; Rechel et al., 2013).

Although upon arrival, migrants are often found to be healthier than the average resident in the host country (which has been referred to as the healthy migrant paradox), research has shown that health and mortality of migrants converges to that of the host country over time and generation. The initial "healthy migrant paradox" seems to hold true even though the socioeconomic position upon arrival tends to be worse for some migrant groups than for the majority population. Originally, this effect was found in the United States, but in the meantime, it has also been documented for many other countries, including European destination countries. However, over time and with subsequent generations, this health advantage tends to change into a health disadvantage in many cases. There is however a wide variety in health outcomes for different migrant origin groups making generalizations so far rather difficult to make. Clear causal explanations are so far also difficult to reach as most studies rely on cross-sectional data, and thus compare migrants of different ages but do not follow migrants and their health situation longitudinally (Rechel et al., 2012). This clearly hampers the conclusions that can be drawn and prevents researchers from getting a better insight into health and its determinants among migrants as an inherently dynamic and heterogeneous group (Jatrana et al.,2017).

Health differences among migrants compared to non-migrants are mainly ascribed to a set of factors, which are primarily at the individual level and have been associated with a range of health dimensions. These include the selectivity of migrants (both upon arrival and via selective return), migrant-specific risk behavior and life styles, dietary habits, socioeconomic position, as well as health care access and utalization (Brussaard et al. 2001; Gilbert & Khokhar 2008; Kolmboe-Ottesen & Wandel, 2012; Mladovsky 2007; Lindert et al., 2008; Solé-Auró & Crimmins 2008). At the group level, related aspects like the different stages of the health transition migrant origin and destination countries are in as well as the role of networks as a potential continuation of (un)healthy behavior but also as resource for

support have been thematised (Reus Pons et al., 2017; Vandenheede et al., 2015). However, most studies, which address the full migrant population, have not assessed the differential impact that each of these factors may have for older migrants in Europe. Neither have the relative importance of the different health dimensions and their interaction sufficiently been explored (Malmusi, Borrell, & Benach, 2010).

This report gives a short overview of the existing European literature on the topic of migrant health and ageing published in English with a focus on older migrants. A distinction is made between studies on physical health, mental health and loneliness, as well as mortality. There is some obvious overlap but this differentiation helps to provide insight into the different dimensions of health among older migrants. It goes without saying that this short report cannot provide an exhaustive analysis but focuses on some major issues that have been studied. The final section also points to the main research gaps and needs for advancing knowledge about the growing migrant elderly population across Europe.

4.2 Physical and self-perceived health

Most large scale survey studies on physical and self-perceived health among migrants do not specifically focus on older migrants (Rechel 2011). On the one hand many studies do not allow studying the migrant population at all as they target the population at large often implying too few migrants are included for meaningful analyses and no specific migration related questions are posed. On the other hand studies that focus on migrants often do not allow studying the group of older migrants as often these surveys do not include sufficient elderly. Many existing studies on migrants in the European context rely on more small-scale, in-depth studies that are focused on a specific migrant origin group, country of settlement or health intervention (e.g. Bermúdez Morata et al., 2009; Gotsens et al., 2015 for Spain; Public health service Amsterdam 2015; Venema, Garretsen & Van der Maas, 1995 for the Netherlands; Nolan, 2012 for Ireland; Weishaar, 2008 for Scotland; Sharareh, Carina & Sarah, 2007 for Sweden). The more limited research based on more large-scale datasets builds regularly on datasets that are not specifically aimed at migrant populations and, therefore, have significant limitations, e.g. not providing detailed information on migration-specific determinants or migrant groups with a specific migration history. As a result, health is often analysed by e.g. looking at general determinants of health (like socio economic status) rather than migrant specific aspects which many of these population broad surveys do not capture (like length of residence, language knowledge, acculturation, culturally specific health behavior etc.) For example, the SHARE (Survey of Health Ageing and Retirement) data focus on the elderly population across Europe but have no specific aim to target migrant elderly. Studies based on these data that do analyses the migrants in the sample show that migrants are more likely to have lower self-rated health compared to the majority group (e.g. Lanari & Bussini, 2012; Moullan & Jusot, 2014; Reus-Pons et al., 2017; Solé-Auró, Guillen, & Crimmins, 2011). Using European Social Survey data, subjective well-being among migrants has also been shown to be lower than among non-migrants (e.g. Arpino & de Valk, 2017; Sand & Gruber, 2016) but these studies also indicate that this is more valid for certain regions or countries of origins and for certain destination countries. However, although these data can give some indications on how migrants are faring compared to the majority group, the fact that the numbers of migrants in both types of datasets are limited, make it hard to draw far-reaching conclusions. In addition, the ways, in which different migrant origin and destination countries interact, is impossible to explore in detail with these surveys due to limited numbers.

Country-specific studies indicate that, overall, migrants tend to have poorer physical health than the

majority group, but they also stress the large heterogeneity between origin groups (e.g. Carnein et al., 2014; Leão et al., 2009; Vaillant & Wolf, 2010). In England and Wales, European migrants are reported to have better health while a comparative study across Europe found that some European origin groups are worse off than the native majority group, e.g. in the Netherlands, Germany and France. Looking at some specific diseases, existing findings are again mixed by country of settlement and origin. For example, when it comes to heart disease, a Swedish study found that immigrants are worse off in Sweden but still fare better than peers in their country of origin (Gadd et al., 2003; Sundquist et al., 2006). A comparison of self-rated health across Europe overall shows that this is lower among migrant than non-migrant populations (Nielsen & Krasnik,2010). Another European comparative study showed that, for Activities of Daily Living (ADL), immigrants were doing worse than the majority group. This applied to a range of countries including France, Germany, the Netherlands, Sweden and Switzerland (Solé-Auró & Crimmins, 2008). The respective authors also acknowledged the large differences in ADL functioning and self-rated health among the majority group across European destination countries. This implies that the comparison group for migrants is different depending on the country of residence. So in a country where the majority group reports more health problems the reference level is higher than it is for countries where fewer health issues are reported by the majority group population. The choice of the correct reference group for migrant populations and their descendants should therefore always be carefully chosen and reflected upon when drawing conclusions (Solé-Auró & Crimmins, 2008).

The factors often brought up for explaining migrant health differentials include on the one hand general mechanisms that apply to all irrespective of migrant status. These cover for example educational attainment and income (often captured in indicators for socioeconomic status SES), where those with higher educational attainment, income and housing conditions are better off than those, who are doing less well on these dimensions (Jatrana et al., 2017; Silveira et al., 2002; Vacková & Brabcova, 2015). Yet, the relationship between health and SES is not always easy to assess in causal terms as there are complex interactions between the different factors. On the other hand, a range of migrant-specific factors has been identified as potentially relevant. Debates are inconclusive whether these are migrant culture specific, whether they are linked to the minority status or ethnicity and the role of the host society e.g. in terms of discrimination (Marks & Worboys 1997). Overall findings are rather mixed again for different groups and settlement countries. Hence, limitations may arise from sample selection issues: For example, in case data are collected in the language of the majority group, only a selected share of the migrant population will (be able to) participate in a survey. Overall studies mention citizenship and duration of stay, for example, as potential key aspects, where poorer health tends to be linked to those, who have already stayed longer in the country and those who do not hold citizenship (Bolzman et al., 2004; Lanari & Bussini 2012). However, the effect of duration of stay may actually point to very different mechanisms at play: An accumulation of health disadvantages over time in the settlement country, or an acculturation to the host society health levels, norms and behavior, which again may lead to opposite effects when it comes to health outcomes.

Adaptation to the host society in terms of health (risk) behavior, diet and health norms has been suggested to play an important role in migrant health across the life course (Darmon & Khlat, 2001; Ratjana et al., 2017; Solé-Auró & Crimmins 2008). This would undo the initial health advantage migrants may have and explain the health changes observed over time and generations. Since most available data do not include information of migrants' health situation upon arrival, it is difficult to assess the acculturation effect or health development across the life course. Also the role of potential

acculturative stress for both physical and mental health has been mentioned in the literature, but so far limited research has been done due to a lack of suitable longitudinal data that follow migrants from the moment of arrival in the country of settlement (Kristiansen et al., 2007; Ratjana et al., 2017; Solé-Auró & Crimmins, 2008). Finally, access to health care and the role of language have been used to explain differences in health outcomes, also of older migrants (Lanari & Bussini, 2012; Solé-Auró Guillen & Crimmins, 2011). Access to health care not only relates to knowledge on health care systems and potential care that can be obtained but also relates to insufficient health care coverage due to a lack of knowledge on the routes in the national health care systems that widely differ between countries in Europe. Another dimensions is that in case health care systems are not used by migrants to the same level as non-migrants, diseases may go unobserved and as such the prevalence of certain health issues may simply be underestimated for the migrant population (Solé-Auró & Crimmins, 2008).

4.3 Mental health and loneliness

In the field of mental health, there is a longstanding interest in the relationship between migration and (symptoms of) psychological disorders. Numerous studies, conducted mainly in North America (the U.S. and Canada), provide evidence that newcomers have, on average, a better mental health profile than their native-born counterparts (Cunningham et al., 2008; Vang et al., 2017). This "healthy migrant effect", like in the case of physical health, is usually found to be a temporary phenomenon: Migrants' initial mental health advantage disappears and often even deteriorates the longer they live in the host country (Acevedo-Garcia et al., 2010; Wu & Schimmele, 2005).

These studies, however, have focused on other (symptoms of) psychological disorders than loneliness, e.g. depression, anxiety. Depression is reported as a common disorder among a large share of in particular migrant populations (Carta et al 2005). This has been related, in particular, to the cultural shock and the changes that migrants face in terms of their position in society or their social networks (Bhugra, 2004; Carta et al., 2005). Furthermore, studies have suggested that mental health challenges may also result from the interaction with the host society and feelings of rejection, social exclusion and discrimination that migrant populations may face (Warnes et al., 2004). A recent comparative European study on subjective well-being has also pointed to the relevance of the host country's integration policies for explaining the lower levels of subjective well-being of migrants in countries with more restrictive policies (Sand & Gruber, 2016).

Loneliness, commonly defined as unpleasant feelings arising when one perceives a discrepancy between desired and actual number and quality of social relations (Perlman & Peplau, 1981) is still less often studied for migrant populations across Europe. So it remains to be seen whether a "healthy migrant effect" also applies with regard to loneliness, yet there are reasons not to expect that: Migrants experience a discontinuity in their life course, leaving behind the socio-cultural contexts they belonged to, which previously provided a safety net and meaning in life (Ciobanu et al., 2017). Moreover, insecurity about how to socialise and about social expectancies in the new country will initially hinder the development of a new social network (Watt & Badger, 2009). Empirical evidence suggests that there is, at least, a positive relationship between "being migrant" and loneliness in the longer run: Regardless of host country, quantitative studies show that, on average, older migrants are more likely to be lonely than their native peers (de Jong Gierveld et al., 2015; Fokkema and Naderi, 2013; Victor et al., 2012; Wu & Penning, 2015).

To explain the above-average prevalence of loneliness among migrants over time, prior work has examined the impact of general and migrant/culture-specific risk factors. With regard to general risk

factors, the focus has been primarily on migrants' poorer physical health and lower socioeconomic status (e.g. a low level of education and income, living in deprived neighbourhoods) relative to individuals in good physical condition or from higher socioeconomic classes that are better positioned to be in contact with others and to be engaged in health-promoting activities (Fokkema et al., 2012). The studied migrant/culture-specific risk factors include, among others, length of residence, language and cultural barriers, lack of migrant-specific social meeting places and culture-sensitive care, taboo to talk about intimate matters, strong filial norms, discrimination, stigmatization and other negative reactions from the outside world. Until recently, qualitative case study research has been the dominant approach to study the role of both types of (general and migrant specific) risk factors (e.g. Cela & Fokkema, 2017; Choudhry, 2001; Dong et al., 2012; Ip et al., 2007; King et al., 2014; Lee, 2007; Park & Kim, 2013; Treas & Mazumdar, 2002). With the increasing availability of suitable survey data, the interest in this topic also increases among quantitatively oriented scholars (de Jong Gierveld et al., 2015; vanCluysen & van Craen, 2011; Visser & El Fakiri, 2016; Wu and Penning, 2015). For instance, in the first quantitative study on differences in loneliness between older adults of Turkish origin and their German counterparts, Fokkema and Naderi (2013) showed that the higher level of loneliness among Turkish older adults is entirely attributable to their health and socioeconomic disadvantages.

Notwithstanding their valuable contribution, these studies have some limitations. The first one is that they tend to probletamise and stigmatise all migrants overall, overlooking heterogeneity and inequalities between and within migrant groups and ignoring changes in circumstances over the life course (Ciobanu et al., 2017; Zubair & Norris, 2015). For example, the focus of European studies has almost exclusively been on the main non-Western migrant groups, coming from former colonies or guest worker countries, i.e. the groups culturally most different from the native-born population and ranked by Warnes and colleagues (2004) as the most vulnerable group. Despite their vulnerability, however, the few quantitative studies show that there are, indeed, differences in loneliness across ethnic groups: For example, older adults originating from India indicate low rates of loneliness compared to those from Pakistan, Bangladesh, the Caribbean, Africa and China in the United Kingdom (Victor et al. 2012). In the meantime, older adults originating from Turkey show high rates of loneliness compared to migrants from Suriname and/or Morocco in the Netherlands (Klok et al., 2017; Uysal-Bozkir et al., 2017; Visser & El Fakiri, 2016). Moreover, a significant proportion within each of these ethnic groups does not report feeling lonely at all, which may suggest that many migrants possess resources they can mobilise to manifest agency and develop strategies to prevent, cope with, and overcome loneliness (Ciobanu et al., 2017). To avoid the potential pitfall of problematizing and stigmatizing the migrant population, researchers have more recently turned their attention to those factors that may counteract or mediate loneliness. The most common protective factors that have been studied so far include social embeddedness within the family (Fokkema & Naderi, 2013 – no empirical evidence), belonging and participating in the ethnic community and larger society (Klok et al., 2017; Visser & El Fakiri, 2016 – empirical evidence), and religion (Ciobanu & Fokkema, 2017 – empirical evidence).

A second important limitation of previous studies is the exclusive focus on factors at the destination (a notable exception is Klok et al., 2017). It is well known that migrants' lives are often not confined to the place of residence; part of their practices and affinities transcend national boundaries (Basch et al., 1994; Glick Schiller et al., 1992). Therefore, more research is needed to get insight into the consequences of their transnational way of living and belonging on loneliness. In the (mental) health literature, conflicting theoretical arguments have been developed regarding the implications of

transnational ties – as either protective or risk factors – on migrants' well-being (Boccagni, 2015; Torres et al., 2016). On the one hand, transnational ties may improve the migrants' self-esteem and contribute to retaining his or her ethno-identity (Mossakowski, 2003; Torres & Ong, 2010). Transnational ties further serve as reference points, which enable migrants to adopt a favourable status through comparisons with those left behind (Alcántara et al., 2014; Jin et al., 2012; Nieswand, 2011). Finally, transnational ties provide migrants with an alternative space of belonging (Viruell-Fuentes & Schulz, 2009) and source of social support (Baldassar, 2007, 2008; Carling, 2014; Wilding, 2006). This might be particularly relevant when experiencing discrimination/social exclusion in the destination country. If these effects dominate, then transnational ties lead to a lower likelihood of loneliness. On the other hand, transnational ties stir the emotions of long-term separation from family members and friends and nurture feelings of loss, longing and missing through the recurring awareness of one's absence (Dito et al., 2016; Dreby, 2010; Parreñas, 2001). At the same time, they amplify feelings of financial and social obligations putting pressure on migrants to act according to their transnational families' expectations (Baldassar, 2014; Krzyzowski & Mucha, 2014; Mazzucato, 2008). Moreover, keeping transnational ties causes feelings of "uprootedness" and "identity crisis" ("betwixt and between" identities, "double absence"; Grillo, 2007; Sayad, 1999) and therefore a decreased sense of belonging. If these effects dominate, then transnational ties lead to a higher likelihood of loneliness.

4.4 Mortality

In line with studies on physical and mental health, foreign-born migrants tend to have lower mortality levels than the native group in many countries (e.g. Boulogne, 2012; Deboosere & Gadeyne, 2015; Razum et al., 1998; Reus Pons et al., 2016). This also applies despite the lower socioeconomic status many migrants face. In general, studies find that, especially first-generation, migrants have lower levels of all-cause mortality than the majority population in the host country even after controlling for differences in socioeconomic conditions (Vandenheede et al., 2015). Again this has been related to the fact that in particular, those who are relatively healthy will migrate, and migration is, therefore a selective process towards healthier individuals. However, the fact that first-generation migrants have lower mortality could also be due to the fact that in the event of a (life threatening) illness, migrants return to their country of origin and are, therefore, not registered as being ill in the country of destination (referred to as "the salmon bias hypothesis") (Wallace & Kulu, 2014). However, an increasing number of studies claim that due to acculturation, migrants that arrive from less industrialised countries in Europe will make a faster health transition from infectious to chronic diseases, which is why related mortality tends to become more common (Vandenheede et al., 2015).

Studies for Belgium based on full population data found that first-generation migrants of Western and non-Western origin do have an advantage in mortality compared to the majority group population and later generations (Vandenheede et al. 2015). For the Netherlands similar findings are reported on the full population register data. These studies however relate the findings also to issues of registration and salmon bias effects (Uitenbroek & Verhoeff, 2002). Despite the lower levels of mortality, migrants are not necessarily in a better health situation: Some chronic diseases or mental disorders may not lead to death, but have a long-lasting effect on the health condition of the individual. In turn, this may have major impacts on the life of the individual and the care needs over the life course including old age.

Looking at mortality causes, studies find different levels of mortality from most cancer types whereas cardiovascular mortality is higher among certain origin groups (e.g. South Asia) (Arnold et al., 2010;

Deboosere & Gadeyne, 2005; Ikram et al., 2016; Khlat & Darmon, 2003; Landman & Cruickshank, 2001). So far no studies in Europe exist that exclusively focus on mortality among older migrants. The patterns observe relate to the full population of migrants. One of the few exceptions is a recent study by Reus Pons et al. (2016) that focuses on Belgium using full population data. They find that part of the mortality disadvantage for some groups of older migrants is due to their socio-economic position. At the same time they report important differences in mortality patterns between different origin groups and for men and women. This clearly calls for attention to the variety in life paths of various migrant groups when wanting to understand mortality differences at later age.

4.5 Research gaps and needs

Research indicated that despite the potentially healthier starting point of migrants in a country upon their arrival, various health dimensions tend to become worse than that of the majority group population. However, the consistency of this effect across different countries of origin and destination, and the underlying mechanisms are not yet well understood. Studies have acknowledged the cumulative life course effects for health among migrants but, so far, longitudinal studies of health among sufficiently diverse samples of elderly migrants are still limited.

The diversity of the migrant population points to another gap in the existing literature: So far, most studies address rather broad categories of migrant origins or migration reasons. Going more into detail in terms of the causes of migration, as well as the specific situation in the country of origin would be an essential route to advance the general knowledge. After all, “the” older migrant does not exist. This becomes even more evident in the current situation of migration in Europe that covers many different forms of migration and mobility, e.g. labour migrants, refugees, or family migrants among many others.

Health outcomes are sometimes triggered by one event but may also be the result of an accumulation of health disadvantages over the life course. In all cases, the current health situation of a person needs to be seen in a life course perspective, and a cross-sectional analysis seems ill-suited to answer the open questions on health issues and care needs of the increasing population of migrant origin across Europe. This calls for studying risk behaviors and life style over the life course and it also requires a better recording of stressful events, which may turn into later-life health outcomes. Finally, also the timing of the move as well as repetitive moves, circular migration, and settlement at different stages in the life course have not yet been well-understood in relation to general health and late-life health, in particular.

Furthermore, so far, studies on mental and physical health have largely been separate spheres of study. Although it is acknowledged that different health dimensions interact in the life course of a person, research seems somewhat underdeveloped in this regard. The linkage of different health dimensions and analyses of the accumulation of adverse health issues among certain groups would be extremely relevant in terms of prevention and care. A related barrier to advancing our understanding of how migrant populations age and what factors may contribute or hinder healthy ageing has been the division in research between formal and informal care. These different dimensions should be integrated much more to understand how these two forms of care may go hand in hand and how they may contribute to healthy ageing. This is even more valid in view of the debates about the financiability of the health care systems of Europe’s ageing societies. Also in Northern European countries that traditionally have high levels of state care, emphasis has been put on the importance of informal care by family members or alternative care arrangements via individual care takers. Although these trends

apply to the total population, insights into the specific care needs and care options of the heterogeneous migrant population have been largely overlooked so far. Moreover, questions of how the use of care in the country of origin and country of destination is combined in the wake of (late-life) health issues need more attention in research and will also help policymakers and care practitioners.

With regard to data, the identified research gaps imply the need for more suitable large-scale data, and also call for better exploration of the existing data. Data collection efforts should aim for, at least, a certain level of international comparability to better capture effects related to the country of residence and thereby learn from country-specific best practices. Using also population register data, for countries where these are available, and linking them to surveys is a fruitful avenue for future studies. Furthermore, longitudinal data have a greater potential to satisfy the complex interactions of health and migration (either by prospective or retrospective longitudinal designs). Only under these conditions, it will be possible to advance knowledge about the health situation of elder migrants and their care needs now and in the future. More complete information on the health situation upon arrival would, in addition, allow for observing the key turning points in health status for the individual. And as many migrants arrive when they are young, and start ageing in the settlement country, following these men and women over their lives really can bring our knowledge on health ageing among a diverse population further.

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5. Migrants in the pension system

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The pension rights and level of financial provision available to older migrants are a function of the design of the pension system within which they live, and how that design interacts with their migration history (i.e. the length of time that they have been resident in the country), their socio-legal status (i.e. whether the migrants have the right to work and to pay taxes and receive benefits) and their employment history (i.e. how long they have worked; whether in full or part-time work and whether their employer offered a pension). The EU pension landscape is complex; all member states offer some kind of pension system, but there are large differences between countries. Therefore, commentators have used a range of classifications to try and group countries and clarify the the cross-country differences in pension systems.

5.1 Types of welfare states and pension systems

Pension regimes in Europe are often classified in comparative research into Beveridgean and Bismarckian pension regimes according to their public and non-state occupational systems (Bonoli 2003; Mayer, Bridgen & Andow 2013). The Beveridgean system is characterised by a broad foundation, typically a public pension, with a flat rate of the benefit and universal eligibility. Hence, the pension system covers a very large share of the population with the benefits that are set on the same level for all. However, the level of the basic pension is often insufficient for those with above-average incomes as it is set to maintain a minimum living standards in retirement. The gap between expected retirement incomes and universal, flat-rate pension was filled with the development of strong, occupational pension system to increase the replacement rate of the pensions to earnings in retirement. Therefore, occupational pensions have been a mandatory part of the pensions in most Beveridgean regimes, with an exception of Britain – where the state provided an alternative additional pension for those without such a second pension (Clasen et al. 2011, 292-293). The Bismarckian pension regime is portrayed by earnings-related public contributions and benefits. Public pensions are allocated for those, who have paid contributions and, hence, those with part-time work, shorter employment histories and lower earning will receive pensions of lower value than those in full-time work and complete work histories. In these countries, occupational pensions tend to be less developed than in Beveridgean regimes as the pension system is generous for those in full-time employment. This, however, leads to women being more vulnerable than men in the system, even though care-related rights were introduced by the late 1990s to all social insurance countries as well as contribution credits for other inactive individuals (Bonoli 2003).

In addition to the classification into Beveridgean and Bismarckian systems, the framework of “three pillars” is a useful approach to describe the features of the pension system.

The first pillar refers to the national public, statutory retirement plan providing either flat-rate (i.e. „Beveridgean“ style) or earnings-related (i.e. „Biskmarckian“ style) benefits. The plan is mandatory and usually conditional on the residency or employment in the country. In most countries, a pension-type benefit is also available for those who have not been able to pay any contributions for example due to

disability. Other supplements covering housing costs and different forms of free or means-tested services may be available for those with only the basic pension.

The second pillar then adds to the first pillar, leading to higher income compensation. In some countries, it is composed of the supplementary occupational pension schemes, which are usually privately managed and financed by the payments of the employer and employee or other collective agreements. The pensions from the second pillar are often more important for those with higher incomes, as there is often an income ceiling in the national pension system. The second pillar my not cover everybody and the system may be designed in a different ways in different parts of the labour market. In the past, many second-pillar pensions, were „defined-benefit" schemes, where the value of the pension is determined by a fixed formula, with the benefit being a fraction of the individual's final salary dependent on e.g. years of service. However over time, many second pillar pension schemes have shifted towards being „defined-contribution" schemes, where the benefits are determined by the level of contributions and the rate of return that these contributions „earn". As such, the „risk" in terms of paying for the future level of benefits has shifted from the collective (i.e. the government or employer, depending on who runs the scheme) to the individual; moreover, the level of future benefits is more uncertain as in a defined-contribution scheme, the pension is influenced by the economic development of the nation and it is difficult to predict several years in advance what the pension outcome will be.

The third pillar consists on privately funded savings and retirement schemes offered by the insurance companies, banks or other financial institutions in the private sector (Andrietti 2001, 63; OECD 2016.) The third pillar is very important in some countries, but much less important in other countries. Private pensions may, however, be very important for some migrants, especially highly skilled migrants. Both the tax treatment of the fees for private pensions and the taxation of the pensions paid differ between countries and over time. In addition to these three pillars, Ackers and Dwyers (2002) have added a fourth pillar that consists of the non-pension income, which includes earning from post-retirement work, personal wealth, savings, investments and assets, such as properties.

Over the past two decades, concerns over future population ageing, with a rise in the proportion of the population, who will be retired, combined with lower employment rates among those of active age, have led to pension reforms across most member states of the EU. The most significant are 1) a move towards defined-contribution schemes instead of defined-benefit schemes, 2) increased pension contribution rates, 3) changes in the parameters in the benefit formula of the defined-benefit schemes, with the result that the average level of benefit is lower – one common change has been from pensions based on final salary to pensions based on „career average" earnings, 4) increases of the retirement age, 5) equalisation of the retirement age for women and men, and 6) making it more difficult to get an early pension.

5.2 Pension system design and implications for pension outcomes for migrants

The way in which different pension schemes are structured, along with the relative balance between first, second and third tier pensions, will affect the pension outcomes for migrants, with some systems being better at preventing vulnerability to poverty in later life than others, or conversely in maintaining a high replacement rate in retirement for those, who are highly paid. Key aspects include:

- The extent to which eligibility for first tier pensions is related to how many years a person has lived in the country. In some countries, entitlement to the basic pension is simply a

matter of residence and thus a migrant becomes fully entitled as soon as their legal status is confirmed. In others, there is a minimum residency period or a minimum number of years of contribution – both of which may put migrants at a disadvantage in securing full pension.

- First tier pensions, in which benefits are earnings-related as opposed to a universal flat rate benefit may also disadvantage migrants working in low paid or part-time work as low earnings then translate in low pension benefits.
- The design of supplementary or second tier pensions is also important. Is it a defined-benefit system or a defined-contribution system? If it is a defined-benefit system, it is important to know how it is related to earnings and to the number of years an individual has been resident in the country and the number of years one has had earnings (and the level of earnings). Again migrants may have, on average, fewer years of residency and fewer years with earnings in the country when they retire than natives.
- Occupational pension schemes may also cover only a fraction of the labour market, with migrants being more likely to work in sectors where such employer schemes are not offered.
- Retirement age differs between countries, but may also differ within countries, for example, between different sectors of the economy, between white- and blue-collar workers and between women and men. Again this may impact on the pension rights of migrants, many of whom will be blue-collar workers, although it is important to recognise that there are also many high-skilled migrants.
- There are also differences between countries regarding the possibilities to receive a pension earlier than the normal pension age for example a disability pension or an early pension for those with many years in the labour market. As an example, it could be mentioned that in Norway, migrants, less often than natives, receive a disability pension, but that in Sweden migrants more often than natives become disability pensioners.
- A final, and vital, element is the extent to which pension rights earned in one country are transferable to another country and whether the transfer of rights is implemented in such a way that migrants do not lose by having worked and lived in more than one country. A key element is whether there is a minimum contribution period, for example, of a full year. A group that might be particularly affected by this may be seasonal workers, who may contribute for less than a full year in several countries as they move between agricultural work in northern Europe in the intensive summer growing period and work in Southern Europe during the winter. Do they receive pension rights in the national pension systems in both countries or only in one of them?

How these pension design issues affect migrants' pension outcomes ultimately depends on the characteristics of the migrants themselves. The major part of migration within the EU and EEA (European Economic Area) is internal migration within the different member countries – to a large extent rural-urban migration – but many also move between countries within the EU. There is mobility from East European and also, to some extent, from South European countries to West and North European countries. But many also move between different West European countries. People are also commuting between different countries or working part-time in two countries. This is, for example, common in Scandinavia. Many commute on a daily basis from Southern Sweden to the Copenhagen area in Denmark or on mainly a weekly basis from especially from the western part of Sweden to Norway. But commuting is also common over other borders in Europe. Migration within the EU is mainly work-related – a labour migration of both highly and less skilled workers.

To the economic nature of migration, refugee migration should be added. Refugees have, in recent years, arrived mainly from countries in the Middle East like Syria and Iraq, from certain countries in

Asia like Afghanistan and Iran and from countries in Eastern Africa such as Eritrea and Somalia. Labour migrants are often recruited to a job and become employed already at arrival, but for many of the refugee migrants, especially the low-skilled migrants, it may take several years before they get their first job. The pensions for those who move into the EU from outside will depend on how many years they have lived in the destination countries as adults, if they have been employed there, and the level of earnings while employed. Those who arrived as young adults and labour migrants and have been employed until retirement, will receive a pension at about the same level as native born persons. On the other hand, refugees that arrive at the age of 40 years or older will in most cases receive a very low pension – reflecting few years in the country of destination and few years employed before retirement, unless they have pension rights from their country of origin that are recognised by their EU host country.

In thinking about the relationship between migration, pension outcomes and the portability of pension rights across borders, it is important to distinguish between those migrants who were born in the EU and who then move between EU countries, and those who have migrated into the EU from outside. The countries that are either members of the EU (or EEA – the European Economic Area), or have a separate agreement on the mobility of pension rights, form one group, while the other group consists of those coming from the countries without such agreements.

Portability within the EU

Within the EU, the mobility of pension rights falls into two categories: the mobility of public pensions that is regulated by EU law, and the mobility of non-state pension rights which are covered by national legislation. The legislation of the portability of the statutory social security rights states that mobile workers should be treated like the citizens of the member state in which they move to work. Similar equal treatment is applied to third-country nationals – but only after a certain period of residency, i.e. no later than after five years of residency according to EU Directive 109/2003 in an EU member country. This also allows them to maintain the access to and portability of social rights within the EU (Avato et al. 2010, 457; Andrietti 2001, 59-60; Holtzmann et al. 2005, 11, Coldron & Ackers 2009, 574-575; Ackers & Dwyer 2004.)

Since public pension systems are generally created based on an assumption of a long-term membership, calculation of the pension benefit for workers, who move between EU states is done in two steps based on the „independent benefit“ and „pro-rata benefit“ to avoid a possible penalty of the mobile workers between member countries. Based on this calculation, the individual will receive the public pension based on the higher calculation, and after retirement, pension entitlements are portable across the member countries.

While the public first tier pension seems to be rather portable, the portability of the occupational or personal pension schemes seems to be much weaker, and hence can disadvantage those with short-term membership as seasonal workers or early leavers (Mayer, Bridgen & Andow 2013, 718). The portability of pension rights is a particularly complex issue since reliance on just one type of pension is rather rare in Europe, and the level of non-state pension protection is linked to the national legislation rather than EU level legislation.

Portability outside the EU

In addition to the protection of a third-country national by the directive regulating the right for equal treatment after a certain time of residency in the EU country, bilateral and multilateral agreements

have been made to provide rules of cooperation between social security institutions of the signatory countries. Multilateral agreements have been created not only within the EU but also within the Euro-Mediterranean Partnership (EMP) with social security agreements with Morocco, Tunisia and Algeria (Avato et al. 2010, 458). European countries have signed more than 2500 bilateral social security agreements mainly with other European countries but also with countries outside of Europe (Holtzmann et al. 2005, 13).

In addition, several bilateral portability agreements have been introduced with non-EEA countries such as agreements about National Insurance and benefit entitlement or a double contribution convention (DCC) between United Kingdom and Barbados, Bermuda, Canada (DCC), Chile (DCC), Israel, Jamaica, Japan (DCC), Jersey and Guernsey, Korea (DCC), Mauritius, Philippines, Turkey, the USA and Yugoslavia (including Serbia and Montenegro, Bosnia-Herzegovina and the Former Yugoslav Republic Of Macedonia).

However, the rights of post-retirement migrants differ from the rights of migrant EU workers, as full social rights are reserved for those relocating before retirement within the EU as economically active citizens, such as workers and their families. The right to move and reside freely after retirement is, therefore, conditional on their ability to prove that they have sufficient resources not to "burden" the welfare system of the new host country and that they are covered by a health insurance policy other than the European Heath Insurance Card (EHIC), which is not valid in case of citizens moving abroad (Coldron & Ackers 2007, 290: Ackers & Dwyer 2004). The rights of third country nationals from beyond the EU borders are even more limited after retirement (Dwyer & Papadimitrou 2006, 1302.) Post-retirement migration can be disadvantageous particularly for those, who have disruption in their employment due to care responsibilities (mainly women), the accompanying partners and relatives, who are not included in the definition of the family and dependency of the community (Ackers & Dwyer 2006).

At an individual level, navigating the portability of the pensions is not only challenged by the complex legislation, but in some cases also by the lack of information and language barriers, such as in the case of Turkish migrants in Germany. In addition, the pensions paid abroad are subject to the fees for international money transfers and exchange rates and hence the effect of these fees can be substantial in the migrant's final pension (Holtzmann et al. 2005, 26.)

5.3 Case studies

As mentioned earlier, the pension systems differ between EU countries, and migrants' experiences also vary. Some EU countries are immigration countries and other EU countries are emigration countries and the composition and the type of immigration differ considerably between countries. Below follows information on three immigration countries – the countries of the authors of the paper.

Norway

Norway was relatively late with the establishment of a national pension scheme (1936). Initially needs-based, it became a universal arrangement with the National Insurance Act from 1967. This Act is generally considered the foundation of the Norwegian pension scheme. About two-thirds of all employees have an employer participating in Contractual Early Retirement Schemes (AFP). These schemes, which were introduced in 1989, allow retirement from age 62. From 2005, yearly pensions are adjusted according to the life expectancy of a birth cohort. The Pension Reform from 2011 introduced a new public pension system consisting of an income pension, and a guarantee pension for people with no or only a small income pension (OECD, 2013). Persons between the ages of 16 and 66 years, with a residence period in Norway of at least three years, are entitled to the guarantee pension in the new system. A full guarantee pension is granted after a 40 year long residence period, and it is reduced proportionally for shorter residence periods. The pension reform also introduced the opportunity for flexible pension uptake from the age of 62. Before 2011, pensions would be reduced according to the number of hours people continued to work. The reform has opened up for the possibility of full or partial pension uptake in combination with or without retiring from work, as people can combine working with receiving a pension. The pension reform also introduced certain incentives for not retiring from work. Hence, people are stimulated to postpone their pension after age 67 and continue to work.

To some extent, it is possible to "export" Norwegian old-age pensions to another country upon retirement. Different categories of pensioners (e.g. by age, country of retirement) are subject to different sets of regulations. In 2017, the government proposed to curtail social security rights for immigrants resident in Norway, and one such right was the right to old-age pensions (Pedersen, 2017). However, this proposal, which "would have moved Norway a significant step towards more of a dual social security system" (ibid.), was rejected by the parliament.

In 1950, 1.4 % of the Norwegian population were born abroad; in 2017, 13.8 % were born abroad. Since 1967, Norway has had net immigration every year except for 1970 and 1989. Net immigration numbers have fluctuated, peaking in 2012 and then decreasing each year. In 2017, people who had immigrated to Norway (725.000 persons) or were Norway-born children of immigrants (159.000 persons) constituted 17 % of the total population.

There are still relatively few older immigrants in Norway today, which makes it difficult to study work exits in immigrant populations. In 2013, there were about 57.000 immigrants in the age group 50-61 years and 15,000 immigrants in the age group 62-66 years with a residence period of 10 years or more. Most of these immigrants have arrived from Asia, followed by the Nordic countries and Western Europe, with an average residence period of 25-30 years (SSB 2017).

At the age of 50 years, employment rates in 2017 are 69 % for immigrants compared to 85 % for non-immigrants. After the age of 50 years, employment rates decrease for both immigrants and non-immigrants (SSB 2017). For both groups, there is a clear drop in employment rates around the early retirement age of 62. However, this drop in the employment rate is much larger among non-immigrants. One explanation is that immigrants, on average, have fewer years of employment in Norway and are, therefore, more likely to have lower pension earnings at the age of early retirement, which implies that it is more advantageous financially to postpone pension uptake.

Sweden

Sweden has had a national pension scheme since 1913. It was changed on some occasions with major changes in 1948 and 1960. The last major change was decided by the parliament in 1994 and 1998. Before the latest pension reform, Sweden had a system with a basic pension that was the same for all, who had lived in Sweden for at least 30 years (if fewer years, it was proportionally reduced) and a defined-benefit pension scheme. The defined-benefit pension called "ATP" (Allmän tilläggspension; general supplementary pension) was based on the 15 years with highest earnings. If the number of years with earnings was less than 30, it was proportionally reduced. The new system is a notional defined-contribution scheme. The pension is decided on the basis of all years with earnings (and there is a ceiling for the earnings in a year that is counted). For those with low incomes, there is a guarantee pension financed outside the pension scheme by the state. Those with low pensions may get a housing supplement. There are collectively agreed supplementary pensions (the second pillar) covering most of the population. There are four major systems: These collectively agreed systems have gradually changed from being defined-benefit to becoming define-contribution system but in different ways in the four systems. The changes and the way the changes have been implemented may have different effects for natives and migrants (with fewer years with earnings in Sweden).

Sweden has had net immigration every year since 1930 with only one exception: 1971. One quarter of the Swedish population is at present foreign born or has foreign born parents. In the second half of the 1940s, in the 1950s and 1960s and in the year 1970 labour migration was large, and the dominating form of immigration. Most of those who arrived in those decades have now retired or are close to retirement.

Since the 1980s, refugees or family members of refugees have been the majority of the immigrant population, but labour migrants continue to arrive. Many of the new labour migrants are from EU-countries in Central and Eastern Europe such as Poland, Romania and the Baltic states.

It is possible to study the pensions for those who have already retired and still live in Sweden. The labour migrants have pensions comparable to the native born, but many of the refugee migrants have relatively low pensions. Forecasts of the pensions of foreign born persons who will retire in the years to come show that they will receive lower pensions then native born persons. For those who have only a few years of paid employment in Sweden, the new defined-contribution system provides lower pensions than the earlier defined-benefit system.

The United Kingdom

The first public pension was introduced in 1908 and, over the last century, successive governments have introduced numerous changes to both state and private pensions, meaning that today's pension system is complex and multi-layered, with many people having rights acquired under several different policy regimes. Using the pillar framework introduced earlier, the UK pensions system can be considered to include three tiers. The first tier is provided by the state and consists of a basic level of pension provision to which almost everyone either contributes or has access, providing a minimum level of retirement income. The second tier is also provided by the state and aims to provide pension income that is more closely related to employees' earnings levels. Private pension provision constitutes the third pillar, i.e. voluntary pension arrangements which are not directly funded by the state. Private pension contributions, from the employer and/or the individual, fund additional pensions for the individual. The state pension is based on an individual's National Insurance (NI) contribution record. Any tax year, in which an individual makes, or is credited with making, sufficient

NI contributions is known as a qualifying year and there are also a range of non-work related activities which can contribute into the state pension including disability, periods of maternity/paternity leave and caring. A total of 35 years of contributions are necessary for a full pension and a minimum of ten qualifying years are necessary in order to receive any pension. This means that older migrants, who arrive within 10 years of retirement will not be eligible for a UK state pension unless they have accumulated rights elsewhere, which are recognised by the UK government under one of the agreements discussed above.

Some evidence on the relative disadvantage regarding pension protection among particular Black and Minority Ethnic (BME) has been documented in the UK: Older people from all non-White UK ethnic groups are less likely to be receiving a state pension or occupational or private pension, while they are more likely to receive a means-tested benefit, currently known as Pension Credit (Vlachantoni et al. 2017). This, in part, reflects the fact that individuals from BME groups are less likely to be in paid employment during their working life, they tend to have lower earnings when in work, are less likely to qualify for state pensions and are less likely to be saving for a private pension (Allmark et al 2010; Gough & Adami 2013; Vlachantoni et al. 2015). There is, however, very little research investigating pension protection amongst migrants more generally, highlighting an important a research gap.

Brexit

Brexit may have significant effects for many migrants. The section below discusses some of the effects for the pensions of the migrants which may be a result of Brexit. The pension effects of Brexit will, of course, depend on the agreement reached between the EU and the UK regarding Brexit.

a) Many British citizens move to Southern European countries such as France and Spain when retiring and may stay there for a number of years. Their rights and obligations may change in different respects as a result of the Brexit, for example regarding taxation, health care and pensions. It is important for those who have already migrated and for those who intend to migrate to be informed of the potential consequences of Brexit on their pension arrangements.
b) Many citizens of other EU countries live on a permanent basis in the UK; most of them are employed. It is important for them to know whether and how their pension rights may change as a result of the Brexit.
c) It is very common that citizens from other EU countries work for shorter periods in the UK and then return to the home country. Are those periods of stay in the UK influencing the pensions they will receive when they retire, and will the Brexit lead to changes in the pension outcome?
d) Another interesting question is how dual citizenship may influence pension entitlements (and other rights). Many British citizens living in another European country are now applying for citizenship in that country, many people born and living in the UK with a British citizenship are applying for Irish citizenship, and people living in the UK with other European citizenships are applying for British citizenship. Many, but not all European countries, nowadays permit dual citizenship.

The questions above show that it is important to investigate the effects on pensions, if any, which may result from the Brexit, both for British citizens living in other EU countries, and for citizens from other EU countries living and working in the UK.

5.4 Conclusions and recommendations

The pensions which people receive are influenced by their migration history. The pension received

may change due to the fact that income will differ as a result of migration, but may also change as a result of differences in the pension rules between countries even if the migrant's income is exactly the same before and after migration. As pension systems across Europe are being reformed and are changing over time it is difficult for a person before migrating to know how migration will influence their pension upon retirement.

The level and type of pensions which migrants receive will also vary according to the type of migration, i.e. labour, refugee or family-related. It is important to know how different factors influence the pensions of the migrants.

Some issues of interest for new research and the production of statistics in the field are listed below. They may all be of interest for a future transnational research project.

a) High quality statistics regarding the pensions of migrants retiring in the countries of destination is vital for research. The empirical basis should provide information on migrants' pension income from all three pillars and also from the country of origin (or any other country they have worked in). In the context of increasing migration, such information should be an integral part of the official statistics of the countries.
b) For the same reason it is important to obtain information regarding the pension entitlements from all three pillars for those who have returned to retire in their country of origin. Many individuals may have one or several work periods in one or more other European countries. How are older migrants' pensions determined by their work histories; and how are working-age migrants' future pensions likely to be affected by such histories? The increasing use of life history data in the field of demography can facilitate addressing such policy-relevant questions.
c) There exist many studies comparing the pension systems in different countries. However, it is important to facilitate studies focusing on the effects those systems have for the different groups of migrants (labour migrants, refugees, family-related migrants). Comparative research not only on the construction of the pension schemes but also of their effects is important. Such studies of outcomes are however often limited by data availability, as administrative data rarely contains details on health or the wider socioeconomic characteristics of pension beneficiaries, whilst survey data often does not have a sufficient sample size to analyse migrants.
d) It is also important to have register-based studies that allow in-depth studies of the pensions which the migrants receive in the country of destination. The pension outcome (dependent variable) should be related to country of origin, age, age at arrival to the destination country, income and family situation.
e) It is equally important to have register-based studies that facilitate in-depth studies of the pensions which migrants receive in the country of origin if they move back. The pension outcome (dependent variable) should be related to the country they have worked in, their age, age at arrival to the destination country and age of return to the home country, income and family situation.
f) Finally, circular migration is becoming more important, and therefore it is imperative to explore the future pension entitlements of circular migrants. Some of the circular migrants are highly skilled specialists; others are seasonal workers in agriculture, forestry and services. The exploration of the circumstances and potential disadvantages faced by circular migrants can lead to a more in-depth understanding of economic vulnerability experienced across the life course, and in later life.

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6. Country chapters

6.1 Austria

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6.1.1 Post World War II history of migration and recent migration trends

At the end of WWII, some 1.4 million foreigners found themselves on Austrian territory due to massive intra-European migration preceding the end of the war. Although most of these were quickly repatriated, some 500,000 displaced persons permanently settled in Austria (Kraler and Stacher, 2002; Jandl and Kraler, 2003).[9] Austria also quickly became one of the major transit countries for refugees from neighbouring Communist countries. Between 1945 and 1989, these refugee inflows were significant and a total of about two million people found shelter in Austria, although many travelled on to other countries. A peak was reached in 1956, when over 180,000 refugees entered because of the repression of the Hungarian uprising. Of these, about 20,000 stayed and settled in Austria. Slightly smaller peaks occurred after the "Prague Spring" in 1968, and the crushing of the Solidarity movement in Poland in 1981 and 1982 (Jandl and Kraler, 2003; Heiss and Rathkolb, 1995).

Labour migration to Austria took off somewhat later and was a consequence of the post-War economic boom. Following Germany and Switzerland, Austria concluded bilateral *agreements* with Turkey (in 1964) and Yugoslavia (in 1966) to recruit temporary workers and established recruitment offices in these countries. These agreements led to a sizeable inflow of mostly low-skilled and temporary labour migrants (see Biffl, 2011). Thus, for most of the post-war period, Turks and former Yugoslavs were the largest immigrant groups in Austria. Following the economic downturn in 1973/74, recruitment practically ended and the subsequent period was primarily marked by a consolidation of guest worker migration and increasing family reunification until the late 1980s (Kraler and Stacher, 2002, Fassmann and Münz, 1995).

The fall of the iron curtain, armed conflicts in former Yugoslavia, and the subsequent massive political changes in Europe (EU accession of Austria in 1995 and of the Central and Eastern European countries - CEEC - in 2004 and 2007) again led to substantial increases in migration. From 1989 to 1991, the share of foreign nationals residing in Austria increased from approximately 8% to over 14%. This was primarily due to the inflow of refugees from former Yugoslavia, but also because of increased labour migration from the CEEC. This large number of immigrants was followed by a slightly smaller one of around 265,000 EU15-citizens in the 2000's, arriving mainly from Germany because of the bad labour market situation, and to a lesser degree for education purposes. In 2011, citizens of countries that joined the EU in 2004 (and in 2014 citizen of countries that joined in 2007) received unconditional labour market access. This led to an increase of around 100,000 residents from EU12 countries and the entry of another estimated 85,000 cross-border commuters (around 2.4% of the employed) to the Austrian labour market by 2016. Finally, during the recent asylum migration from Syria and Afghanistan, Austria received substantial inflows of asylum seekers. This has led to renewed concerns over asylum migration in recent years.

[8] The author thanks Wenke Apt, Julia Bock-Schappelwein, Fanny Dellinger and Natalie Iciaszczyk for helpful comments and suggestions. Remaining errors remain in the responsibility of the author.

[9] Most of these refugees integrated into Austrian society rather quickly and their impact on Austrian society and politics was generally perceived as minor.

Migrant stock

Due to these varied migration flows, Austria had a foreign-born population of about 1.3 million in 2015. This represented 15.7% of the total population. On top of this a further 5.6% of the population had both parents born abroad (i.e. is part of the second generation). Of the total foreign-born population in 2015, around 27% (359,000) were from former Yugoslav states, 26% (346,000) from EU12 countries, 17% (223,000) from EU15 countries, 11% (155,000) from Turkey and 18% (260,000) from other countries. The largest single country groups by nationality are Germans (176,000), Serbs (116,000) and Turks (116,000). There are marked differences in the demographic structure of these groups. For instance, in terms of education, 61.3% of residents of Turkish origin (relative to 14.4% of the total population) have only compulsory education, while 30.4% of those from EU-countries (relative to 17.5% of the total population) completed a tertiary education. Immigrants from EU12 countries and former Yugoslavia have mostly completed a vocational education (Statistics Austria, 2016). The average age of immigrants also varies substantially across origin groups. While the average age of the Austrian population was 42.4 years in 2015, the average age of foreign citizens was 34.7 years. Among the more important sending country groups, those with sizeable recent immigration such as Afghanis (22.9 years) and Syrians (24.8 years) were the youngest. Migrants from Poland (35.6 years) and from the former Yugoslav countries belong to the older immigrant groups (Statistics Austria, 2016).

Furthermore, 45% of immigrants that migrated to Austria between 2006 and 2010 moved back (or onward) within 5 years. The highest rates of return or onward migration are found among citizens from other EU and neighbouring countries (UK 61%, Czech Republic 60%, Hungary 39%, and Slovakia 38%). The lowest rates are among immigrants that come as asylum seekers or for family reunion reasons (Afghanistan 16%, Turkey 30% and Bosnia-Herzegovina 31%) (Statistics Austria, 2016).[10] There is also some evidence that a relevant part of immigrant workers in Austria end up spending their pension abroad. Social security data show that around 20% of pension applications are submitted from abroad. However, no details are available on who receives these pensions.

Consequently, the number of older immigrants is still rather low in Austria. According to the most recent population statistics, the number of foreign citizens older than 50 is 261,000 (or 7.7% of the total population aged 50+). The number of immigrants 75 or older is 22,571 (or 2.9% of the total population in this age group).[11]

In addition, recent research (OECD, 2015; Huber et al., 2017) suggests a number of particularities about the settlement structure and integration of immigrants in Austria. Compared to other countries, an unusually large part of the immigrant population in Austria resides in urban areas, with 54.6% of the foreign born (relative to 24.8% of the natives) living in such areas. Furthermore, in comparison to other EU and OECD countries, the integration of young immigrants and second-generation members into the education systems lags, as does the housing situation for immigrants, who much more often live in over-crowded housing than natives and seldom own their homes.

Migrant Flows

In 2015, a total of 214,400 people (198,700 foreign citizen, 15,752 natives) migrated to Austria and 101,300 (80,100 foreign citizen, 21,202 natives) emigrated. In contrast to previous years, when

[10] This low return intensity of asylum seekers also applies to the recent refugees as according to Buber-Ennser *et al.* (2016). Only 25% among the recent refugees intend to return home after obtaining a protection status.

[11] The respective share among immigrants in school age is 15,2%. Among the second generation over 60% are below working age.

immigrants from EU12 countries made up the largest inflow, most of these flows came from non-EU countries and entered Austria as asylum seekers (Statistics Austria, 2016). Of the 89,098 asylum seekers arriving in 2015, most originated from Afghanistan and Syria (25,563 or 29% from Afghanistan and 24,547 or 28% from Syria).

In 2015, 35,574 decisions on asylum were made. 14,413 or 40.5% were positive (i.e. applicants for international protection received recognized refugee status), while another 2,478 persons received subsidiary protection. Two thirds of the 14,413 refugees who obtained refugee status in 2015 were male (i.e. males: 9,372; females: 5,041). Most of them came from Syria (i.e. males: 5,453, females: 2,661), followed by Afghanistan (i.e. males: 1,306; females: 777). About half of the 2,478 persons who received subsidiary protection in 2015 were from Afghanistan (1,263), followed by Somalia (279), Iraq (266) and Syria (183); about 80% of all persons granted subsidiary protection in 2015 were male (i.e. males: 1,954; females: 524) (BMI, 2016).

Aside from asylum seekers, Austrian authorities granted 28,100 residence titles to immigrants in 2015 from non-EU countries. Of these, 1,300 were given to highly skilled labour migrants (Red-White-Red Card or EU Blue Card); 14,900 were granted for reasons of family reunification and 9,200 to various other categories of immigrants (especially students and researchers). In addition, 700 seasonal work permits were granted.

6.1.2 Specific phenomena in ageing societies

Issues related to the topic of health and elderly care provided by immigrants are high on the Austrian policy agenda due to specifics surrounding Austrian regulations on workers providing extramural 24-hour care for elderly. This form of care is mostly provided by self-employed (female) foreign workers. According to estimates of the chamber of commerce, around 60,000 of such personal care workers were active in 2016. Of these, only 1.4% originated from Austria, while 47% were from Slovakia and 37% from Romania. In general, these self-employed women often work as commuters, on a 14-day cycle (Lenhart, 2009; Wilk, 2009) that is low paid, entails long working hours and is subject to very few standards about both the quality of the service provided and the type of work done. This has raised concerns related to the sustainability of current regulation and the overall impact on working conditions in the health care sector (Österle et al., 2013; Schmidt and Leichsenring, 2016; Schmidt et al. 2016). In general, however, very little is known about the social conditions and careers of these workers. The same also applies to their potential impact on sending countries' societies.

6.1.3 Availability and quality of migration data

The primary sources of information on foreign-born citizens in Austria are the country's population statistics. These provide a detailed overview of the demographic characteristics of foreign-born and foreign citizens residing in the country. Migration statistics ("Wanderungsstatistik"), based on the residence register, provide flow data on in- and out-migration by nationality, county of birth and region of immigration or emigration. In addition, asylum statistics report the number of asylum applications and decisions. Furthermore, most other statistics such as education statistics, the Austrian health survey and standard EU-wide data sets such as the Labour Force Survey and EU-SILC allow for differentiating between natives and immigrants (either by nationality or the place of birth), as do several administrative data sets such as the Austrian income tax files, the Austrian Social Security Data (ASSD) and statistics on criminal offenses. Data on attitudes among immigrants and natives is collected

annually by a market research institution (GfK) and the Ministry of the interior provides data on third country immigrants by residence title. The Austrian Statistical Office uses all of these data sources to publish a comprehensive annual report entitled "Migration & Integration". This provides a recent descriptive overview of migratory movements and the situation of immigrants in Austria. Furthermore, an annual report on migration to Austria by SOPEMI details recent changes in migration law, entry of foreign nationals by entry category, as well as information on irregular migration, remittances and some indictors of immigrant integration (see Biffl, 2016). Most of this data is also available on a regional (NUTS2) level.

There is thus a wide array of data sets available that cover the situation of immigrants in Austria. A weakness of these data sets is that individual these sources often lack information on important background characteristics (e.g. education, parental background), differ in their definition of immigrants (applying either a nationality or a place of birth concept) and cannot be merged due to privacy laws. Also, as a rule, individual-level data are not available for research because anonymous public use data sets specifically for scientific purposes are, for the most part, not provided and access to sensitive data through other means (e.g. safe centres) is severely limited.

For research on immigration in Austria the ASSD may be of wider interest as it provides a daily calendar of all information relevant to the Austrian social security system for the entire population of Austria and is publicly available. This data can be used to construct panel data on the labour market history of individuals. Its weaknesses, however, are that it contains only information on citizenship (so that place of birth must be imputed) and lacks information on many important socio-demographic background characteristics (such as education).

Unlike some other major immigrant receiving nations, there is also no panel data that make possible following immigrants across the life course. Although the lack of such data has often been lamented, and initiatives to create it have been launched at various points in time (see Biffl 2016a for a recent report), the reporter is unaware of any concrete current initiatives to create such data.

6.1.4 Ageing migrants

Due to both the large share of young immigrants in Austria and substantial return migration, issues related to the ageing of the migrant population have received little attention in immigration policy and research thus far.[12] Evidence on how immigrants in Austria are ageing is therefore scarce and rather fragmented. Further this research often only applies to specific regions (such as the city of Vienna) that have a particularly high share of the foreign-born population. One recent study based on SHARE data from 2010 to 2011 of the immigrant population aged 50 and above in all of Austria (Halmdienst et al., 2013) suggests that relative to the native-born, migrants of this age group:

[12] This is confirmed by internet searches by the author. A search on projects related to ageing on the Ministry of Foreign Affairs' integration project data base, which provides a comprehensive overview on all integration related state funded projects, for the key words "ageing" and "elder" provided only 5 projects (Federal Ministry for Europe, Foreign Affairs and Integration, 2017a). These were related to German language courses for elderly migrants, two projects in which native pensioners are used as language trainers for newly arriving immigrants, one devoted to language training of immigrants to prepare them for work in elderly care and one project aiming to involve older migrants in various sports clubs and other social activities. In addition, a search of the research publications data bases of the Austrian Ministry of Foreign Affairs (Federal Ministry for Europe, Foreign Affairs and Integration, 2017b), and the research publications data base of the Austrian Labour Market Service (Arbeitsmarktservice Österreich, 2017) and various public and research institutions for the years since 2015 provided no further studies specifically related to the ageing of immigrants than those cited in the main text.

- are less often active in voluntary organizations, have larger social networks of friends, but cohabitate with a partner substantially less often and have less contact with family members.
- have lower educational attainment levels and socio-economic status on average,
- more often work above the minimum retirement age (of 65) and thus have higher employment as well as unemployment rates than natives of the same age group.
- report worse health status, have a substantially larger number of diagnosed physical illnesses, and suffer more often from symptoms of depression.
- visit general practitioners about as often as natives, spend more time in hospital but visit specialists less often.
- have an increased need for support that seems to be more related to socio-cultural and language needs rather than traditional care for elderly.

Furthermore, this study also shows substantial differences between immigrants based on country of origin, with those from former Yugoslavia and Turkey generally being the most disadvantaged in all respects and Western and Northern European immigrants being less disadvantaged. These differences can be explained in part by differences in the demographic composition of the migrant groups, but are also associated with factors such as low income and socio-economic status.

Similarly, an earlier study by Reinprecht (2009) focuses on the immigrant population ages 75 and older, but is based on a very small sample of respondents. It suggests that these immigrants are substantially less satisfied with their income and housing situation, have a substantially lower self-assessed quality of life and take advantage of various state-provided social services for elderly much more rarely than natives. More recently Perchinig and Schaur (2015) assess the future care needs of elderly immigrants in Austria. They expect the number of foreign born elders receiving care allowance to increase by 47% (from 48,000 to 71,000) from 2013 to 2025. According to their results care institutions are aware of the many challenges related to providing high quality care to immigrant elders, but face difficulties in ensuring that migrant elders are aware of offers available to them. They also report that former experiences of discrimination by authorities further hamper the take up of institutionalized help. As a reaction some institutions have started addressing this challenging situation by collaborating with migrant organisations. Altintop (2014), by contrast, argues that the intercultural openness of institutions providing elderly care and the awareness for intercultural issues in care institutions is still underdeveloped in Austria, and criticizes the lack of common quality standards in this respect.

In addition, focusing on the provision of health care among older immigrants in the city of Vienna, Reinprecht et al. (2016) show that in 2013, around 25% of the Viennese population aged 60+ was foreign-born (relative to 32% across all age groups). They also show that this share of immigrants (among adults aged 60 and older) is expected to rise substantially in the next 15 years, but that these immigrants rarely apply for support offered by the city's social services. According to this study, the exclusion of foreign-born elders in such services is primarily due to lower familiarity and language skills, and a general lack of information on available services.

The 2016 Austrian yearbook on migration and integration notices substantial differences in self-assessed health status and life expectancy at birth between various immigrant groups. While 79% of the Austrian population and 75% of the total foreign-born population assess their health status as good or very good, this percentage is as low as 57% among the Turkish-born. The poorer self-assessed health status of certain migrant groups is closely correlated to obesity and smoking statistics. Life expectancy

at birth is higher among foreign-born men (79.3 years) than native-born men (78.6 years), but slightly lower among foreign-born women (83.3 years) than native-born women (83.6 years). Once again, differences across migrant groups are sizeable. Life expectancy varies from 77.7 years among men from former Yugoslavia to 84.1 years for Turkish women (Statistics Austria, 2016). The worse health status of the Turkish immigrant group is often attributed to the low socio-economic status, bad housing conditions and low income of this group (see Anzenberger et al., 2015).

Finally, Huber et al. (2017) point to some specific issues related to the labour market integration of older active aged immigrants. Specifically, asylum seekers and immigrants who arrive over the age of 45 have remarkably lower employment and much higher unemployment rates during the initial years following settlement in Austria than asylum seekers and immigrants arriving at earlier ages. Also, the older active aged foreign-born (40 to 64 years old) have lower employment rates (but higher unemployment rates) and work in jobs for which they are overqualified more often than the overall foreign-born irrespective of their age at arrival. These differences, however, seem to reflect general problems of integration for older workers in the Austrian labour market rather than a specific disadvantage faced by the foreign-born of older ages (although both young and old immigrants are clearly disadvantaged retive to their native counterparts). The disadvantages of the foreign-born in this age group disappear if one compares the respective differences in employment and unemployment rates across age groups to the native-born. That is, the older foreign-born population is no more disadvantaged in the labour market relative to the younger foreign-born population than are older native-born adults in comparison to younger native-born individuals. In this comparison only differences in over-education and self-employment remain noticeably higher among foreign-born older workers.

6.1.5 Knowledge gaps and research opportunities

In sum, Austria is a country that has experienced a substantial inflow of migrants since the fall of the iron curtain. In addition, episodes of increased immigration from different countries have led to a substantial increase in the diversity of ethnicities settling in the country. The continued high inflow has led to noticeable improvements in the availability and quality of migrant data in recent years, due to the increased information needs of policy makers and the public. It is therefore relatively easy to obtain descriptive data on the structure of the immigrant population and its' integration in Austrian society. Unfortunately, however, access to individual level data for research has been very limited. This has proven to be an important impediment in analyses that aim to assess the impact of policies directed at immigrants, and has limited the possibilities of developing a clear perspective on the likely impact of the newly arriving immigrant groups (such as the recent asylum seekers).

Specifically, the lack of large-scale panel datasets, which make possible following the progress of individual cohorts of immigrants in Austrian society, has been a limiting factor. However, increased use of relatively easily accessible administrative data from the ASSD could be an interesting way to move forward, as this data allows researchers to follow immigrants from their date of arrival in Austria to their exit from the Austrian social security system. While the limitations of these data should not be underestimated, such an approach could be used to generate new insights on the labour market integration of immigrants in Austria.

By contrast, its usefulness for research about other immigration and integration related topics such as health status, social integration, or even the acquisition of language knowledge is limited. This applies

especially to issues related to the ageing of immigrants, which have generally been a peripheral issue in both the Austrian policy debate and migration research. Thus, relative to other major immigrant receiving countries, substantial research deficits can be claimed in almost all areas covered by the current project.[13] For instance, with respect to the health status of older immigrants, most existing knowledge in Austria is based on rather small samples of cross sectional data. In addition, little is known about the potential impediments to using preventive healthcare services among younger immigrants, which will become increasingly important as immigrants age. Finally, when considering to the impact of immigration on the pension system, the sizeable share of pension funds transferred abroad may be of interest, as here again it is unclear who the persons involved in such transfers are or what additional issues they raise in the receiving countries.

Finally, there are also several country specific developments that may need further research in the context of ageing. One of these applies to the of 85,000 cross-border commuters from the EU12 countries currently working in the Eastern parts of Austria, as it is not clear what additional challenges (if any) these may present to Austrian integration and welfare policies (e.g. how they currently impact on unemployment insurance or will impact on future pension payments).

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[13] This lack is also stressed by Anzenberger (2015)

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6.2 Canada

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6.2.1 Recent history of migration and trends

History of migration since the 1950s

The foreign-born population has been progressively increasing in Canada since the 1950s, and immigration has become the primary diver of population growth (Edmonston, 2016; Maheux & Houle, 2016). The number of new immigrants coming to Canada has remained consistently high in recent decades, with annual arrivals averaging about 235,000 immigrants since the 1990s (Maheux & Houle, 2016). Foreign-born residents have thus come to account for a significant share of the national population, representing 20.7 % of the total population in 2013 (Edmonston, 2016).

Due to both a growing economy and high degree of political freedom, immigration to Canada began increasing in the decades following World War 2. The major wave of immigration between the 1950s and 1970s led to a composition of immigrants primarily from the United Kingdom and other European countries such Germany, the Netherlands, Italy, Poland and the U.S.S.R (Boyd & Vickers, 2000). By 1971, immigrants from other European countries made up more than half (51.4 %) of the foreign-born population in Canada, while those from the United Kingdom accounted for 28.3 % (Maheux & Houle, 2016). Beginning in the 1960s, diversity also increased among newcomers as the number arriving from countries outside Europe began to rise (Edmonston, 2016; Maheux & Houle, 2016). Following major amendments to Canada's immigration law in 1967, policies that had given preference to immigration from Europe were eliminated and equal preference was given to applications from any country (Edmonston, 2016). The proportion of immigrants arriving from Asia, Latin America, Africa and other parts of the world gradually increased during the 1970s, grew more quickly in the 1980s, and continued to rise through the 1990s and 2000s (Boyd & Vickers, 2000; Edmonston, 2016). By 2011, immigrants from Asia and the Middle East accounted for 56.9 % of newcomers arriving to Canada since 2006, whereas those born in Europe made up only 13.7 % of recent immigrants (Maheux & Houle, 2016).

Characteristics of Canada's immigrant population

Ethnic background

Increases in immigrants arriving from outside Europe has shifted the ethnic composition of the foreign-born population (Edmonston, 2016). Since the changes to immigration legislation in 1967, the percentage of immigrants from Asian countries has steadily increased, while the share from Europe has decreased (Boyd & Vickers, 2000). Whereas roughly two-thirds of the foreign-born population was from Europe in 1981, the proportion from Asia (41 %) surpassed the European-born population (37 %) in 2006 (Malenfant, Lebel & Martel, 2010). Among older immigrants, the countries of origin have followed the same change over the last three decades; almost half of recent immigrant seniors[14] came from South or East Asia rather than from countries in West Europe. Thus, Asia is the main region of origin of the current foreign-born population in Canada (Maheux & Houle, 2016), with immigrants born in the Philippines, India and China accounting for the largest share (Martel & D'Aoust, 2016). The share of the foreign-born population from Asia will continue to grow to more than half (55 %) by 2031, while

[14] In most of the literature surveyed, immigrant senior and older immigrant are used interchangeably to refer to someone above the age of 65.

the proportion from Europe will decline to 20 % (Edmonston, 2016).

Age

Immigrants that come to Canada are relatively young; those aged 25-44 have consistently made up more than half of arrivals since 2006 (Chui, 2013; Martel & D'Aoust, 2016; Annual Demographic Estimates, 2015). Furthermore, while the Canadian population has aged over the last three decades (median age rising from 29.5 in 1981 to 39.9 in 2011), the recently arriving immigrant population has remained younger (26.9 in 1981 vs. 30.2 in 2011). On the contrary, the overall foreign-born population in Canada is older than the native-born population, largely due to the age structure of the country's large post-war influx of predominantly European migrants. median age of the total immigrant population was 47.4 in 2011, while it was 37.3 for the Canadian-born population (Martel & D'Aoust, 2016). Correspondingly, immigrants have a larger proportion of seniors: in 2001, almost 19 % of the foreign-born population was aged 65 and over while the national average was 11 % (Turcotte & Schellenberg, 2007). The older age structure of the foreign-born population has, in turn, led to immigrants making up a large share of Canada's senior population. Whereas they made up 20 % of the overall population in 2006, immigrants accounted for 30 % of Canadian seniors (Ng, Lai, Rudner, Orpana, 2012). Immigrants from Europe make up the largest share of the older immigrant population, accounting for 52 % of those aged 65 and above in Canada in 2011. The arrival of immigrants from new origins is, however, beginning to shift the ethnic composition of the older immigrant population (Edmonston, 2016). Over the last two decades, the share of senior immigrants from Europe has decreased (from 79 % in 1991), while the share of Asians among immigrant seniors has increased from 11 % to 25 %. Immigrants of Asian origin will increasingly account for a larger proportion of the immigrant population aged 65 and above in future decades (Edmonston, 2016).

Ethnic minorities

As the number of newcomers from non-European countries has increased, the share of visible minorities within the foreign-born population has been growing (Chui, 2013). While visible minorities made up 12.4 % of immigrants arriving before 1971, their share increased to 53 % by the 1970s, and continued to grow during subsequent decades. Between 2002-2005, 76.7 % of newcomers were visible minorities, while the share was 78.0 % among immigrants arriving between 2006 and 2011 (Chui, 2013). Together, the low percentage of Europeans among recent immigrants and sustained immigration have contributed to visible minorities making up more than half of the overall foreign-born population (Boyd & Vickers, 2000). In 2006, 54 % of immigrants in Canada were visible minorities (Malenfant, Lebel & Martel, 2010). However, because the visible minority population is largely composed of immigrants arriving in recent decades, the large share of visible minorities within the foreign-born population is concentrated primarily among younger age groups (Chui, 2013). As a result, visible minorities make up a much smaller share among immigrant seniors; only 23 % of older immigrants were visible minorities in 2001 (Turcotte & Schellenber, 2007). In turn, visible minorities also make up a small share of the overall older population, with only 10.3 % of those aged 65 to 74 being visible minorities and 7.5 % of those aged 75 and above in 2001 (Ng et al., 2012). However, as large numbers of immigrants reach 65 years of age and contribute to an increasing share of the elderly population, the proportion of visible minorities among seniors will also increase (Durst & MacLean, 2010; Ng et al., 2012).

Settlement

Immigrants have consistently shown a propensity to settle in urban areas, with the majority choosing

the three largest centres: Toronto, Vancouver and Montreal (Boyd & Vickers, 2000). In 1991, these three areas were home to 66 % of immigrants who had arrived during the previous decade (Badets & Chui, 1994). The trend toward settlement in Toronto, Vancouver and Montreal has accelerated within recent decades, with these destinations drawing an even greater proportion of newcomers (Boyd & Vickers, 2000). Of the 1.2 million immigrants who arrived between 2006 and 2011, 62.5 % settled in these three areas (Chui, 2013). In addition to attracting recent immigrants, these three cities are home to the largest proportion of established immigrants (Chui, 2013; King, 2009). As a result, the immigrant population in Canada is disproportionately concentrated in Toronto, Vancouver and Montreal, home to 62.5 % of all immigrants in 2011. In contrast, only 35.2 % of the total Canadian population lives in these urban centres (Chui, 2013). Like the overall immigrant population, foreign-born seniors, and especially those who have arrived more recently, live predominantly in urban centres (King, 2009) , facilitating health care service delivery. In 2006, more than 90 % of immigrant seniors lived in one of Canada's 33 urban centres, compared to 73 % of Canadian population. The cities of Toronto, Montreal and Vancouver are also their main destinations, with more than 55 % of older immigrants living in these three cities that same year (King, 2009).

6.2.2 Specific phenomena in ageing societies – Refugees in Canada

Probably the biggest headline surrounding immigration in recent times, both in Canada and across most of Europe, is the arrival of a large number of Syrian refugees. Within the recent year, the Syrian refugee crisis has led Canada to re-direct its migration efforts and devote resources primarily to assisting and welcoming the large influx of Syrians fleeing their country. Canada began welcoming Syrian refugees in November of 2015, when the newly elected federal liberal government made a commitment to resettle 25,000 Syrian refugees by the end of February 2016 and set the yearly target figure for refugees at 55,800 (more than double the target of 24,800 in 2015) (Friesen, 2016; Zilio, 2016). The government successfully met its February target, and resettled a total 46,700 refugees throughout 2016, most of which were also Syrian (Puzic, 2017). In most cases, Canada's refugee flows are admitted through legal channels, allowing the country to control the flow and characteristics of who it grants refugee status to.

As of January 29th, 2017, the Canadian government resettled a total of 40,081 Syrian refugees (Government of Canada, 2017). The majority (21,876) arrived as government-assisted refugees, followed by privately sponsored refugees (14,274), while those who came under the blended refugee category (selected by the government and partly funded by private sponsors) made up the smallest share (3,931) (Friesen, 2016; Government of Canada, 2017). Because the selection of government-sponsored refugees is generally based on humanitarian needs, they are more likely to face integration challenges than are privately sponsored refugees, who have sources of social and human capital on which to draw, and tend to have better economic outcomes following arrival (Friesen, 2016). Overall, the Syrian refugee population thus has several characteristics that pose as difficult challenges to integration as government-sponsored refugees make up the largest share of arrivals.

The Syrian refugee population is young, with more than 50 % bellow the age of 18, and made up of a larger share of men than women (Friesen, 2016). Syrian families are larger, on average, than those typical in Canada, with almost 60 % consisting of five people or more (Friesen, 2016). They have followed the same settlement patterns as the overall immigrant population, and been most likely to choose Canada's three largest urban centres: Toronto, Montreal and Vancouver (Friesen, 2016). These

cities have large Syrian-Canadian communities that have contributed to sponsorship, and more resources and infrastructure to support newly arriving refugees (Friesen, 2016). However, these crowded cities have also made it more difficult for Syrian families to find accommodations suitable for their large families (Friesen, 2016).

More than 60 % do not speak either official language, and more than half have completed a secondary education or less (Friesen, 2016). Although almost half of Syrian refugees are children under 18, which may in part explain the lower levels of education, many Syrian children also have less education as they have not been to school or have had it interrupted by the conflict (Friesen, 2016). Furthermore, many Syrian refugees report difficulty in accessing language training, due to long waits or lack of child care during classes (Friesen, 2016). A lack of language ability makes it difficult for Syrian refugees to find work, who receive one year of income support from the federal government following resettlement (Todd, 2017). It has been more difficult for government sponsored refugees to successfully make the shift into the labour market: roughly only 10 % have secured employment following their first 12 months in Canada (Todd, 2017). Conversely, more than half of privately sponsored refugees have jobs once the period of support from the federal government has ended (Todd, 2017).

6.2.3 Availability and quality of migration data

Information about Canadian immigrants comes from several administrative and survey data sources. Although nearly every Canadian survey (the General Social Survey, the Longitudinal International Survey of Adults, the Canadian Community Health Survey, etc.) allows for the identification of immigrants (and often how long they've been in the country), the four files below are the most widely used to study immigrants to Canada. We list these in alphabetical order.

The Census of Canada[15]

Probably the most commonly used data source for studying immigration is the quinquennial census. Collected by Statistics Canada, the census has detailed information on year of landing, source country, and mother tongue. When coupled with its detailed demographic, social, and economic information, the census is likely to remain the dominant source of information about Canadian immigrants. In fact, with the addition of admission category on the 2016 census, it is likely that the census will become even more widely used in the future.

The Longitudinal Immigration Database (IMDB)[16]

The Longitudinal Immigration Database is probably the best Canadian data source for studying immigration. It contains the PRLF (described above) linked to detailed taxfiler information, including postal code. As with PRLF, every immigrant that has landed in Canada since 1980 is on the file, allowing for an analysis of economic outcomes for up to 34 years. Since individuals are taxed differently if they're married or have children, the IMDB also enables researchers to look at the composition of tax filing units. Although the file is not currently used widely because of confidentiality concerns, the data are scheduled to be sent to many Canadian university Research Data Centres in the next six months.

15 http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=3901
16 http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=5057

The Longitudinal Survey of Immigrants to Canada (LSIC)[17]

The Longitudinal Survey of Immigrants to Canada is a somewhat dated but extremely detailed survey of a (single) cohort of immigrants in the initial years following arrival. Consisting of a sample of immigrants who arrived between 2000 and 2001, the survey provides data collected in three separate waves (2001, 2003, and 2005) on their first four years in Canada. The strength of LSIC is that it contains comprehensive information about the first four years in Canada; the downside is that the file only contains one cohort of immigrants that have now been in the country for some time. Also, these immigrants were only followed for four years, although there are plans to link taxfiler data to the file to extend its relevance.

The Permanent Resident Landing File (PRLF)[18]

Every landed immigrant to Canada must complete a record of landing. This information, much of which is administrative in nature, allows the Canadian government to collect and maintain information on newcomers to the country. The file is both large (it is a census of all newcomers), detailed (languages spoken, citizenship, previous occupation, intended destination, and admission category are only some of the variables on the file), and widely used for learning more about the country's newest residents. Every immigrant that has come to Canada since 1980 is included, resulting in millions of unique records. The disadvantage of the PRLF is that it only has information on immigrants at time of landing, so it is not possible to learn about how immigrants are doing in Canada without linking the data to other files, such as taxfiler data. The IMDB, described above, is one such file.

6.2.4 Ageing migrants

Elderly immigrants, whether they came recently or earlier in their lives, are identified as one of the most vulnerable immigrant groups due to the many challenges they face as both immigrants and older adults (Lai & Chau, 2007b). This group, which comprises both older newcomers, immigrants arriving to Canada in older age, and foreign-born seniors who arrived at younger ages and have aged in Canada. Research shows that older immigrants in Canada generally face poor integration outcomes, with those arriving in more recent decades being especially vulnerable (Durst & MacLean, 2010).

Economic Outcomes

Older immigrants are more likely to have low incomes than Canadian-born seniors (Palamata, 2004; Turcotte & Schellenberg, 2007), despite virtually equivalent rates of labour force participation (Durst & MacLean, 2010). Although the share of seniors living in low income has declined since the 1980s, improvements have been weaker among immigrants than the native-born. Older immigrants continue to have higher rates of inadequate income and poverty, and those who have arrived since 1981 are especially at risk of having low incomes (Palamata, 2004; Turcotte & Schellenberg, 2007). Immigrants generally retire later, and are more likely to do so involuntarily (Turcotte & Schellenberg, 2007). They also rely on non-contributory sources of retirement income, such as government transfers and programs for low-income seniors, more than their Canadian-born counterparts, as they are less likely to have contributed to pension plans (Dempsey, 2006). It is therefore not surprising that recent older immigrants are more likely to believe that their financial preparation for retirement is inadequate, and

[17] http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=4422

[18] http://www.statcan.gc.ca/eng/rdc/data/prlf

immigrant seniors (both long-term and recent) are more likely to feel that they enjoy life less in retirement than native-born seniors (Turcotte & Schellenberg, 2007).

Social outcomes

Older immigrants are less likely to live alone than Canadian-born seniors and more likely to live in multigenerational households. However, more recently arrived immigrant seniors, who are also typically from developing countries (Durst & MacLean, 2010), are much less likely to live alone than older immigrants who have lived in Canada for many years and/or from developed regions (Basavarajappa, 1998; Turcotte & Schellenberg, 2007). Thus, while older immigrants show a higher propensity to live in multi-generational households than their native-born counterparts, it is most common among those from developing countries. Culture and income both appear to be important determinants of such living arrangements, as sharing a household with multiple generations of kin may reflect cultural preferences or financial dependence on family members, often children. Recent immigrant seniors are also considerably less likely to be proficient in English or French (Turcotte & Schellenberg, 2007), which limits their access to information, transportation, and services (Durst & MacLean, 2010), and contributes to a greater reliance on informal networks (Lai 2004b; Turcotte & Schellenberg, 2007). Social support from family and friends can facilitate formal access to community and health services among older immigrants (Neufeld et al., 2002), yet can also discourage it if cultural expectations encourage receiving aid from within one's kinship network and ethnic community (Spitzer et al., 2003; Leung & McDonald, 2001). Although loss of meaningful contacts and reductions in network size, and subsequent feelings of isolation and loneliness are among the commonly identified challenges of migration, older immigrants in Canada are just as likely to have and maintain similar levels of contact with close friends and family as native-born seniors (Turcotte & Schellenberg, 2007). Despite their reliance on social networks, immigrant seniors are, however, less likely to have a strong sense of belonging to their community and have lower levels of social participation than native-born seniors (Turcotte & Schellenberg, 2007).

Health outcomes

Despite conflicting findings, overall, immigrant seniors tend to experience worse or similar health as Canadian-born seniors. Older immigrants have worse self-rated health than Canadian-born seniors (Gee, Kobayashi & Prus, 2004; Turcotte & Schellenber, 2005), and lower functional health. Immigrant seniors experience more disability (Newbold & Filice, 2006), and require greater assistance with various activities of daily living (Turcotte & Schellenberg, 2005) than their Canadian-born senior counterparts. Research also documents faster declines in old-age health among foreign-born than native-born seniors (Rudner, 2011). In addition, studies suggest that older immigrants are more likely to suffer from poor health regardless of whether they are long-term immigrants or have arrived in more recent decades (Ng et al., 2012). Immigrants seniors who arrived in the last three decades do, however, suffer a greater disadvantage than their more established immigrant counterparts (Ng et al., 2012). On the other hand, immigrant and Canadian-born seniors do not differ in the reported number (Statistics Canada, 2006) or risk (Newbold & Filice, 2006) of chronic conditions. However, research of chronic health conditions among immigrants of all ages and shows that they initially fare better, but as length of residence in Canada increases, their health converges with the native-born (Perez, 2002). In terms of mental health, there appear to be no differences between immigrant and native-born seniors in the risk of poor mental health (Aglipay, Colman & Chen, 2013). However, some studies show

that older immigrants report fewer psychological problems (Streiner, Cairney & Veldhuizen, 2006) and are less likely to suffer psychological distress (Statistics Canada, 2006) or have a mental health disorder (Streiner, Cairney & Veldhuizen, 2006) compared to the native-born, while others suggest that some groups of aging immigrants are more likely to report depressive symptoms (Lai, 2000; Lai, 2004; Kuo & Guan, 2006), lower life satisfaction (Rudner, 2011) and poorer levels of overall mental health than older adults in general (Rudner, 2011).

Social determinants of health

Of the many factors with consequences for health and well-being among older immigrants, the following have repeatedly been identified as especially significant in Canadian research due to the potential they create for large disparities within the senior population.

Gender

Gender differences in health are consistently documented, with female immigrant seniors having more health problems (Lai et al., 2007) and lower rates of well-being (Penning, 1983) than their male counterparts. The vulnerability of immigrant women to poor health has been attributed to factors such as their economic and living conditions (Ng et al., 2012), cultural beliefs (Ballantyne et al., 2011), and the delivery of the health care system (Lai & Chau, 2007). Specifically, older immigrant women appear to be more financially disadvantaged (Ng et al., 2012) and face a greater number of barriers when accessing preventative and health care services (Sun et al., 2010; Todd et al., 2011), which in turn, contributes to worsening of their health (Guruge, Birpeet & Samuels-Dennis, 2015).

Financial status

A review of research in Canada identifies financial status as the strongest social determinant of health in immigrant seniors (Lai, 2010). Income is an important predictor of both health and health behaviors for older immigrants (Johnson & Garcia, 2003; Lai 2004b; Lai et al., 2007; Oliffe et al., 2009), and economic security has been linked to a lower likelihood of suffering from illnesses and depression (Kuo & Guan, 2006), fewer chronic conditions (Ng et al., 2012) and limitation in activities of daily living (Lai et al., 2007), and higher perceived life satisfaction (Chappell, 2003; Penning, 1983) across various studies of older immigrants from specific ethno-cultural groups. However, because immigrant seniors are more likely than the Canadian-born to be living or have spent periods in low income (Ng et al., 2012; Turcotte & Schellenber, 2005), and because low income individuals have more unmet health care needs (Durst & MacLean, 2010), differences in financial status may contribute to large health disparities within the older population between immigrants and the native-born (Ng, Pottie & Spitzer, 2011). However, there is limited research on the relationship between public pension eligibility and health outcomes among older immigrants (Ng et al., 2012).

Language

Among older immigrants, language differences are frequently reported as one the key barriers to health care (Guruge, Birpeet & Samuels-Dennis, 2015). Limited official language proficiency prevents effective communications with practitioners and, in turn, makes it difficult for older immigrants to receive relevant information on the availability and benefits of various health methods (Guruge, Birpeet & Samuels-Dennis, 2015; Lai & Chau, 2007). Language difficulties have been found to contribute to lower rates of annual physical examinations and use of preventative health methods (Sun et al., 2010). In addition, immigrants with poor official language skills are three times more likely to report ill health and experience declines in health status (Ng, Pottie & Spitzer, 2011). Language skills

also impact the transition to Canadian society, with increased proficiency in English found to be related to fewer adjustment and cultural stressors, and in turn, lower levels of depressions among immigrant seniors (Lai, 2004a).

Challenges and solutions

The service barriers faced by older immigrants, and especially ethnic minorities, are of critical concern (Lai & Chau, 2007a). Service barriers threaten the health and well-being of aging immigrants, and intensify negative experiences of settlement and adjustment to a new country (Lai & Chau, 2007a). Research identifies a lack of knowledge about services as a common barrier to adequate access among elderly immigrants and ethnic minorities (Lai & Chau, 2007a; Lai & Kalyniak, 2005; MacEntee et al., 2005). Scholars point to the importance of providing outreach materials on the availability and benefits of services designed for aging adults in languages understood by and accessible to the culturally diverse elderly population (Durst, 2005; Guruge et al., 2015). Aging immigrants also have difficulty accessing services because of communication barriers within the system such as language incompatibility and lack of cultural competence (Lai & Chau, 2007a; Sun et al., 2010; Todd, Harvey & Hoffman-Goetz, 2011). In effort to bridge this gap, agencies serving older immigrants have incorporated useful tools such as translation phone lines and manuals with phonetically translated words (Taylor, 2012). However, scholars stress that a focus on language alone does not solve problems of cultural insensitivity (Durst & MacLean, 2010), and recommend hiring practitioners from diverse ethno-cultural communities (Durst, 2005) and having staff complete communication and cultural sensitivity training programs (Guruge et al., 2015). This may be especially important, as studies show that lower use of services by older immigrants is related to perceptions of being unwelcome, misunderstood and culturally insensitive providers (Durst & MacLean, 2010).

6.2.5 Knowledge gaps and research opportunities

Canada has a fairly extensive network of immigration researchers, and there are likely to be fewer research gaps than in many other countries. That said, there are several noteworthy gaps, and we detail some of them below.

- The migration patterns of irregular migrant flows.
- Periodically, the Canadian Immigration system experiences a shock in terms of migrant flows. Often driven by geo-political factors (war, drought, etc.) in other parts of the world, we know very little about the characteristics of people admitted through unconventional, non human-capital based, streams. A recent example of this would be the admission of a large number of Syrian refugees. We will not know for years what happened to these people in their early years.
- Out-migration.
- Many immigrants that come to Canada do not plan to stay. Some see the country as a stepping stone for gaining access to the United States, whereas others plan to move for some time before returning to their home country. Still others engage in 'circular migration' or moving back and forth between Canada and another country. Virtually nothing is known about these groups.
- Aging migrants.
- As mentioned above, a large and growing share of Canada's 65-plus population is immigrant, and little is known as to how these older immigrants use health care. Are they identical to the Canadian-born? If not, how do they differ?

- Comparative immigrant outcomes across countries.

Although there are some studies comparing immigrant outcomes between Canada and the United States, most immigration research in Canada focuses only on trends within the country's own borders. Every country no doubt has its own unique data sources, with different pieces of information on each file, but it would be useful to have comparative research across countries. This would allow for researchers to begin to parse out group characteristics (culture) versus that of the welcoming country (context).

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6.3 Czech Republic

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6.3.1 Migration trends during Communist rule and after transition

Until the political changes in 1989, the Czech Republic was an emigration country. Immediately after World War II, approximately 2,8 million Germans (around 25 % of the population of then "Czechoslovakia") were expelled from the country and emigration of in particular highly skilled Czechs and Slovaks continued during communist rule. It is estimated that from 1950 to 1989, some 550,000 people left the country, with the main peaks occurring in 1948, when the communists came to power, and in 1968, after the suppression of the Prague Spring (Blahutova, 2013).

In terms of immigration, only few people from other Communist states permanently settled in Czechoslovakia until 1989, but there was some temporary immigration, organised by intergovernmental agreements, from countries under Soviet influence. These workers primarily came to fill gaps in the Czech labour market. Most importantly in the 1970s and 1980s as a part of this international aid, many Vietnamese were invited to the Czech Republic. Even today, Vietnam is still an important country of origin (Drbohlav, 2005).

When the Czech Republic split from Slovakia in 1993, Slovak citizen already living in the Czech Republic were considered foreign born, but continued to have specific migration privileges, as they did not need work permits. Although these privileges ended after the accession of Slovakia to the EU in 2004, this led to a sizeable share of Slovaks residing in the Czech Republic (Blahutova, 2013). The newly founded country also established a rather liberal migration regime that, together with the country's geographic position, supported its move from an emigration to an immigration country, with most of the immigrants coming from nearby former Communist countries such as the Ukraine, Poland and Russia. Thus by 2004, just before accession to the European Union, some 254,000 legal immigrants resided in the Czech Republic and since 2006 the number of immigrants exceeded the number of emigrants (Cermakova, 2014). In the course of the 1990s, emigration posed a major demographic issue. For example, in the mid-1990s, thousands of Czech Roma applied for asylum in Canada and the United Kingdom. After 1993, however, emigration, which increased in the years just after independence, dropped significantly (Drbohlav, 2005).

Although not a traditional asylum country, the Czech Republic also faced an increasing number of asylum seekers in the late 1990s and early 2000s. Between 1999 and 2004, some 77.330 foreigners asked for asylum in the Czech Republic. Asylum recognition rates were, however, rather low with only 2,567 of them being granted asylum (Czech Statistical Office, 2017).

Migrant Stock

According to the most recent data from the Czech Statistical Office, 493,000 citizens (4.6 % of the total population), who held a non-Czech citizenship, resided in the Czech Republic in 2016. Meanwhile, the share of foreign born, which also includes persons who already obtained Czech citizenship, according to the OECD's International Migration Outlook (OECD 2016) amounted to 7.0 % in 2014. Among the foreigners 110,000 (22 %) had a Ukrainian citizenship, 107,000 (22 %) were Slovaks and 58,025 (12 %)

[19] The author thanks Wenke Apt, Fanny Dellinger, Martin Guzi, Natalie Iciaszczyk and Stepan Mikula for helpful comments and suggestions. Remaining errors remain in the responsibility of the author.

were Vietnamese in 2016. In addition, 36,000 Russians, 21,000 Germans and 20,000 Polish resided in the Czech Republic that year (Czech Statistical Office, 2017). Reflecting the predominantly labour motivated migration to the Czech Republic, as well as the rather recent move of this country from an emigration to an immigration country, foreign citizens are mostly of working age (a total of 417,000 or 84 % of all foreigners). Only around 25,000 of them (5 % of all foreigners) were 65 or older and 51,000 (11 %) were 15 or younger (Czech Statistical Office, 2017). Most of the migrant population in the Czech Republic resides in Prague or its environs. Nevertheless, some differences, which mostly reflect the vicinity to the sending countries and the history of settlement, exist between migrants of different origins (Cermakova, 2014).

Furthermore, while little is known about return migration, most residence permits (52 % or 272,000) held by foreigners were for permanent residence in 2016. Also, the share of permanent residence titles has increased (by over 44 %) since 2010, while other residence titles decreased (by 6 %) in the same period (Czech Statistical Office, 2017). According to Schebelle et al. (2014), Vietnamese and Russian residents in the Czech Republic are on average 36 years old. The average age of Ukrainians, by contrast, is 38 years. In addition, focussing on a small sample of the given nationalities, the same study found that more than half of the Vietnamese reside in the Czech Republic for more than 10 years, while the same only applies to less than 20 % of the Russians.

Migrant Flows

A total of 29,602 people (i.e. 25,124 foreign citizens and 4,478 natives) immigrated to the Czech Republic and 25,684 (i.e. 18,881 foreign citizens and 6,803 natives) emigrated in 2015 (EUROSTAT, 2017). Most of the immigrants came from Slovakia (6,329) and the Ukraine (4,170). Citizens of Slovakia and the Ukraine were also among the main emigrant nationalities (1,913 and 4,401 people respectively). As in previous years, most immigrants (6,077) were between 25 and 29 years old and less than 9 % were 50 years or above (EUROSTAT, 2017). Also, while most emigrants were aged 25 to 29, 17 % were older than 50 (Czech Statistical Office, 2017). This may indicate that return migration of the elder is of some relevance in the Czech Republic.

Asylum seekers played only a minor role in the migratory movements in the Czech Republic in 2015, as that year only 1,525 persons applied for humanitarian protection. Of these, 694 came from the Ukraine and around 130 each from Cuba and Syria. 71 asylum seekers received an asylum while a further 399 were granted subsidiary protection. Since 2006 the total number of asylum seekers amounted to 13,538 persons. Of these, 3,072 were granted a positive decision (i.e. were granted asylum or received subsidiary protection) in the same period (Czech Statistical Office, 2017; Cermakova, 2014).

6.3.2 Specific phenomena in aging societies

Very little is known about the role of immigrants in providing healthcare in the Czech Republic and the provision of care to elderly immigrants. Only one study (Angelovski et al., 2006) addressed the emigration of medical staff from the Czech Republic, while suggesting, that in 2005, around 1,300 foreign physicians and pharmacists worked in the Czech Republic. It also stated that no data are available on emigration and immigration by professional groups in the Czech Republic.

6.3.3 Availability and quality of migration data

The main sources of information on immigration and immigrants of the Czech Republic are the population and migration statistics. These provide data on the number of foreigners residing and moving to the Czech Republic. Both these statistics are provided by the Czech Statistical Office and are available at a rather detailed regional breakdown (i.e. at the level of "okresy" or NUTS 4 regions). In addition, the Ministry of the Interior provides data on the number of foreign-born residents. This differentiates by residence titles including permanent, long term residence permits and asylum statistics on a detailed regional level. Administrative data on the economic activities of migrants is available from the Ministry of Labour and Social Affairs as well as the Ministry of Industry and Trade. The latter also reports data on the number of temporary or permanent work permits obtained by foreign workers. Further administrative data is available from the Ministry of Education (participation of foreigners in education from Kindergarten to University), the Ministry of Health (on the number of foreigners treated in various medical institutions) and the Ministry of Law (on criminality and unauthorised immigrants).

All this administrative data is collected and summarised in an annual report of the Czech Statistical Office entitled "Foreigners in the Czech Republic".20 While the report is an important source of information, one drawback is that it focuses exclusively on foreigners (i.e. persons with foreign citizenship) and thus misses naturalized foreign-born residents. This omission is likely to be demographically relevant as there were about 2,000 naturalisations p.a. prior to 2014, and these numbers increased to more than 10,000 in 2014 and 4,926 in 2015 due to a reform of the citizenship law (Czech Statistical Office, 2017b). The differences between the different concepts of measurement are also likely to increase in the coming years given the increasing number of permanent residents and the more generous naturalisation laws.

Administrative data are also mostly not available for research on an individual level and the definition of "foreigners" varies between different administrative datasets such that the use of administrative data for research is rather limited. Also, standard EU-wide data sets available on an individual level (such as the Labour Force Survey, EU-SILC and SHARE) very often contain very small sample sizes of foreign born in the Czech Republic. This often does not allow for a detailed breakdown for instance by country of origin and age groups, a prerequisite for analysing the situation of elderly migrants

Most of the research on immigration in the Czech Republic has therefore focused on the analysis of aggregate data (e.g. Drbohlav and Valenta 2014 and Cermakova, 2014) or has used self-designed data sets (e.g. Dzurova and Drbohlav, 2014 and Malmusi et al., 2014). The latter, however, often suffer from the weakness of providing only few observations that are available for one time period only and often focus on one or a few immigrant groups only. To the best of the reporter's knowledge no attempts have been made to collect panel data sets that allow for following immigrants through their life course.

One source of data that does provide a limited number of indicators on the foreign born are Eurostat data from the Migrant Integration Indicators database (EUROSTAT, 2017b) with some of this data also allowing for an analysis by age groups. Again, most of this data is limited to aggregate indicators and does not allow for a further analysis at more disaggregated levels. Furthermore, as discussed in more detail below, there are reasons for concern regarding the quality of some of this data. Another source

[20] In addition, another report by the Czech Ministry Interior (MVCR, 2016) provides an annual update on the institutional development of migration and integration policies.

of data that may be of wider interest is administrative data on the detention of unauthorised immigrants that has been recently analysed by Drbohlav et al. (2013). According to their study, the data can be used to elicit several stylised facts on the prevalence of (and motivations for) illegal migration. Its usefulness for the analysis of age related phenomena is, however, limited, as only very few of the illegal immigrants are older than 45.

6.3.4 Aging migrants

Overall, the ageing of migrants has not been an issue in Czech migration research both due to a lack of interest of public policy and data limitations, which preclude a detailed analysis of these issues. Nonetheless EUROSTAT's Migration Integration Indicators database does provide a limited number of indicators on the integration of foreign born in the Czech society by age (see Table 1).

Table 1 Age-specific Zaragoza Indicators in the Czech Republic in 2015, by age group

	EU 28	Non-EU 28	Foreign born	Native
	Age more than 18 years			
Equivalised Annual Average Household income (in €)	8,265	10,043	8,891	8,383
Equivalised Annual Average Median Household income (in €)	6,947	7,263	7,063	7,484
Threat of poverty (in % of total population)[1)]	15.4	14.9	15.2	8.4
In work poverty (in % of tot population)[2)]	5.1	12.2	8.1	3.4
Poverty and threat of social exclusion (in % of tot population) [3)]	19.9	18.4	19.4	12.7
Housing cost overburden (% of total population)[4)]	18.1	22.6	19.7	9.9
Homeowners (% of total population)[5)]	59.3	57.6	58.7	79.8
Overcrowded Housing (% of total population)[6)]	19.9	37.3	26.0	15.9
Lifelong-learning participation (% of total population)[7)]	8.7	7.9	8.4	13.5
Participation Rate[8)]	74.3	79.0	76.3	73.9
Share of employees in fixed term contract[8)]	14.2	13.4	14.0	9.9
Share Population ISCED 2 or less (% of total population)	18.6	12.5	16.3	9.6
Share population ISCED 3 or 4 (% of total population)	58.6	60.3	59.3	71.2
Share population ISCED 5 or more (% of total population)	22.7	27.3	24.5	19.1
	Age more than 55 years			
Equivalised Annual Average Household income (in €)	7,102	6,715	7,040	7,619
Equivalised Annual Average Median Household income (in €)	6,473	6,029	6,447	6710
Threat of poverty (in % of total population)[1)]	13.7	16.7	14.2	7.7
In work poverty (in % of total population)[2)]	:	:	14.0	2.4
Poverty and threat of social exclusion (in % of tot population) [3)]	19.4	21.0	19.7	12.5
Housing cost overburden (% of total population)[4)]	13.3	4.2	11.8	12.1
Homeowners (% of total population)[5)]	73.6	74.6	73.8	83.4
Overcrowded Housing (% of total population)[6)]	11.3	23.0	13.2	7.7
Lifelong-learning participation (% of total population)[8)]	2.9	:	2.6	2.9
Participation Rate[8)]	32.3	67.4	39.8	38.8
Share of employees in fixed term contract[8)]	13.7	21.7	15.5	9.8
Share Population ISCED 2 or less (% of total population) [8)]	29.5	16.1	27.4	13.3
Share population ISCED 3 or 4 (% of total population) [8)]	57.9	48.3	56.4	73.4
Share population ISCED 5 or more (% of total population) [8)]	12.6	35.5	16.1	13.3
	Age more than 65 years			
Equivalised Annual Average Household income (in €)	6,882	-	6,804	6,850
Equivalised Annual Average Median Household income (in €)	6473	-	6172	6346
Threat of poverty (in % of total population)[1)]	6.1	-	6.9	7.5
Poverty and threat of social exclusion (in % of tot population) [3)]	11.8	-	11.8	10.8
Housing cost overburden (% of total population)[4)]	9	-	7.7	13.5
Homeowners (% of total population)[5)]	72.6	-	75.0	80.3
Overcrowded Housing (% of total population)[6)]	12.4	-	12.3	7.2

Source: Eurostat, Notes: 1) Share of population of age 15 or more in households with an annual equivalent income of less than 60% of the mean, 2) Share of population of age 15 or more employed for at least 7 months in the year preceding the interview in households with an annual equivalent income of less than 60% of the mean, 3) Share of persons that were at-risk-of-poverty after social transfers, severely materially deprived or living in households with very low work intensity. 4) Share of persons residing in rented homes with a rent of more than 60% of household income. 5) Share of Persons residing in household owned by a household member 6) Share of persons aged 15 or more residing in an apartment in overcrowded housing (i.e. less than one room for the two household heads, each further adult member and each pair of children plus one shared room). 8) Population aged 55 to 74

These indicators suggest that:

- Among the adult immigrant population, both immigrants from other EU as well as from non-EU countries are overrepresented at the two extremes of the education distribution (i.e. the share of tertiary educated but also the share of less educated immigrants is higher than of natives). Among the older immigrants (aged 55 to 74 years) from non-EU countries a very high share has tertiary education. By contrast, among older immigrants from other EU countries the share of those with low education levels substantially exceeds that of natives.
- In terms of income there is a marked difference between migrants from different regions (EU-28 vs. non-EU countries) and of different ages. Among the population aged 18+ years, the average household income among EU-28 migrants is lower than among natives, while for migrants from non-EU countries average household income is higher.[21] Migrants from both regional groups that are 55+ years, by contrast, have lower mean and median household incomes, with the incomes among the elder EU immigrants being higher than among elder non-EU country immigrants.
- With respect to all other indicators of social inclusion – such as poverty threat, in-work poverty, poverty and threat of social exclusion, housing cost overburden, homeowners, overcrowded housing – non-EU country immigrants are the most disadvantaged group relative to natives, both for younger and older age groups.
- In terms of labour market integration employment rates are substantially higher among immigrants from non-EU countries, than among immigrants from other EU countries, with these differences being particularly pronounced among the elderly (aged 55 or more) immigrants.

Furthermore, two recent empirical studies by Dzurova and Drbohlav (2014) and Malmusi (2014) focus on differences in the access to healthcare services, self-reported health and working conditions among Ukrainians and natives in the Czech Republic. Although based on very few observations in the age group from 18 to 62 years, these studies find only few differences in self-reported health between the two groups. They also suggest that Ukrainians – when residing in the Czech Republic on a long-term visa rather than a permanent one – are substantially less likely to visit practitioners, dentists, specialists or to use prescribed drugs than natives. Still, they are also considerably more likely to be hospitalized. At the same time, these studies find large gender differences (to the disadvantage of women) in the health behaviour of Ukrainian migrants compared to that of natives.

In addition, a set of earlier studies focusing on Ukrainians in the Czech Republic (Nesvadbova, 1996 and Dobiasova, 2004) found that around 14 % of the Ukrainian respondents in the Czech Republic had no health insurance even though many of them were legal immigrants. At the same time, subjective health was better among Ukrainians than natives as they reported fewer chronic illnesses. Furthermore, migrants used sickness leave less frequently and spent less time on sickness leave than Czech respondents (7.5 days for migrants relative to 19.2 days for Czechs). The probability of Ukrainians to suffer from work accidents was three times higher than of natives and they also smoked more often.

[21] This rather unexpected finding may be due to data issues. As the results on social inclusion are based on the EU-SILC they are also based on rather unreliable data.

6.3.5 Knowledge gaps and research opportunities

In sum, the Czech Republic is a country where rather little is known both about immigration in general and ageing of immigrants relative to natives in specific. In part, this is due to the strained data situation which makes it difficult to find information even of basic indicators by age. In part, this is also due to a lack of interest by policy makers and a subsequent lack of funding for research. Consequently, there are substantial knowledge gaps with respect to all aspects of the integration of immigrants into Czech society, with most of the existing knowledge based on rather small samples, whose reliability may be questioned, and focusing strongly on immigrants from only a few non-EU countries like Ukraine.

This lack of information also applies to the ageing of immigrants, health of migrants and to the role of immigrants in the Czech pension system. With respect to all these topics research is constrained by the bad data situation. Improved data collection would therefore likely be a precondition for future research. Furthermore, missing information on return migration is another important missing element in the analysis of Czech migration patterns as is information on the role of immigrants in health care services and elderly care.

One data set that may be of wider interest, but is not generally available, is individual level data on the detention of illegal immigrants provided by the ministry of the interior. This has for instance recently been used by Drbohlav (2013) to study why illegal immigrants make use of traffickers. In the context of the current project the usefulness of this data is, however, likely to be limited as only very few of the illegal immigrants are older than 45.

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6.4 France

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6.4.1 Recent history of migration and trends[22]

History

Within a few decades starting in the 1940s, the countries of origin of immigrants in France changed considerably. During the post-War years the previous predominance of Italian and Spanish immigration came to an end, and a phase of post-colonial immigration began. Starting in 1947, French Muslims from Algeria – as they were called back then – were allowed to settle freely throughout Metropolitan France. In the early 1950s, an additional 200.000 French Algerians joined their compatriots, who have remained in France after fighting in World War I. This trend further increased after the independence of Algeria in 1962. By the end of the 1960s, Algerians had become the main immigrant community in the country.

For years, the government continued to deal with immigration as a transitory phenomenon. The first assistance programme was initiated for Algerian immigrants at the end of the 1950s. The programme mainly consisted in constructing special housing and providing help to the single male migrant workers employed in the industrial sector. Soon after, women and children followed and began to settle in the shantytowns of the major cities. The government's decision to demolish the shantytowns in the 1960s was the first step to relocate immigrant families into the mainstream social housing sector.

In the early 1960s, immigration from Portugal reached its peak. More than 700,000 Portuguese settled in France during this period. Family members, wives and children left back in Portugal, rapidly joined these Portuguese immigrants.. At the same time, the number of immigrants from Morocco and Tunisia increased because of the close ties of both countries with France.

A sea change in immigration policy occurred in 1974, when the government suspended labour immigration. Although the idea of suspending family migration was brought up, this project was abandoned since family reunification was recognised as a right in 1976. In the following year, a law was passed to provide financial assistance to immigrants wishing to return to their countries of origin. However, the (voluntary return) policy failed as only few immigrants applied (Richard, 2004). In search for better immigration control, there was a spate of police operations to prevent illegal immigration at the time.

The restrictive measures adopted in the 1970s did not reverse the flow of immigrants. Immigration decreased, and then stabilised beginning in the mid-1970s. There continued to be a demand for migrant workers in various sectors of the economy, and some foreign citizens, especially those of former French colonies in Africa were exempt from applying for work permits. However, migration logics changed at that time. Until then, in line with the classic definition by sociologist Abdelmalek Sayad (1979), an immigrant was basically considered as a temporary and provisional workforce In the late 1970s, the till then predominantly male labour immigration, was largely replaced by family reunification as the main immigration pattern. Asylum requests also rose significantly. Yet, the share

[22] **NB:** This section is an abridged and marginally adapted reproduction from: Kirszbaum, T., Brinbaum, Y., & Simon P. (2009): The children of immigrants in France: The emergence of a second generation. *Innocenti Working Papers* Special Series on children in immigrant families in affluent societies, UNICEF Innocenti Research Centre, 2009.

of immigrants in the overall population remained fairly stable.

The immigrant population today

In 2014, 11.6 % of the population living in France was foreign-born (7.6 million out of 65.8 million inhabitants), a part of them French nationals who were born abroad. Immigrants, i.e. those born abroad with a foreign citizenship, represented 8.9 % of the population. Foreigners without French citizenship represented 6.4 % of the population (Brutel, 2015).

Stocks:

- Gender composition: In 2013, 51 % of immigrants were females (compared to 44 % in 1968). Among the immigrant populations from European countries, women constitute a majority (apart from the predominantly male immigration from Portugal). This is also true for immigrants from African countries, with the exception of the Maghreb region, and Turkey, where the share of women is lower, despite an increasing proportion of female immigrants since 1990.
- Countries of origin: Since 1975, the immigrant population became more diversified in terms of countries of origin. In 2013, 44 % of the immigrant population (living in France) originated from an African country, with the largest proportion being born in a Maghreb country (i.e. 30 % of the overall immigrant population). That proportion remains stable since the 1980s. Immigration from Sub-Saharan countries has been more recent and mainly from the former French colonies. Meanwhile, 36 % of the immigrant population (living in France) originates from European countries, especially from Spain and Italy. That proportion decreased (from 66 % in 1975), mainly due to mortality within these older immigrant generations or return migration at older ages (after retirement). Over time, European countries of origin also became more diverse, with larger proportions of immigrants born in Eastern Europe and the United Kingdom. Finally, 14 % of the immigrant population in France is from Asia.
- Current age structure: The share of “old” immigrants and foreigners (i.e. 55 years and older) who live in France has increased steadily since 1990 (Table 1Table 2 Socio-demographic characteristics of foreigners and immigrants (1990 to 2013)). In 2013, 25 % of all foreigners and 32.3 % of all immigrants (foreign and naturalized French citizens) were 55 years or older. However, the age structure varies notably by origin, which reflects the historical patterns and „generations“ of immigration to France. At present, the large migrant cohorts of the 1960s and 1970s have already attained retirement age (Figure 1). Virot and Biasi (2012) show that ageing patterns differ at region level.
- Future age structure: Rallu presented demographic projections of the migrant population living in France aged 65 years and older (Rallu, 2014, 2017). He expects a rapid increase in the share of the older migrant population[23]. Accordingly, over 20 years (2008 to 2028), the share of migrants among the elderly population in France is projected to increase from 8.4 % to 10 %. Across all countries of origin, except for “other EU” and “other countries”, the increase is expected to be faster for women than for men (Rallu 2017, p.11). This is due to an increasing share of female migration (due to family-related migration), lower return

[23] About differences by origin: “Among migrants, the number of over 65s will increase by 79% by 2028, against a 51% increase in France’s over 65 population overall. That said, the earliest-arriving migrant groups such as Italians and Spaniards will see steady declines. For all other origins, rapid increases will occur, although this will be tempered in the next 10–20 years by the indentations seen on the male age pyramids following restrictions on labour migration from 1975. Older ‘other Europeans’ and Algerians, the ones most affected by the ‘closed-border’ policy, will increase by a little more than 30% by 2018 and by around 50% by 2028 (Table 4 and Fig. 4). This is still a rapid change, but less pronounced than for Portuguese and other EU migrants who entered freely after their countries joined the EU, erasing the effect of the ‘closed-border’ policy. A similar phenomenon appears for Moroccans who often migrated irregularly in the 1980s. Their numbers will nearly double by 2018 and increase nearly threefold by 2028. The number of ‘other Africans’ will more than double by 2018 and increase nearly sixfold by 2028. Increases will also be important for Turks and ‘others’.” (Rallu 2017, p. 9-10)

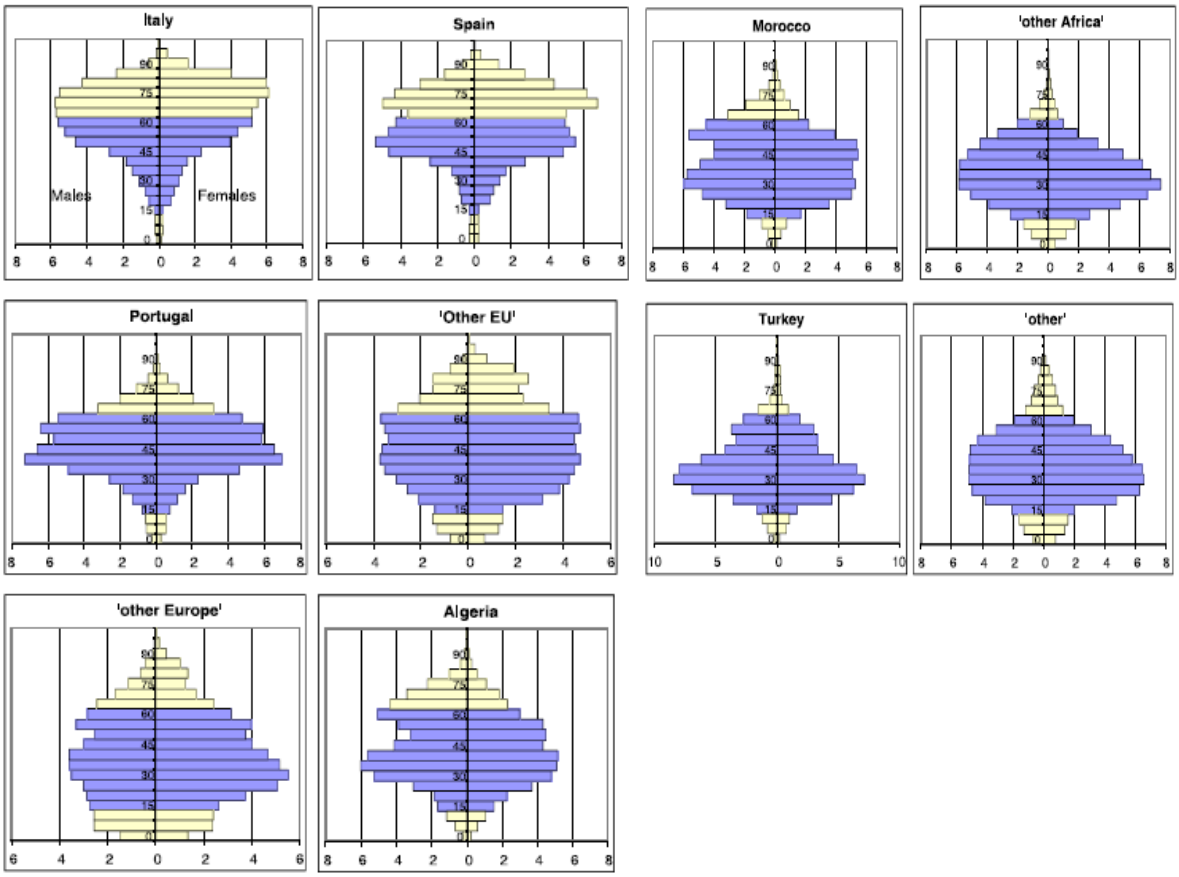
migration rates, and differences in mortality. Especially the share of women from Algerian and Moroccan origin is projected to see a fast increase in their age structure until 2028.

Rallu concludes:

> *"Given the rapid increases in elderly migrant populations and their frequently low economic status and pension entitlements, there is an urgent need for data to support planners and policymakers in delivering social, health, and elderly care services in immigration countries. It will be necessary to adjust services to communicate with culturally and linguistically diverse populations and to provide for specific needs related to their socioeconomic and family situation" (Rallu, 2017).*

As a consequence, Rallu furthermore highlights the need for information on the local level to better

Figure 3 Age-pyramids of migrants by country of birth, France, 2008 census



Source : Reproduced from : Rallu, J.-L. (2017). Projections of older immigrants in France, 2008–2028. Population, Space and Place, vol. 23 (5), https://doi.org/10.1002/psp.2012[24]

[24] Note: figures for 2013 by gender are available at: https://www.insee.fr/fr/statistiques/2020942?sommaire=2106113&geo=FE-1 and https://www.insee.fr/fr/statistiques/2020954?sommaire=2106113&geo=FE-1

Table 2 Socio-demographic characteristics of foreigners and immigrants (1990 to 2013)

	1990		1999		2008		2013	
	Foreigners	**Immigrants**	**Étrangers**	**Immigrés**	**Étrangers**	**Immigrés**	**Étrangers**	**Immigrés**
Number (thousands)	3 661	4 238	3 338	4 387	3 715	5 342	4 084	5 835
Share in the overall population	6,3	7,3	5,5	7,3	5,8	8,4	6,2	8,9
Gender								
% of men	55,1	52,0	53,0	50,2	51,3	49,2	50,5	48,7
Age structure								
moins de 15 ans	22,4	6,5	14,8	4,9	16,8	4,9	16,8	4,8
15 à 24 ans	14,3	11,5	11,3	9,2	9,9	8,8	9,5	8,5
25 à 54 ans	48,1	54,7	52,2	56,1	48,5	54,9	48,7	54,4
55 ans ou plus	**15,2**	**27,3**	**21,7**	**29,9**	**24,8**	**31,4**	**25,0**	**32,3**

Source : Insee, population census, https://www.insee.fr/fr/statistiques/2381759

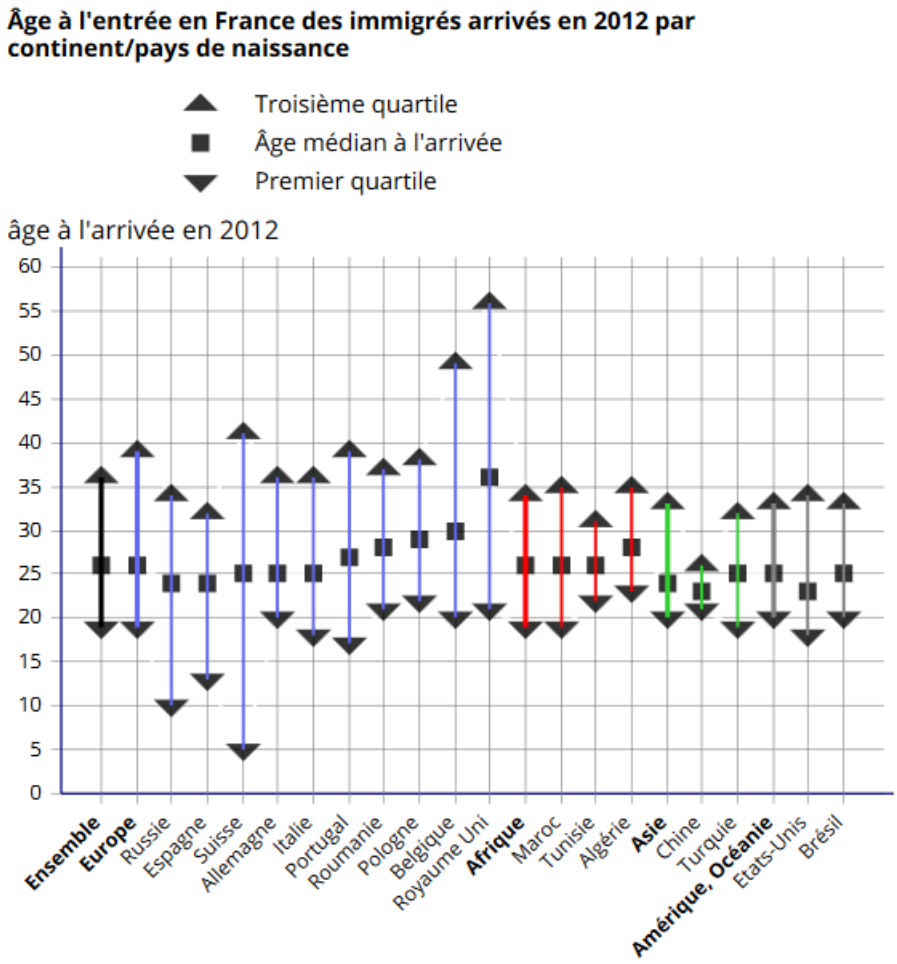
Flows:

- Recent immigration inflows: In the period between 2004 and 2012, an average of 200.000 new immigrants arrived in France per year (Brutel, 2014). Between 2009 and 2012, the number of entries of European migrants increased considerably, mainly from three Southern European emigration countries with a tradition of immigration to France: These were Portugal, Spain, and Italy[25]. Immigrants from the United Kingdom and Belgium tend to move to France at older ages than other immigrants. This type of retirement immigration seems underestimated and is not adequately captured by the French census. In France, this migration pattern is usually typical for couples from Northern Europe, who belong to the affluent socio-economic class, take for example the British, who relocate to Normandy, Bretagne or the Southern regions of France[26].

[25] Portugal, Spain, Great Britain, Italy and Germany made up 57% of all European immigrants and a quarter of all new immigration in 2012 (Brutel, 2014).

[26] The family survey of 1999 estimated the proportion of immigrants aged older than 50 at 5,4% (Attias-Donfut, 2006, p. 38).

Figure 4 Age at the time of entry in France of immigrants who arrived in 2012 by origin (first quartile, median age and third quartile)



Lecture : 50 % des immigrés nés en Europe sont arrivés en France entre 19 et 39 ans (troisième quartile) ; 25 % sont arrivés après 39 ans et 25 % sont arrivés avant 19 ans (premier quartile).
Champ : France.
Source : Enquête annuelle de recensement de 2013.

Source: Brutel, 2014, figure available online: https://www.insee.fr/fr/statistiques/1281393#graphique-figure3

- Out-migration: Departures from France are quite poorly measured. Some estimates are, however, available. For example, Caron (2016) estimated that about a third of the immigrants that resided in France in 1975 were absent (or at least untraceable) by 1999. A recent study by Brutel (2015) showed that the number of immigrants, who left France tripled from 2006 to 2013 (95.000 departures in 2013). However, details by gender, age and origin were not available.

6.4.2 Specific phenomena in aging societies: The French "foyers"

A French specificity regarding the management of ageing migrants relates to the living conditions of non-EU migrants, who live in the „foyers Sonacotra[27]", i.e. migrant workers hostels. These hostels were initially set up in the 1960s and 1970s to accommodate, but also to keep an eye on the male immigrant workers from Algeria (after the Algerian War). As several recent studies highlighted, this provisional accommodation turned into a permanent solution for many poor, male and single migrant workers, especially from the Maghreb and other African countries. Along with ageing, these elderly migrant workers nowadays experience several problems: These include early retirement and invalidity due to long years in harsh working conditions (e.g. in the construction sector), related health problems, bad housing conditions and poverty as a consequence of low pensions and/ or discriminated access to social security benefits (Barou, 2010; Gallou, 2006)[28].

Although hostel residents constitute only a small minority of the overall immigrant population[29] (Croguennec, 2012a, 2012b), this particularly vulnerable group of single male immigrants has attracted much attention in public policies. For example, the parliamentary report of 2013 addressed this issue extensively and proposed a number of measures to improve the social integration and living conditions of immigrant workers living in foyers (Gallou, 2006).

One recent policy measure was the introduction of a benefit-scheme for old age migrant workers (Aid for Familial and Social Reinsertion, Act of parliament in 2007 and implementation decree in 2016), which specifically targeted long-term residents of migrant worker hostels (foyers de travailleurs migrants and résidences sociales), particularly North African migrants (chibanis) living in poor conditions. The draft of the bill was driven by two motivations: "Firstly to give hostel residents more freedom as regards where to spend their retirement, by no longer requiring them to spend at least 6 months per year in France in order to receive old-age income support; and secondly to recognise the 'sacrifices made by these workers for the economic development of France'" (Böcker & Hunter, 2017).

6.4.3 Availability and quality of migration data

The main data sources for migration and migrants include:

- Annually collected census data including information on foreign citizens and foreign-born immigrant population, net migration, and estimated immigration flows since 2004 (before decennial census data), which are available on a regional, departmental, and local level. Census data also serve as a basis for estimations of immigration flows (inflows and outflows), the migration balance and net migration, and demographic projections of the older population, including immigrants. Projections for the older immigrant populations in France (2008-2028) were presented in a recent paper (Rallu, 2017).
- In addition, the Ministry of the Interior publishes annual administrative statistics on the basis of annually issued residence permits (permits for one year or longer): These statistics include

[27] SONACOTRA: Société nationale de construction de logements pour les travailleurs algériens.

[28] See also: Studies conducted by Fasild/CNAV and Insee on the issue of aging of single immigrant men living in immigrant worker hostels (Gallou, 2005, 2006, 2009); Studies on living conditions of older migrants in Sonacotra migrant hostels (Bernardot, 1999, 2008; Bernardot, Bolzman, Fibbi, & Guillon, 2001 ; Hmed, 2008, 2009)
Thesis on migrant worker hostels (Hunter, 2011a, 2011b, 2015)

[29] In 2008, nearly 67.000 immigrants aged 55 and older lived in collective housing (including above all immigrant workers' hostels). It was impossible to distinguish the number of residents living in specialized care homes (EHPAD = établissements d'hébergement pour personnes âgées dépendantes) and those living in migrant worker hostels, available estimations of migrants living in hostels estimated the number of hostel residents between 35 000 and 45 000 (Croguennec 2012, cited in Plard et al. 2015, p. 36).

only foreign nationals (i.e. newcomers) from countries outside the European Union and European Economic Area, whose citizens are required to hold a residence permit for long-term stays. The data also include different categories of migrants (not necessarily immigrants in a definitive sense), such as migrants for humanitarian reasons, students, or various kinds of temporary seasonal workers or high-skilled professionals. Information on residence permits are centralised in the AGDREF database (d'Albis, Boubtane & Grieve, 2015). The statistical service (DSED[30]) of the Ministry of the Interior publishes data series of annually admitted residence permits, by type of permit and migrants countries of countries of origin of migrants.

- General representative surveys provide data on immigrant employment status, socio-economic situation and standards of living (e.g. income, poverty, etc.), as well as housing conditions. The most prominent sources are the Labour force survey, the Family and housing survey, and the Gender and Generations survey. The main limitation of these data is that immigrants are not over-sampled, so that their number is limited. Possibilities of disaggregated analyses by origin (or by other variables) are thus possible only for the largest groups of immigrants, typically from the Maghreb or Southern Europe. The options for empirical analysis are even more limited when only migrants are taken into account.
- Special surveys on immigrants. Several surveys are dedicated to questions of integration and discrimination among immigrants and their children. These include the "MGIS" (= Mobilité géographique et insertion sociale, 1994) and "TeO" (Trajectoires et origins, 2008), while "TeO2" is expected for 2019. They are based on samples large enough to allow for detailed analyses by country of origin. Their main limitation is that older migrants are excluded: Only immigrants aged 18-59 years are included in the samples. Furthermore, hostels are not included in the "TeO" surveys either. Another survey called "ELIPA" (= Enquête Longitudinale sur l'Intégration des Primo-Arrivants, 2010 - ongoing) focused on new immigrants, among which, however, old migrants are again poorly represented. Only one survey so far focused on the topic of ageing and living conditions of elderly migrants in France: It is called "PRI" (Passage à la retraite des immigrés = Transition to retirement of immigrants – 2002-2003). It was the first representative survey on the elderly immigrant population (aged 45-70 years) living in Metropolitan France, and it addressed several questions:
- Personal experience of work-to-retirement transition (e.g. migration and work biographies, professional and social mobility, access to retirement pensions/ welfare benefits)
- Role of family relations for elderly migrants (e.g. frequency of contacts and inter-generational co-residence, family care and financial support, inter-generational transfers)
- Role of social relations and activities (i.e. membership in associations, cultural activities, language, media use)
- Living standards and property (e.g. patrimony)
- Place of residence for retirement and transnational social ties with countries of origin (e.g. migrations and life between France and countries of origin, project and motivations for staying in France or returning to country of origin, choice of place of burial)
- Health conditions of older immigrants (e.g. self-rated health) and access to care services
- Life-course studies. Unfortunately, no longitudinal survey exists today that specifically targets immigrants in France. Two useful data sources should, however, be mentioned: The "EDP" (Permanent demographic sample) was established in 1967. It comprises information from the official publications of the registry office for births, marriages and deaths since

[30] Département des statistiques, des études et de la documentation

1968, along with census information from the years 1968, 1975, 1982, 1990, and 1999, as well as information from the new annual census surveys. The sample corresponds broadly to a survey of 1% of the population in France; immigrants are not over-represented. The second useful source for life-course analyses is the longitudinal European panel survey SHARE (since 2004).

g) Furthermore, numerous studies on the health and living conditions of elderly immigrants, often differentiated by region and specific immigrant groups (e.g. African migrants, Maghreb, Portuguese, South-East Asian), have been carried out (Plard, Martineau, & Fleuret, 2015).

NB 1: Specific data sources are described in the appendix.

NB 2: Most data sources can be accessed through the research network Réseau Quetelet[31].

6.4.4 Aging migrants

Several articles review the literature and research on the topic of ageing and immigrant populations in France (Jaeger and Madoui, 2015; Madoui, 2015, 2016), some with a focus on the health and/ or housing situation of elderly migrants (Plard et al., 2015). The present review of research that has been conducted in France on the ageing of immigrants (see bibliography) suggests a lack of research and public awareness by public authorities until the 1990s. Interestingly, the first studies were conducted on the initiative of social associations and public social organisations like the Fonds d'action sociale (FAS), e.g. Noiriel, Guichard, & Lechien (1992) and Migrations Santé Rhône-Alpes (1993). An academic conference organised by social fund FAS addressed the topic of ageing and immigration already in 1999 (see the special issue "Vieillir en émigration" of the journal Migrations société, 2000). Since the year 2000, research on the issue developed remarkably: Several surveys have addressed the issue of social, economic and health conditions of older immigrants. In 2002-2003, the first major survey was conducted by the National Old-Age Insurance Fund (Caisse nationale d'assurance vieillesse, Cnav) and by the national statistics institute INSEE (Institut national de la statistique et des études économiques) with the survey "Passage à la retraite des immigrés" (Attias-Donfut, 2006, 2016). In the 2010s, several official reports addressed the topic of ageing immigrants and political challenges of ageing immigrants (Jaeger & Jovelin, 2016). Moreover, a parliamentary report presented the results of a parliamentary information mission about elderly immigrants from non-EU origin countries (Jacquat & Bachelay, 2013).

[31] http://www.reseau-quetelet.cnrs.fr/spip/?lang=en

Residence patterns and pension entitlements of older migrants

Rallu (2017, p. 2f)[32] presented some findings on the living situation of older migrants:

- Non-European older migrant woman live less frequently in one-person households than the national average. Male migrants under 85 years live more frequently in residential institutions, particularly in migrant worker hostels, and have little or infrequent contact with relatives . This isolation has adverse health and social effects.
- Older migrants, mostly former labourers with insecure employment status, low wages or multiple temporary work contracts, tend to have lower pension entitlements and are at risk of poverty. Many non-EU migrant men receive pensions lower than the national average. This is even more often the case for older non-EU migrant women. Furthermore, only 60-77 % of this population receive a pension. Thus, many older migrant couples rely on only one pension. Among those living alone or in residential institutions, 11-21% of women and 5-12% of men have no pension and live only from social benefits (compared to national averages of 4,4% for women and 2,5% for men).

Studies on health condition and health care for migrants

The conference proceedings of a conference held in May 2014 "L'état socio-sanitaire des personnes agées immigrés" provides an overview on current research older migrants' health condition and access to healthcare services (Moubaraki & Riard, 2016). It also presents quantitative and qualitative evidence from a study on social and health conditions of elderly immigrants33 (ibid, p. 243ff). Khlat and Guillot (2017) review studies and surveys on migrant health in France[34].

Care services for ageing immigrant populations

Studies usually point to the lack of adapted services for older migrants. The already cited parliamentary report mentions some initiatives on local level (Jacquat & Bachelay, 2013, p. 152ff):

- A joint initiative of Plan PAPA (Préservation de l'autonomie des personnes agées), CNAV and CNAMTS pursue the development of social mediation or health care services for inhabitants of migrant worker hostels (e.g. by means of social workers or volunteers from associations).
- Projects financed by the European Integration Fund aim at local community services to improve home care and domestic services for elderly living in migrant workers hostels.
- There are various local community projects to enhance social participation and integration of hostel residents, e.g. in Montreuil (Jacquat & Bachelay, 2013, p. 156-157); progressive transformation of former migrant worker hostels[35] into social residences[36] and adaptation of housing to needs of elderly migrants (e.g. autonomous apartments).

[32] On living conditions, see also: Gallou & Rochut, 2017, p. 83f; Attias-Donfut & Delcroix, 2004; Imbert, 2016.

[33] The study has been carried out by "Migrations Santé France". It was conducted during 2013 in several French regions (Provence-Alpes-Cote d'Azur, Rhône-Alpes, Languedoc-Roussillon, Île-de-France, Loire-Atlantique), 300 interviews (274 questionnaires) among persons aged between 55-93 years, the majority of interviewees were immigrants of Maghreb and Sub-Saharan African origin (see presentation of Mohamed El Moubaraki, director of Migrations Santé France, (Moubaraki & Riard, 2016, p. 244f).

[34] See also : Hamel and Moisy, 2013

[35] Foyers de travailleurs migrants - FTM http://annuaire.action-sociale.org/etablissements/readaptation-sociale/foyer-de-travailleurs-migrants-non-transforme-en-residence-sociale-256.html

[36] Résidences sociales : http://annuaire.action-sociale.org/etablissements/readaptation-sociale/residences-sociales-hors-maisons-relais-pensions-de-famille-259.html

6.4.5 Knowledge gaps and research opportunities

A large part of the research on ageing migrants in France focuses on male migrants living in hostels. Much less is known about old migrants living in ordinary households, be they isolated (men or women living on their own), living in a couple or with their adult children or family members. The role of gendered family networks in old age care is a topic that needs to be explored.Neither is there much research on ageing of immigrant women (for a recent study on elderly immigrant women and their familial network, see Gallou, 2017). There is a lack of data that would allow for an analysis of their living conditions: As outlined above, the only survey to study older migrants (PRI) was carried out in 2003 (Attias-Donfut, 2006).

Other surveys of migrants do not cover old migrants (e.g. the older migrants in "TeO" are only up to 59 years old), and sample sizes of older migrants are not large enough in general surveys. It is, therefore, practically impossible to establish whether existing social, health (care) services and accommodation infrastructures are in accordance with their needs.

Moreover, access of immigrants to "mainstream" old-age care homes and services has been rarely studied and data are missing (Plard et al. 2015, p. 35). More generally, housing conditions of older migrants would need to be further studied, especially to identify the conditions that would facilitate transitions towards more adapted housing.

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6.5 Germany

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Germany is not considered a classical immigration country. Still, it has received large inflows of various migrant groups since the mid-1950s. In particular, labour immigration has coined the immigration history. The recruitment and settling of several millions of "guest workers" from mainly rural regions in Southern Europe and the Mediterranean was part of the economic recovery after World War II but not intended to be permanent.

There was an "illusion of return" that was shared by the majority of German society, and the migrants themselves. Immigration was mostly seen as a temporary measure of mitigating the consequences of demographic change and possible labour market shortages (Bade, 2017). As a result, however, integration efforts lagged behind, and there was no clear path to citizenship, even for longer-term residents or their children. Only in 2005, the German government formally recognised that Germany had become an "immigration country." (Gesley, 2017).

In the meantime, many former "guest workers" and their families had settled in Germany permanently. They now make up the majority of today's elderly migrant population, and while, by the end of the 1990s, older migrants were hardly recognised by research and public policy, there is now an increased interest in the elderly migrant population in Germany. The underlying reasons are the absolute and relative increase of their demographic weight, as well as their, oftentimes, precarious life situations due to the simultaneity of multiple socioeconomic risk factors (Schimany et al., 2012).

6.5.1 Recent history of migration and specific phenomena

Between the mid-1950s and the mid-1970s, Germany closed bilateral recruitment agreements with Italy (1955), Spain (1960), Greece (1960), Turkey (1961), Morocco (1963), Portugal (1964), Tunisia (1965) and Yugoslavia (1968) that led to the immigration of about 9.5 million immigrants from the recruiting countries to Germany, of whom 5.7 million left the country again. These first-generation immigrants, the so-called "guest workers", mainly consisted of young, male migrants of working age, who had experienced their primary socialization in the country of origin. The recruitment came to a halt in 1973, when the "oil price shock" marked the preliminary end to an extended period of economic growth. In order to take pressure off the labour market, the German government issued the "Law for the promotion of the return of foreign workers" in 1983. Still, there was a positive migration balance with the former recruiting countries due to the legally authorised family reunification of spouses and children with the "guest workers" already living in Germany. As a result, the structure of the migrant population changed in terms of age and gender.

Since the late 1980s, immigration to Germany has been characterised by new migrant groups. These included, above all, ethnic Germans (denoted as "late repatriates" or "Spätaussiedler") from Eastern Europe, Jewish immigrants from the former Soviet Union, immigrant workers from Central and Eastern Europe, asylum seekers and refugees (summarised in Schimany et al., 2012). In the German Democratic Republic, there was some labour immigration based on bilateral agreements, e.g. with Vietnam and Mozambique. Similar to many "guest workers" in Western Germany, they worked under harsh conditions in fairly unpopular sectors of employment (Bade, 2017). With the reunification in 1990,

however, they lost their residence status and had to return to their countries of origin. Hence, for analyses of the elderly migration population, they are irrelevant (Romeu Gordo & Hoffmann).

Humanitarian immigration has always played an important role in Germany. After the fall of the Iron Curtain, there was a sharp increase in asylum seekers from 57.379 persons in 1987 to 438.191 persons in 1992, especially from then war-torn Yugoslavia (Schimany et al., 2012). In recent years, entry on humanitarian grounds significantly increased again. For example, in 2015, net migration almost doubled compared to previous years and reached almost 1.2 million due the surge of people seeking asylum in Germany. The largest group of first-time applicants were Syrian nationals, followed by Afghan and Iraqi nationals (OECD, 2017). In August 2016, the Integration Act ("Integrationsgesetz") came into effect. It aims to increase the availability of language courses and allows tolerated persons, in vocational education and training programmes to remain in Germany under certain circumstances until the end of their training. If they find employment right after the training, they can be granted a two-year residence permit. Otherwise, they get six months time to search for a job (OECD, 2017).

The Federal Statistical Office reported that about 18.6 million people in Germany had a migration background in 2016, which was a new record level for the 5th time in a row. Thereof, 12.7 million persons (i.e. about two-thirds) had own migration experience, i.e. immigrated to Germany themselves. In terms of age structure, about 1.9 million persons of persons with a migration background were 65 years or older in 2016 (Table 3). In general, however, the population with a migrant background is much younger than that without (35.4 years vs. 46.9 years), more often single (47.3 % vs. 39.4 %), and the proportion of men among them is higher (51.5 % vs. 48.7 %) (Federal Statistical Office, 2017).

Table 3 Population in Germany by migration status and age group in 2016

Detailed migrantion background	Totel population	<15 years	15-65 years	65+ years	Average age in years
According to migration status					
Total population	82 425	10 947	54 101	17 377	44,3
People without migration background	63 848	6 960	41 374	15 515	46,9
People with a migration background	18 576	3 987	12 727	1 862	35,4
thereof: people with own migration experience	12 738	727	10 198	1 814	44,2
Foreigners	7 594	636	6 136	822	40,6
Germans	5 144	91	4 061	992	49,4
thereof: people without own migration experience	5 838	3 260	2 529	48	16,2
Foreigners	1 367	390	949	27	24,8
Germans	4 471	2 870	1 580	21	13,6

Source: Federal Statistical Office (2017)

According to the definition of the Federal Office of Statistics, a person has a migration background if she or, at least, one parent does not possess German citizenship through birth. This definition includes: (1) foreigners with and without own migration experience, (2) naturalised persons with and without own migration experience, (3) ethnic Germans, and (4) offspring of the aforementioned groups (Federal Statistical Office, 2017).

The current structure of the German population by migration background is summarised by the population pyramid in Figure 5. It shows a bulk of citizens with migrant background at the working ages of 30 to 50 years, and a declining share in the higher age groups. Most of these persons are first-generation immigrants and have migration experience themselves. Model calculations for the future have already shown that the demographic weight of elderly migrants will gain in absolute and relative terms (Schimany et al., 2012). Meanwhile, younger Gemans with a migration background tend have

German citizenship by birth without own migration experience. They have a migration background because, at least, one parent is foreign, naturalised or an ethnic German that immigrated to Germany.

In terms of the geographical distribution of the migrant population, 17.8 million of them live in Western Germany, and 802.000 live in Eastern Germany without Berlin (Federal Statistical Office, 2017). The federal states with the highest population shares of migrants are Baden-Württemberg, Bavaria and North Rhine-Westphalia (see Figure 7).

Figure 5 Age pyramid by migration experience, 2016

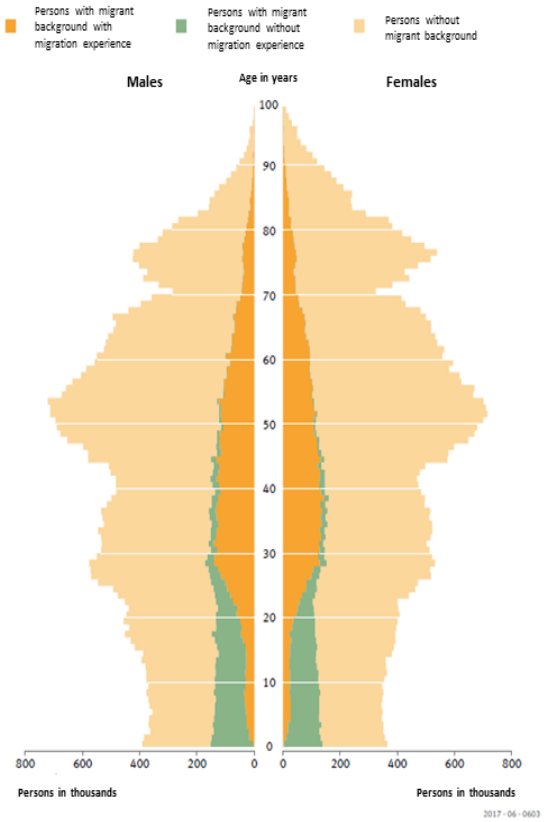
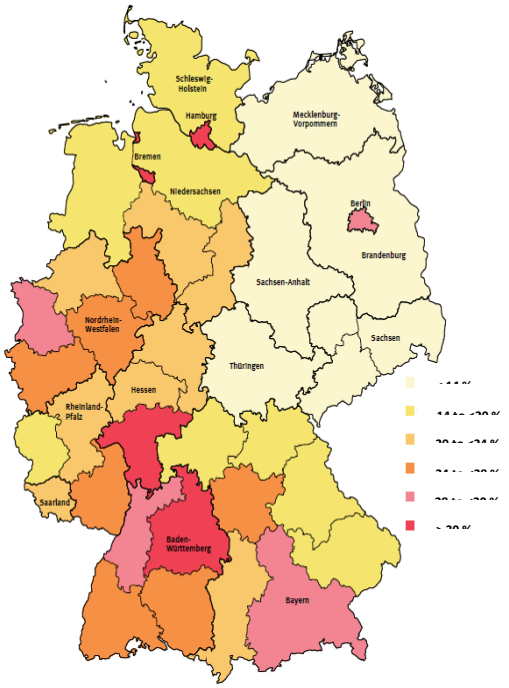


Figure 6 Share of the population with migrant background



Source: Federal Statistical Office (2017)

The majority of immigrants that resides in Germany today originally comes from a European country, most notably Italy, Poland and Romania within EU-28, as well as Russia and Turkey (see Table 4). Accordingly, these migrant populations also display significant shares of elderly migrants of 65 years and older. In the past five years, the importance of other continents has also increased. For example, 2.3 million residents in Germany have their roots in the Middle East, while around 740.000 people are of African descent (Federal Statistical Office, 2017). Yet, the majority of the elderly migrant population is of European origin. From a general perspective, the current age structure of the migrant population in Germany reflects the different phases of immigration.

In addition, many temporary and circular migrants from Eastern Europe exercise their right to free movement for the purpose of gainful employment owing to the more recent EU enlargements. Hence, the OECD (2017) estimates that nearly 80 % of all EU immigrants that came to Germany between January and September 2016 originated from EU countries, where mobility restrictions were lifted in

2011 or later.

Table 4 Migrant population in Germany by extended nationality and age in 2016

By extended nationality	Totel population	<15 years	15-65 years	65+ years	Average age in years
People with migration background	18 576	3 987	12 727	1 862	35,4
Europe	12 569	2 394	8 752	1 423	37,1
EU-28	6 598	1 123	4 617	857	39,0
Bulgaria	238	57	175	6	29,9
France	168	36	108	25	38,0
Greece	443	65	313	64	40,7
Italy	861	141	620	100	38,7
Croatia	441	74	293	73	39,3
Netherlands	206	30	134	42	43,9
Germany	280	36	169	75	46,0
Poland	1 868	313	1 363	192	38,8
Portugal	188	33	141	15	37,5
Romania	788	132	566	90	37,6
Spain	209	42	147	20	35,7
United Kingdom	136	24	90	22	40,8
Other Europe	5 971	1 270	4 135	566	35,0
Bosnia and Herzegovina	248	48	174	25	36,5
Kosovo	356	109	238	9	27,6
Russian Federation	1 223	223	862	137	38,1
Serbia	288	68	186	34	34,6
Turkey	2 797	625	1 965	208	33,2
Ukraine	272	45	180	47	40,2
Africa	744	213	505	27	28,9
Morocco	191	63	117	11	29,0
Egypt, Algeria, Libya, Tunisia	158	42	107	8	31,2
America	421	92	299	30	34,0
North America	177	35	124	18	37,2
United States	154	31	108	16	37,3
Middle and South America	244	57	175	12	31,7
Asia	3 421	776	2 454	191	32,1
Near and Middle East	2 302	525	1 627	150	32,7
Iraq	206	63	136	7	27,7
Iran	164	23	124	16	38,6
Kazakhstan	969	174	698	96	37,5
Syria	521	157	357	8	24,6
Other Asia	1 119	251	827	41	30,8
Afghanistan	231	69	154	8	25,9
China	157	23	130	/	30,4
India	115	22	89	/	30,6
Pakistan	94	27	66	/	27,9
Vietnam	167	38	124	6	33,1
Australia and Oceania	40	9	29	/	32,4
Without specification	1 381	504	687	189	32,2

Source: Federal Statistical Office (2017)

6.5.2 Availability and quality of migration data

Older migrants are now an established subject in science and policy. Respective research focuses on a few aspects, which also define the social and economic challenges of aging as a migrant in Germany (summarised in Schimany et al., 2012): For example, older migrants' transition from work to retirement is characterised by a set of "complex insecurity". There is the risk of an accumulation of problems and disadvantages. Social relations and informal networks (such as family, neighbourhood and friends) form an important resource in times of need, yet, non-familial social resources are rare. Due to individual and institutional barriers, social services are rarely used. There are many similarities in the living situation across various migrant groups. Still, the elderly migrant population does not form a homogenous unit.

Data on older migrants mainly stem from two types of sources: Official registers or surveys. There is also a number of process-generated data, e.g. data of the statutory pension insurance or asylum numbers of the Federal Office for Migration and Refugees (BAMF). For a long time, nationality was the only available indicator in official statistics through which migration background became visible. After the enactment of the Immigrant Act in 2005 and the definition of the concept underlying the migration

background, the data situation has improved.

Flows are assessed by the official entry and exit statistics. After seven days, entries are considered as immigration. Hence, those, entering or leaving the country more than once per year are classified as immigrants. Therefore, the number of immigrants to Germany will, most likely, be overestimated. The data include: age, gender, family status, nationality, and place of origin. Failed de-registrations, incomplete surveys, missing updates, and a lack of information dissemination between the various official entities cause statistical irregularities and data entry errors. The size of the elderly migrant population will therefore also be overestimated (Kibele, Scholz, & Shkolnikov, 2008). In 2011, the census was the first register-based in reunified Germany. In 2015, the reporting system was standardised for all federal states. Comparative analyses of the German and non-German population over longer time series became possible.

Additional to the municipal registration, the Central Foreigners Register provides a dataset of foreign residents, e.g. by nationality, residency status, expected length of stay, age and family status. It differentiates entry and stay in terms of purpose and duration, so that the magnitude of long-term stays can be estimated. Yet, since temporary stays (< three months) are not assessed, and there are also problems with the registration and de-registration of immigrants, the quality of data may be relatively low (Opfermann, Grobecker, & Krack-Roberg, 2006).

Stocks of migrants can be calculated based on the Microcensus, which can be seen at the crossroads of official statistics and the empirical social sciences. The annual random sample covers 1% of the population in Germany. Since 2005, the migration background can be derived from personal characteristics, such as nationality, naturalisation, migration experience, or parents. There is no such question as: “Do you have a migration background?”. Yet, this classification allows for an assessment of the complexity of the migration history on the individual level and the level of heterogeneity of the migrant population. There are also several process-generated data collected in specific registers. Most importantly, these include the statutory pension insurance data, the monthly updated asylum figures of the Federal Office for Migration and Refugees.

In addition to the Microcensus, several socio-scientific data sources are relevant for the description and analysis of older migrants. These include:

- The *Socio-Economic Panel (SOEP)* by the German Institute for Economic Research is an annual, representative survey of private households (approx. 12.500). Subjects covered include the household structure and housing, occupational and family biography, employment participation and occupational mobility, income and participation, health and life satisfaction. Changing focal themes on "family and social services" or "social security" are incorporated annually. Two of the eight partial samples relate to foreigners or immigrants. The sample of foreigners is currently the largest survey of foreigners in Germany.
- The *IAB-SOEP-Migration sample* (Brücker, Kroh et al.) covers the largest number of respondents with a migration background. The sample (N = 2.700) is drawn from the IAB “Integrated Employment Biographies” database, which comprises all employees, unemployed persons and participants in employment-related government initiatives. The questionnaire includes the SOEP core questions expanded by specific aspects of the respondent’s immigration history, educational degrees obtained in Germany and other countries, employment history, and numerous aspects of individual living environment and cultural contexts that are relevant for the social integration of immigrants. The sample

includes a relatively higher proportion of households with migrants from Poland, Romania, the Commonwealth of Independent States, Turkey, the former Yugoslavia, Italy, Spain, and Greece as well as predominantly Arab or Muslim countries.

- The *general population survey of social sciences* (ALLBUS) provides representative cross-sectional data of the adult population in Germany. The sample is drawn from the population register and includes information from 3.500 interviews. As part of the International Social Survey Program (ISSP), the data allows for international comparative analyses. Being conducted every four to six years, it includes one or two focal themes. For example, there was a focus on "Attitudes towards ethnic groups and the acceptance of immigration" for the third time in 2016. However, a relatively low number of interviewees with migration background restrict potential conclusions or differentiations.
- The *representative survey on selected groups of migrants* (RAM) provides information on the integration of selected groups of migrants. For example, RAM 2015 (Bundesamt für Migration und Flüchtlinge, 2015) surveyed Turkish, as well as Polish and Romanian migrants. Some of the surveyed aspects were education and occupation, household and family situation, social integration and return intentions, value orientations and religious attitudes. The dataset also contains 395 persons of 65 to 79 years (i.e. 8.6% of the survey population).
- The *Age survey* (*DEAS)* provides representative data on persons in their second half of life (> 40 years) for a variety of topics over a period of up to 18 years (i.e. five surveys between 1996 and 2014). It combines a cross- and longitudinal data approach: In total, there are 20.715 participants, of whom 6.623 persons are interviewed twice or more. It covers information of living areas and dimensions of quality of life. Individual-level and contextual data are available by region and residential area.
- The *Survey of Health, Ageing and Retirement in Europe (SHARE)* is a multidisciplinary and cross-national panel database of microdata on health, socioeconomic status and social networks of more than 110.000 individuals from 20 European countries and Israel at the age of 50+ years.

The *Generation Gender Survey* conducted by the Federal Institute for Population Research (BiB) is a longitudinal survey of 18-79 year olds and provides information on the relationship between children and their parents (generations) and the relationship between the partners (gender). It covers topics as fertility, partnership, the transition to adulthood, economic activity, care duties and attitudes 006, a second survey was conducted among the Turkish population living in Germany. In the years 2008/2009 and 2009/2010 the second wave of the main survey as well as the survey of the Turkish population living in Germany was carried out.

- The *Integration Barometer* is a representative population survey of persons with and without migration background. It measures indicators of integration, as well as people's perceptions and expectations regarding immigration, integration and related policies. Hence, it adds to other statistics, which either focus on the majority population or the immigrant population and/ or structural indicators (e.g. labor market integration). It provides a high proportion of respondents with a migration background (over 70%) and enables detailed analyses among them, e.g. by origin or social status. More than 5.000 randomly selected persons are interviewed by telephone on a scientific basis every two years.
- The Study on health of adults in Germany (DEGS1) is the first population-wide, health-related survey in Germany, which does not exclude adults with little, usually insufficient German language skills (Rommel, Saß, Born, & Ellert, 2015).

- *IAB-BAMF-SOEP survey of refugees* is an annual survey designed as a longitudinal section, the first time in 2016 interviewing adults and minors. Respondents arrived in Germany in the period from January 2013 to January 2016 and submitted an asylum application (Brücker, Rother, & Schupp).

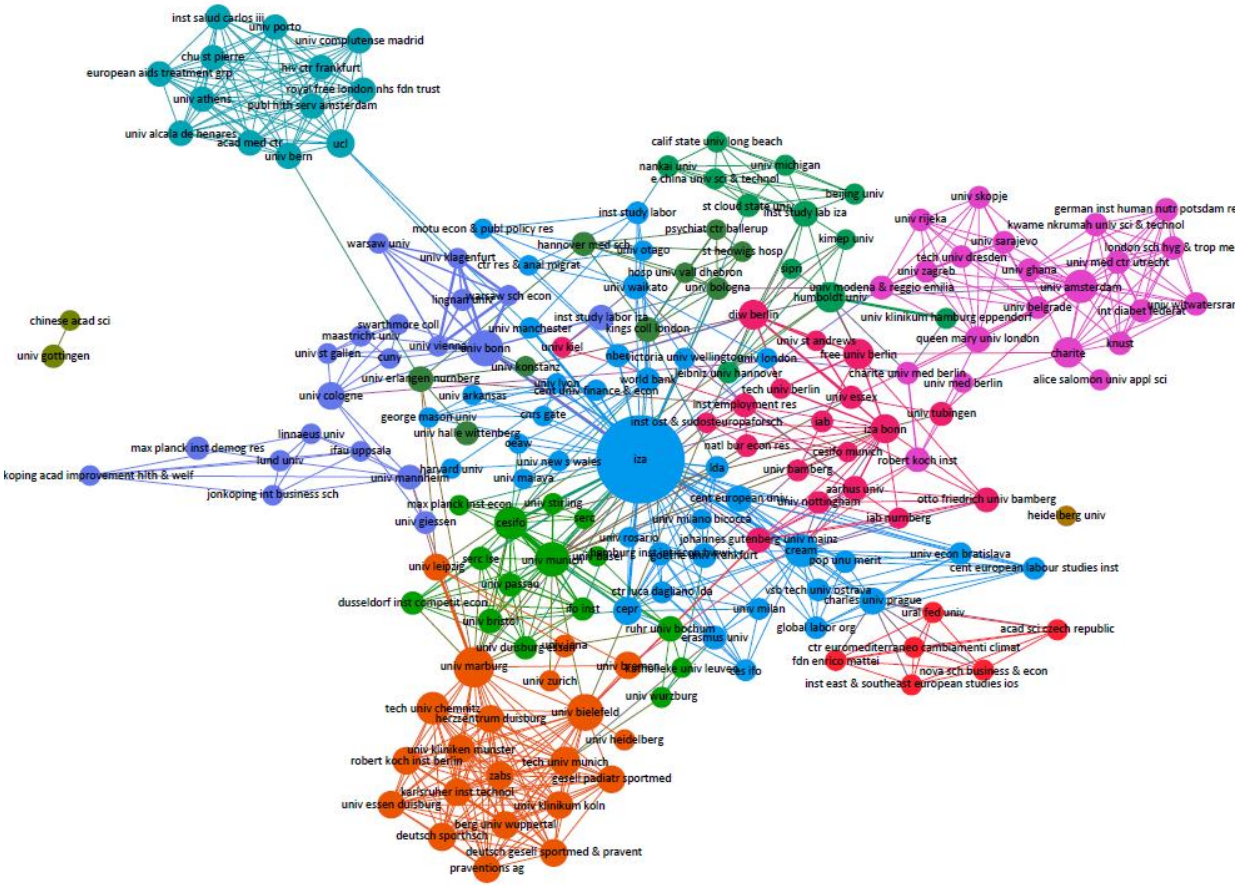
As for a conclusion, in many official surveys (e.g. Microcensus) and large-scale population samples (e.g. ALLBUS), the share of persons with migration background is often insufficient for differentiated analyses. There is also the risk of fluctuations or distortions in the data, e.g. due to migrants' insufficient German language skills. Moreover, the questionnaires are typically designed to collect information about the population as a whole, so they often contain only a few or no questions specifically addressing persons with a migration background. With the exception of the SOEP, all sources of data cover foreigners living in Germany, but do not differentiate by migration background.

The delayed self-perception as an "immigration country" is also reflected in the state of research activity. Only recently has there been a comprehensive and varied literature on migration. Against the backdrop of demographic change, older migrants have also become an important research subject in recent years. Heckman (2013) describes three phases of migration research:

- Against the backdrop of strong public prejudices against the 12 million refugees in Germany after World War II, migration research (then called "refugee and displaced person research") was closely linked to policy and received its research tasks directly from policymakers.
- In the mid-1970s, the so-called "foreigners' research" was established and seen as being disconnected from the ongoing labour migration at the time.
- Since the 1990s and due to an increased political interest, migration and integration research has become a distinct research field with significant improvements in data development, empirical methods and theory.

Ever since, the landscape of institutions in migration research in Germany has grown significantly, and a transnational research network with various migration research communities has evolved. Figure 7 displays the working relations of German institutions in terms of co-authorship of publications in the field of migration (see Chapter 1 for the methodology). The network of Germany consists of 178 nodes and 778 edges. One node represents one institution, usually the author's home institution. An edge between two nodes represents a co-authorship.

Figure 7 Migration research network based on co-authorships in Germany



Source: Web of Science

In this case, only publications are taken into consideration that have, at least, one author, who is based in Germany. Therefore, it is possible that there are also foreign institutions integrated in the network. Given that the size of a node represents the number of co-publications by authors from a specific institution, the IZA Institute of Labour Economics with its research programme on Mobility & Migration stands out. Further important institutions in the German landscape of migration research are the University of Marburg and the University of Bielefeld in one (orange) research community, the University of Bonn in a fairly complex (blue) research community that consists of many different institutions, as well as the CESifo Group Munich/ University of Munich, as well as the Free University, the Humboldt University and the German Institute for Economic Research, all based in Berlin.

With the recent immigration flows to Germany, the demand for scientific expertise rose. With the German Center for Integration and Migration Research (DEZIM), founded in June 2017, a nationwide research infrastructure has been recently set up.

6.5.3 Living situations of aging migrants

Older migrants are a particularly vulnerable subgroup of the older population. They are composed of different groups of immigrants that display large variety in the socioeconomic situation of older migrants. For a long time, older migrants were largely perceived as a homogeneous group, although internal heterogeneity may be even more diverse than among persons without migrant background

due to the simultaneity of aging-related and migration-specific living conditions (Schimany et al., 2012).

However, it is not the migration itself, but the motives and circumstances of a migration, as well as the living and working conditions in the country of destination, which may lead to structural disadvantages in terms of education, employment, income, and health. For example, there is strong link between social origin, academic success and professional development.

Among older "guest workers", the level of educational attainment is significantly lower compared to their peers without a migration background. At the time of their immigration to Germany, a low level of education was sufficient for their specific task profile. About 37% of the 50- to 64-year-old migrant population and 33 % of the 65+-year-olds finished a vocational training. With structural change in the economy (e.g. decreasing number of jobs in the industrial sector), unemployment and early retirement rates have been high among migrant workers of 50+ years (Romeu Gordo & Hoffmann).

In this context, the non-recognition of qualifications may be detrimental for the socioeconomic outlook. Among older migrant workers, courses of study were mostly completed in the country of origin. In Germany, the recognition of foreign vocational qualifications is the main factor for a successful transition into the labour market. Professional qualifications are often completed in a dual education programme, whereas in other countries, it is mainly school-based. Due to the difficult comparability of education systems and qualifications across countries, there is a lack of legal and factual recognition of foreign qualifications in Germany. Yet, whenever the rate of recognition of professional qualifications increases, both income and skills-based employment also increase. Over the last 20 years the participation in the recognition process has been rather stable (Bartsch et al., 2014; Brücker, Kroh et al.).

Given the specific situation of educational and occupational attainment, the labour market integration of immigrants remains a social challenge. According to the Federal Statistical Office (2017), people with a migration background aged 25-65 years are more likely to be unemployed than those without (7.3 % vs. 3.7 %), or are employed only for precarious employment, e.g. Minijob (11% vs. 6.4 %). It is also remarkable that women's employment participation tends to decrease after immigration to Germany (Bartsch et al., 2014). In the meantime, more than 50% migrants report discrimination on the labour market, especially migrants of Turkish and Arab-Muslim descent (Bartsch et al., 2014).

Hence, older immigrants are more likely to have fewer recognised qualifications, a lower income and job position, comprehensive fringe benefits, and lower assets or residential property (Bartsch et al., 2014; Giesecke, Kroh, Tucci, Baumann, & El-Kayed, 2017; Klaus & Baykara-Krumme, 2017). Almost 25% of all employed migrants at 50+ years worry about their own economic situation (Klaus & Baykara-Krumme, 2017). Pension incomes are generally lower since migrants tend to contribute less to the public pension funds due to lower earnings and relatively discontinuous employment histories, either for family care interruptions or unemployment episodes (Jabsen & Buchholz, 2009).

Migrants' specific employment biographies and their acquired pension entitlements lead to significant inequalities as to income and retirement benefits (Romeu Gordo & Hoffmann). For example, formerly employed migrants from Turkey and Ex-Yugoslavia, who were mainly employed as low-paid industrial workers, have the lowest retirement incomes (Klaus & Baykara-Krumme, 2017). Overall, about half of the migrants of 50-64 years mainly live off their own income, while 27% depend on pensions and social transfers (Chambers & Connor, 2002; Romeu Gordo & Hoffmann). Overall, older migrants have intact

social and, above all, family networks. Other religious groups, migrant associations and organised self-help networks also play an important role in the social inclusion and participation. On average, older immigrants are less likely to live alone than their German-born peers. They are more likely to live in larger multigenerational households with adult children (Klaus & Baykara-Krumme, 2017).

In addition to the socioeconomic discrimination experiences, migrants are typically faced with health disadvantages and various individual-level or institutional barriers to health services, including prevention and rehabilitation (Brzoska & Razum, 2015). A detailed analysis of Klaus and Baykara-Krumme (2017) suggests:

- A comparatively poor health among older migrant workers with functional limitations, depressive symptoms and low physical activity levels;
- Somewhat more favourable results for (late) emigrants, who, however, display similar levels of depression;
- Unfavourable health behaviour and poor overall health older male immigrants; and
- A revoking “healthy migrant effect” with an increasing length of stay and age.

While people with migrant background are more likely to be affected by accidents, occupational diseases or work-related pensions, they are less likely to use medical rehabilitation (Deutsche Rentenversicherung, 2015). At the same time, poorer treatment outcomes and rehabilitation success among migrants is being reported, for both migrants with functional (ibendi, 2015), as well as with mental illnesses (Göbber, 2015). Several studies suggest, however, that the differences are related to the social status more than to the migration background itself.

Elderly migrants are a fast growing group with a relatively poor state of health and a foreseeable increase in care demand. Often they had not planned to spend their remaining years in Germany. Hence, for them, ageing can be associated with severe psychosocial stress. The situation is made more difficult by the fact that older migrants have only limited access to the existing services and services of the elderly. The use of preventive offers is often lower than with local people. However, there are now a great many efforts to facilitate access to health services and to reduce linguistic or cultural barriers. (Schimany et al., 2012)

Current care statistics in Germany lack a differentiation of foreigners and persons with migration background (Bundesamt für Migration und Flüchtlinge, 2012; Tezcan-Güntekin, Breckenkamp, & Razum, 2015). Hence, estimations of future care demand among the migrant population are difficult, and knowledge about the care requirements of migrants is limited. To date, mainly qualitative studies are available, which are not representative for the older migration population as a whole. A recent study on people of Muslim faith outlines barriers in terms of knowledge and information deficits, language barriers, financial burdens, lack of religious and culturally sensitive care for the (Muslim) migrant population, confusion as to the variety of offers and a tendency towards lower care status (Volkert & Risch, 2017). This goes in line with findings on the migrant population in general. Additionally, care counselling seems to lack a need- and patient-oriented nature. The “Study on effects of the nursing development law”, is one representative study on the care situation, which provides partially reliable data for people with a migration background (Bundesministerium für Gesundheit [BMG], 2011). Moreover, the Working Group on Migration and Public Health (Beauftragte der Bundesregierung für Migration, Flüchtlinge und Integration, 2015) has published a practical guide entitled “Cultural sensitive hospital” in 2013.

Meta studies from Tezcan-Güntekin et al. (2015) and Zanier (2015) state that the identified needs for culture sensible care – in terms of a learning and development process – have been firmly established in practice. This applies to care, as well as counselling offers and nurse trainings. Curricula of the nursing care professions, which include aspects of culturally sensible care, are very heterogeneous. Even though the number of hospitals and care facilities that implements culturally concepts is rising recently, there still are clear deficits.

Looking at the supply side of care the course of demographic change shows a significant need for professional nursing staff. Hence, activities that foster employment promotion among migrants, as well as recruiting initiatives abroad gained more importance (e.g. GIZ activities). An increase in intercultural sensitivity and an improved quality of the treatment for migrants could be achieved by an increasing number of migrant workers (Brzoska & Razum, 2015). Reported experiences from research projects like MiMi-Reha[37] suggest a lack of matching between nursing staff and clients as to language and cultural background.

6.5.4 Conclusions and future research

The fact that Germany was only relatively late as an immigration country is also reflected in the research situation. Only recently has there been an extensive and varied literature on migration. Research shows that there is a lack of reliable data for all aspects of life of older migrants. The data situation has improved with the distinction of migration background as a result of the Immigration Act in 2005. However, a differentiated description is still limited for individual groups of persons with a migration background are represented in only a few cases in representative surveys such as the Socio-Economic Panel (SOEP) or the Generations and Gender Survey (GGS). In the meantime, there is still no survey program that provides differentiated insights into different areas of life. For example, the present surveys do not provide any further information on care expectancy and the potential for providing care in migrant families. (Schimany et al., 2012)

Older migrants are underrepresented in empirical studies. This is especially relevant for older asylum seekers (Bundesamt für Migration und Flüchtlinge, 2012). Hence, there is little reliable information about an important target group of social policy interventions. There are just a few health-related data with good quality and high validity, which are related to immigrants in Germany. Data, which contain detailed health-related information and would allow for an analysis by country of origin or age, are missing. For older age groups, data are usually aggregated. Thus, differentiated analyses are not possible, and the findings can become contradictory, e.g. better health vs. poorer health among migrants (Fuchs, 2015). In addition, little is known about the access to healthcare and health literacy.

Most previous research mainly focused on migrant workers (especially Turks) and ethnic German migrants or so-called repatriates (Klaus & Baykara-Krumme, 2017). Most evidence exists about the life circumstances of older and old persons from these two groups. Hardly explored is the large group of “other” people with migration background, e.g. migrants from Western or EU countries (that are neither migrant workers nor ethnic German migrants), migrants from regions thus far neglected like Asia, Africa, Latin America, the Middle East, and parts of Europe not covered by the EU Freedom of Movement Law.

[37] http://www.ethno-medizinisches-zentrum.de/index.php?option=com_content&view=article&id=43&Itemid=43

Most, if not all, immigration samples are distorted in terms of migrants' length of stay. Those with a long duration of stay are overrepresented in particular. As for the Socio-Econonomic Panel (SOEP), this is due to the fact that the last immigration sample was drawn in 1994. As a result, people who have migrated to Germany since 1994 had only two options to be included in the SOEP: either they moved into a household already sampled by the SOEP or they were included in supplementary samples on specific sub-themes. However, this seems rare and with a low probability of being drawn. The newer migratory movements are therefore not adequately covered by currently available sources (Kämpfer, 2014).

Social and health research has been concerned with the migrant population for a long time. However, there is a lack of representative and robust data on the health risks and potentials of people with a migration background since the group is still only included in a few health studies and not covered and differentiated adequately in health and nursing records. Hence, the picture remains inconsistent (Rommel et al., 2015). In addition to quantitative analyses, qualitative research directly involving older migrants is important. In the sense of a "migrant public involvement approach", researchers would have to work more with migrant organisations and other relevant stakeholder groups in the future.

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6.6 Netherlands

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6.6.1 Short history of migration and trends

Migration to and from the Netherlands is by no means a new phenomenon. The country has had a long tradition of migrant settlement and emigration (Nicolaas & Sprangers, 2007). Dutch citizens emigrated to Australia, Canada and the United States of America after World War II which was followed by immigration to the Netherlands in the second half of the 20th and into the 21st century. Net migration to the Netherlands has been positive since the mid-1990s with a few exceptions; i.e. between 2003 and 2007 more people left the country than arrived. However, since then net migration has been positive again with a surplus of 79.000 persons in 2016 (Statistics Netherlands, Statline 31 July 2017). Over the past decade the largest single country of origin that has contributed to this positive net migration is the inflow of Polish migrants (with a net migration of around 10.000 persons per year). Only in 2015 and 2016 they were outnumbered by Syrian migrants (with a net migration of around 20 and 27.000 persons respectively) (Statistics Netherlands, Statline 31 July 2017). Since World War II the composition of these flows to the Netherlands has, however, changed. In line with and building on the work by Van Mol and de Valk (2016) it is crucial to distinguish four different migration flows that may also be related to different periods in time.

First, immigrants from the former Dutch colonies of the Netherlands arrived to the country. These included Indonesia, Suriname and the Netherlands Antilles. Migrants from Indonesia had to a large extent Dutch citizenship as some of them were part of the administration in the former colony whereas immigrants from the former Dutch Antilles and Suriname initially came for educational purposes to the Netherlands (Nicolaas & Sprangers, 2007). Furthermore, substantial numbers of Surinamese came to the Netherlands around the independence of Suriname in 1975. Since Surinamese kept Dutch citizenship until 1980 they could rather easily settle in the Netherlands without residence permits. Before this transition period ended many Surinamese decided to move to the Netherlands to not lose their rights (Nicolaas & Sprangers, 2007; de Valk, Huisman, Noam-Zuidervaart, 2011). Since the Netherlands Antilles are still part of the Kingdom of the Netherlands, immigration from there is relatively easy. In recent years, limited job opportunities in the Antilles and Aruba have motivated young inhabitants to migrate. Nevertheless, although migration from these countries was rather numerous in the 1960s/70s and into the 90s it has been rather limited in the past decade.

Second, the Netherlands recruited (mainly male) migrants in the Mediterranean area during the economic boom of the 1960s and early 1970s. Due to the prosperous economic developments in this period many workers were needed in the industries located in the Western, Eastern and Southern part of the country (Van der Erf, Heering & Spaan, 2006). These labour migrants were recruited, especially in Morocco and Turkey, as well as Italy and Spain. Most of them came from poor agricultural regions. This labour recruitment ended abruptly, when the oil crisis started, and all contracts with the sending countries were ended in 1974. From that moment onwards, basically, the only way for legal entry into the Netherlands was family reunification and formation (Van Mol & de Valk 2016). And although, originally, the labour migrants, who came, were expected to return, this happened only to a limited extent. Many settled permanently in the Netherlands and had their families joining them. Up into the

early 2000s young adults of Moroccan and Turkish descent also still often found their partners in the countries of origin of their parents, resulting in an ongoing migration in the form of marriage migration to the Netherlands (de Valk et al., 2011). At the same time other groups like Spanish immigrants started to return to Spain when the political and economic situation in the country stabilised and improved.

The third main type of migration to the Netherlands has been refugee immigration, which started to increase in the early 1990s. Although there had been refugees arriving to the country before, mainly from former Communist countries, Vietnam, and Chile, the number of asylum seekers rose significantly in the 1990s and peaked in the mid-1990s. The substantial increase in asylum applications from within Europe in the early 1990s, for example, was linked to the disintegration of the Soviet Union and the Yugoslavian wars (Hatton 2004) and has been dropping ever since. Not all of these migrants acquired permanent residence permits for the Netherlands, which resulted in large-scale return migration, e.g. to the countries of former Yugoslavia. Refugees, however, also in the 1990s, came from countries of conflict in Africa (e.g. Somalia), and the Middle East or Asia (e.g. Iraq, Iran and Afghanistan) (Website "vijf eeuwen migratie"; De Valk et al., 2011).

Since 2014, the Netherlands, like many European countries, has again received a relatively large number of asylum applications. Between 2014 and 2016, about 20.000 applications were issued per year, with a peak of 43.000 applications in 2015 (Statistics Netherlands, Statline, 18 July 2017). In 2017, asylum applications have dropped substantially, and in the first two quarters of the year, a total of 8.000 applications were made. Most applicants in the 2014-2016 period came from Syria, Eritrea, Iraq and Afghanistan. Not all these applicants did or will get a permanent residence permit for the Netherlands (de Valk et al., 2011; Van Mol & de Valk 2016). Over the past five years around 55.000 regular residence permits were granted to migrants in the Netherlands of which half for family reunification and the other half split between study and work motives of stay. During the same time the number of residence permits to those seeking asylum was around 9.000 between 2010 and 2013 and increased to slightly over 30.000 in 2015 and 2016. This implies that even with the peak in asylum in recent years still more people came to the Netherlands for other reasons and as such the relative influence of the refugee population in the total migrant population remains limited (Statistics Netherlands, Statline, 25 July 2017). As such the elderly population now and in the past is not very much determined by this specific group.

Finally, immigration from within Europe was always and remained important also in recent decades (EMN 2006a,b; Van Wissen & Heering 2014). European migrants in the Netherlands mainly come from the neighbouring countries Belgium and Germany, as well as the United Kingdom. The respective figures have been rather stable over time, but in recent years, other European groups have also settled in the country. While immigration from the four main countries of non-Western origin in the Netherlands (the Antilles and Aruba, Morocco, Suriname and Turkey) decreased, immigration from new members of the European Union (EU) – the EU-10 – increased. The accession of Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia and Slovenia to the EU in May 2014 resulted in more migrants from these countries of destination, particularly Poland. However, Polish migration to the Netherlands is not a recent phenomenon, but the numbers have increased substantially after joining the EU (Dagevos 2011). At the beginning of 2017, the size of the Polish population in the Netherlands was the second largest European origin group in the Netherlands after Germans (with 162.000 and 357.000 residents respectively including both 1st and 2nd generation). This is the result of the fact that, over the past decade, the Polish group was the largest single origin group

in the immigration flows to the Netherlands (Statistics Netherlands, Statline 2014), with the exception of 2015-2016, when they were outnumbered by Syrian asylum seekers. At the same time, a large share also returns to Poland: About 60 % of those, who arrived in the past decade, have left the Netherlands within seven years, and the large majority returned to Poland (Dagevos, 2011; Nicolaas 2017). Despite the relative high levels of return migration, the net migration rate has been strongly positive since 2004 and has varied between 5.000 and 11.000 persons per year (Statistics Netherlands 2014). These recent inflows have resulted in a larger number of Polish residents in the Netherlands, who are currently mainly in their young working ages. For the future, this may however become an important group of elderly migrants in the Netherlands.

Migrants of these four distinct migration flows are the current and future population of elderly migrants. Many of the current older population migrated as young adults in the 1960s and 1970s and are now between 60 and 70 years of age. In the future, the population of older migrants will be composed mainly by those, who migrated in more recent times, as well as those who were born as offspring of the earlier settlers (the 2nd generation). In the future the group of migrant elderly is thus expected to have much more diverse origins and include for example those who arrived as refugees as well as European migrants who settled in the country in the past decade.

6.6.2 A brief demography of older persons of diverse origin in the Netherlands

The number of older persons of migrant origin in the Netherlands is defined by the country of birth of the person and its parents. First-generation migrants are those, who were born abroad themselves, whereas the group of second-generation migrants comprises all those, who were born in the Netherlands but have, at least, one foreign-born parent. This definition is rather inclusive. As a consequence, of the total Dutch population of 17 million people, 12 % have a first-generation and 11 % have a second-generation migrant background (Statistics Netherlands Statline 2017). Hence, around 77 % of the population was born in the Netherlands with two native-born parents. About 56 % of the migrant population has a non-Western origin in 2017. Comparing these figures with those of 10 or 20 years ago, it becomes evident that the share of migrants in the population has substantially risen: In 1997, 16 % and in 2007, 20 % had a migrant origin of the respective total population sizes of 15.6 and 16.4 million. The increase in the share of migrants is mainly due to an increase of first-generation migrants from Asia and Europe, and the growing second-generation population of African origin. Also noteworthy, in earlier years about equal shares of the migrant population were of Western versus non-Western origin: 48 % and 55 % migrants were of non-Western origin in 1997 and 2007 respectively (Statistics Netherlands Statline 2017).

Within the resident migrant population in the Netherlands, there is an increasing share of those, who are 50 years and older. In 1997, 21 % of the total migrant population was 50 years and older, while, in 2017, this share was already at 28 %. Although incoming migrant groups are still predominantly young, due to ageing of this population in the Netherlands an increase in older persons among this group is observed and also expected for the future according to the predictions of Statistics Netherlands. If the overall population in the Netherlands of 50 years and older is concerned, migrants are still mainly in the “younger old-age groups”. Currently, 19 % of people at 50-60 years, 15 % of all 60-70 year-olds and 14 % of the 70-80 year-olds have a migrant background (Statistics Netherlands Statline 2017).

For the future, it is expected that the share of the 65+ year-olds in the total population will increase further (Garssen & van Duin 2009). This is true, particularly, in more rural areas, as cities tend to attract

a younger population, that, after starting a family, often leave the city and does not return. However, also in the largest cities of the Netherlands, the elderly population will grow and more importantly, it will be increasingly composed of older persons of migrant origin. Expectations are, that the share of older persons of non-Western origin in the four largest cities (Amsterdam, Rotterdam, the Hague and Utrecht) will be three times as large in 2040 as it is currently. At the moment, the figures show that most elderly of 65 years and older with a migrant origin (irrespective of their region of origin) live in the Western part of the country (i.e. the provinces North and South Holland), followed by the Southern province of Brabant (bordering with Belgium) and the Eastern province Gelderland (partially bordering with Germany) (Statistics Netherlands Statline 2017; Kooiman et al., 2016).

In terms of the main countries of origin of migrants, who are currently 65 years and older, the top ten clearly reflects the Dutch immigration history, and its diversity described above. Around 180 different countries of origin are represented by the 65+ population in the Netherlands. In numerical order (from largest to smallest) the top ten countries of origin are: Germany (138.000), Indonesia (83.000), Suriname (32.000), Belgium (28.000), Morocco (23.000), Turkey (23.000), United Kingdom (9.500), Antilles and Aruba (9.000), former Yugoslavia (7.000) and Italy (5.000). Although these origin groups will remain important for the future composition of the elderly population, it seems likely that a significant share of the migrants that arrived more recently will also become older in the Netherlands. Therefore, while countries like Iraq, and Afghanistan are currently ranked 21 and 22 in terms of countries of origin among the 65+ migrant population, this can be expected to change in the future. Meanwhile, the older population of Polish origin currently counts for around 5.000 people of 65 years or older. Given the recent migration to the Netherlands, this group can also be expected to become more important among the elderly population in the future (Statistics Netherlands, Statline, 2017). The described context poses new and relevant questions on how migrants from different origins and reasons of settlement may age in the Netherlands.

6.6.3 Data

Although in the early 2000s, ample attention was given to the ageing of non-Western migrants in the Netherlands, the issue has gradually disappeared from the public and policy discourse. This observations is backed by a report by the Dutch social and cultural planning agency (SCP) published in 2011, and since then no radical changes can be observed (Den Draak & de Klerk, 2011). The few survey data sources on older persons of migrant origin in the Netherlands mainly capture the period of the early 2000s, with a specific focus on the four largest immigrant groups in the Netherlands. Although the Netherlands has a range of data sets (both population registers and survey data) that can be used for the study of migrant elderly, little large-scale research specifically focusing on migrant elderly has been carried out to-date. An exception was a study conducted by the SCP on the health and well-being of migrant elderly from the early 2000s (Schellingerhout 2004a & 2004b).

There are different data sources available in the Netherlands: On the one hand, the population registers capture all legal residents in the country. These registers, therefore, also include those of migrant origins of whatever age. Thanks to these register data we can get a quite detailed insight into the general characteristics (like gender, age, place of residence in the Netherlands) of the migrant population who are currently above 55. In addition, the registers may also provide insight into the future number of older people – with and without migrant origin – based on the current resident population and the expected demographic behaviour. In the past, it was often assumed that migrants

would return to their home countries. However, it has become clear that is only the case for a limited group of people. In this regard, Statistics Netherlands calculates scenarios for the future population of the Netherlands based on assumptions on partial return, and the acknowledgement that a large share of migrants will stay in the Netherlands and will thus age in the country (van Duijn & Stoeldraijer, 2014; Van Duin, Stoeldraijer & Ooijevaar, 2015).).

Recently various attempts have been made to link the population register data with other registers. The system of social statistical datasets (SSD) was constructed by Statistics Netherlands in the late 1990s, by linking several registers to the Municipal Personal Records Database (*Gemeentelijke Basisadministratie,* GBA) (Bakker et al. 2014). Linkage is based on an individual identification number that all residents are required to have. In this way demographic information from the population register can be related to individual socio-cultural and socio-economic data. In the population registers all immigrants who intend to stay in the Netherlands for more than 90 days are legally obliged to register themselves within five days after arrival. A proof of registration is often a prerequisite for getting access to (welfare state) facilities making that most (but certainly not all) migrants will register themselves. Immigrants who stay for a short period (< 3 months) in the Netherlands are less well represented in these data. In addition to the date of entry to the country, the data provide information on the individuals' marital status and household composition on a daily basis. Through record linkage of parents and children one can distinguish married or cohabiting persons, with and without children living in the household, as well as, those who are married and living at the same address as their partner, and those who are married but living without their partner. Within this whole development of linking of different sources, the population registers are also more and more used to be linked to surveys like for example the labour force survey (Bakker et al., 2014). Despite the different options for data linkage and data analysis, there has been little empirical exploration of the elderly migrant population in the Netherlands.

The majority of small-scale studies and qualitative work on the older migrant population largely focused on interventions carried out in a specific city or neighbourhood. For the most part, the effects of these interventions for targeted groups of migrant elderly are evaluated in these studies (Distelbrink et al., 2007; Engelhard et al., 2006; Booij 2006). Some of these studies have focused not only on physical health, but also on mental well-being, loneliness and dementia (Bekker & Mens-Verhulst 2008; Hagen, 2010). Intervention studies typically have a targeted aim and focus, which distinguishes them other studies that aim to get insight into the situation of migrant elderly at large, their living conditions, health issues, care needs, care use and the role of informal care givers. The reason why limited survey studies explicitly target the migrant elderly is, at least, partially related to the fact that research among this group of (often first-generation) migrants is costly and labour-intensive. They are known to be not easy to reach populations that may also have language barriers. Large data collection investments are needed for this. However in the past decade the resources for researchers to invest in this type of data collection is only limited reducing the options for collecting detailed large scale survey data among older migrants of diverse origin in the Netherlands.

There are a range of data sets that are collected among the general population that also include migrants that can and partially are used for the study of migrant elderly. The health survey (Gezondheidsenquete) is a annual survey on the health of the Dutch population and is carried out by Statistics Netherlands. It collects data among a random sample of 10.000 persons in non-institutional households in the Netherlands and covers all ages (Statistics Netherlands, gezondheidsenquete). As

such it does give a general overview of the health situation among the population but is not particular suitable for specific analyses of migrant elderly given the limited sample and coverage of different groups. Another example is the Public health future exploration (Volksgezondheid Toekomst Verkenning; VTV carried out by the RIVM), which provides insight into the future challenges of public health in terms of determinants, prevention and care. The study is carried out every four years but does not explicitly address migrant health. Another example of a general survey with a focus on family ties, intergenerational relations, and health is the "NKPS" (Netherlands Kinship Panel Study). In wave 1, the "NKPS" oversampled the four largest migrant groups in the Netherlands (Dykstra et al., 2005; project website www.nkps.nl). However, these data refer to the full adult population and do not specifically focus on migrant elderly. Hence, this leads to rather small-scale sample sizes with a limited amount of origins that make analyses and generalizable conclusions difficult. Also the "LISS" (Longitudinal Internet Studies for the Social sciences) included an immigrant panel between 2010 and 2014, in addition to the general panel. Again also this study does not specifically aim at older migrants, neither explicitly on health or care .

Health has been addressed in a study in Amsterdam (HELIUS) in which participants of diverse origins took part and in which they were both medically examined as well as interviewed. The latter focuses on cardiovascular and infectious diseases as well as mental health. The study is a collaboration between the Academic Medical Center (AMC) and the Public Health Service of Amsterdam (GGD Amsterdam) (Helius project website http://www.heliusstudy.nl/). This study does not particularly aim at the elderly population but may generate important insights into health inequality in Amsterdam and necessary interventions for the future. A study that does focus on the older population is the well-established "LASA" study (LASA project website http://www.lasa-vu.nl/index.htm). This study has been running since 1991 to study determinants and consequences of ageing. The study covers different dimensions of health from physical, emotional to cognitive and social aspects. However, again, few migrant elderly are included, which makes it difficult to analyse, for example, migrant health. The study that focused explicitly on Health and wellbeing among migrant elderly (Onderzoek Gezondheid en Welzijn van Allochtone Ouderen GWAO) was carried out by the social and cultural planning agency (SCP) almost 15 years ago, which is why the data are outdated. Yet, no new data collection has been done since then. The study aimed at the age group of 55 years and older and different countries of origin (Turkey, Morocco, Suriname and Antilles) along with the native Dutch population. A broad range of topics was studied, including not only physical and mental health, but also housing, social networks and return intentions (Schellingerhout 2004a, 2004b).

Beyond the efforts to collect and analyse information about the health status of migrants, migrant caregivers, as well as their role and problems have also attracted some attention. Yet, again most of these studies focused on a particular city and a limited group of migrant origins (de Graaff et al., 2005; de Gruijter et al., 2008; Kloosterboer, 2004; Meulenkamp et al., 2010).

6.6.4 Ageing migrants: socio-economic position and health

The existing studies on elderly migrants show that non-Western migrants at older ages tend to have a worse socio-economic and health background than the majority of non-migrant population in the Netherlands. The existing studies predominantly focus on Turkish and Moroccan elderly, who have a had a rather low socio-economic position in the Netherlands starting at the moment of their arrival:

Many of these male migrants were mainly low-educated and recruited as labour migrants for low-skilled positions in the Dutch industry. The heavy work they had to do, along with the economic recession and mass firings in the 1980s made many of them dependent on welfare benefits already a long time ago. Due to the accumulation of adverse health events over the life course, older migrants of Turkish and Moroccan origin are reported to have more physical health issues and are more often depressive (Forum 2004; Schellingerhout, 2004a/b; Bekker & Van Mens-Verhulst, 2008). The fact that these groups also face difficulties with the Dutch language is also mentioned as a major issue for their health and care use Çelik & Groenestein, 2010).

Overall, self-rated health is lower, while different chronic diseases and limitations in daily activities are reported to be higher among the Turkish and Moroccan population in the larger cities in particular. These differences persist even after controlling for socio-economic position and age. Lifestyle differences have been cited as an explanation for the health differences between migrants and natives. For example, migrant elderly are more likely to be obese and have less physical activity, while native Dutch elderly are more likely to drink alcohol more but have a healthier weight and are more active (Public health services Amsterdam, 2015). Overall, migrant elderly of the largest migrant groups in the four largest cities of the Netherlands also report worse mental health and a higher degree of loneliness than the Dutch (de Graaf et al., 2010; Public health services Amsterdam, 2015).

In terms of healthcare use, it has been reported that migrant elderly use these formal ways of care less often than non-migrant elderly (e.g. de Graaf et al 2005). One explanation may be that they receive more informal care (Schellingerhout, 2004b; Merz et al., 2009). Again, however, these findings are mainly based on studies that cover the four largest migrant groups in the Netherlands. Recent qualitative work indicated that this informal care might be less often available for the new generations of elderly. Although they might prefer that children and family take care of them, there may be practical obstacles since more women of migrant origin are active on the labour market and have to balance informal care demands with other obligations (Rooyackers, Merz, & de Valk, 2017; Arts et al., 2009; Çelik & Groenestein, 2010; de Valk & Schans, 2008). It has also been found that many of the current elderly migrant generation do not know about the different care arrangements they may apply for and, if so, how to arrange it, get information about the costs etc. This is related to a combination of reasons, in which limited Dutch language abilities may not help either (Pharos 2015). Given the limited research since the early 2000s and the fact that the care and welfare state arrangements in the Netherlands have changed quite dramatically, it is largely unknown how this may have already affected the migrant elderly. In the past decade, the Dutch health system and policies have increasingly emphasised informal care arrangements and living independently at the own home as long as possible. Furthermore, health insurance costs have increased substantially. Whether, how and which migrant elderly groups have been mainly affected by this is yet unknown given the lack of suitable data and analyses.

Furthermore, studies did show that migrant elderly have different wishes in terms of housing when they are ageing (de Graaf et al., 2010a/b & Meulenkamp et al., 2010; Bui et al., 2011). In some of the large cities in the Netherlands, nursing homes that target specific migrant populations (either of a specific origin or religious background) have developed in the past. The extent to which these are successful in achieving a higher degree of healthy and fulfilled ageing among their residents is so far

not studied.

6.6.5 Conclusion and research opportunities

Overall, the current and future population of the Netherlands will include an ever increasing number and share of older persons with a migrant background. In research, there is still limited knowledge on this group. First of all, many data sources are fairly outdated as they were typically collected in the early 2000s. Second, most of the research to-date focused on non-Western migrants, in particular, on the four largest immigrant groups in the Netherlands, which are of Turkish, Moroccan, Surinamese and Antillean origin. This does not reflect the large group of Western migrants and the wide range of origins, also including those of European origin. For many of these migrants, ageing in the Netherlands may also include challenges of loneliness. As a recent study showed, the emotional well-being of European migrants is also affected by their change of residence (Koelet & de Valk, 2016; Arpino & de Valk 2017). Similar findings were found when it comes to physical well-being, where migrants of Western origin take an intermediate place between the non-migrant majority group and non-Western migrants (Reus Pons, Vandenheede & de Valk, 2017). In addition, the diversity in the group of non-Western elderly migrants in the Netherlands will most likely increase in the future. Even though the four largest migrant groups will remain the most important groups in the foreseeable future, there are relevant other groups with very different migration histories and origins (like those with a refugee background from Africa or the Middle East) that may face very different situations again later in life.

Thus far, the larger cities have been most active in addressing issues of migrant sensitive care and cultural preferences for care at older age. A range of more small-scale qualitative studies has been carried out by the public health services (GGD) in the four largest cities. However, these issues have not been addressed sufficiently at the national level or for migrant elderly, who do not live in the larger cities of the Netherlands, and for whom old-age care may take a very different form and who face different challenges. Again also here the cultural diversity that was addressed for the group of migrant elderly has mainly included those of the largest immigrant groups, implying that not much is known for migrant elderly of different origins.

Data collections on migrant health typically either focus on physical or mental health or on formal or informal care. A more integrated view on health is needed, in which the different dimensions of health are addressed simultaneously, and in which the different forms of care (needs) are explored together. Only in this way, it is possible to develop an understanding of possible health outcomes and the necessary mix of care arrangements for the diverse recipient groups now and in the future.

The policy directions in the health domain have more and more emphasised individual independency and informal care as important ways to maintain health care in an ageing population in the Netherlands. The potential effects that different newly introduced policies in health and care have for migrant elderly has so far not been addressed in detail. More insights are needed to address issues of inequality that may develop and pertain over the life course. This is not only of major importance for the lives of the migrant elderly but also for society at large. In order to facilitate more research into these societal relevant issues, new data collection efforts, or at least, additional migrant samples to the existing efforts would be an important investment that is needed. Currently, the sample sizes of surveys are often too small to carry out meaningful analyses among migrant elderly.

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6.7 Norway

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6.7.1 Recent history of migration

Migration has always been an integral part of Norway's history, but large-scale immigration from Asia, Africa and Latin-America is a relatively recent phenomenon (Tjelmeland, 2003). In 1950, 1.4 % of the Norwegian population were born abroad, of which 2.4 % were born in Asia, Africa and Latin America (ssb.no, table 05812). In 2017, 13.8 % of the population are immigrants, and 45 % of these persons were born in Asia including Turkey, Africa or Latin America (ssb.no, 2017).

The first large-scale labour immigration to Norway originated from countries like Turkey, Morocco or Pakistan and started in the late 1960s. It peaked in the spring of 1971, when 600 labour immigrants from Pakistan arrived (Tjelmeland, 2003, p. 115). The visibility of the new immigrants in society led to discussions about their housing and work conditions, their wages and possible language barriers. The result were stricter labour immigration policies and an "immigration stop" from 1975 onwards (Tjelmeland, 2003, pp. 105-115). Paradoxically, the white paper proposing the immigration stop was the first public document concerned with integration in Norway (Liebig, 2009, p. 25; St.meld. nr. 39, 1973-74).

The "immigration stop" did not affect all types of visas, in practice, it was a selection with a preference for skilled labour to staff growth industries over unskilled labour (Brochmann, 2003, p. 359). In addition, family reunification remained largely unaffected by the stop. Today, 39 % of all immigrants have come to Norway for a reunification with spouses, children, and close relatives (ssb.no, 2017). Norway has welcomed resettled refugees and a large number of asylum seekers relative to the total population, in the last 15 years increasingly from Africa and Asia (Liebig, 2009, p. 23; OECD, 2016; ssb.no, table 07113). After the EU expansions in 2004 and 2007, Norway has also received a new large group of labour immigrants from Eastern Europe (Friberg, 2016). Today, in 2017, the largest immigrant groups by country of birth include people born in Poland (1.9 %), Lithuania and Sweden (0.7 % each), Somalia (0.6 %), Germany (0.5 %) and Iraq, Syria, the Philippines, Eritrea and Pakistan (0.4 % each) (ssb.no, table 09817).

Immigrants to Norway are normally young adults or children. The last 25 years, only 1.5 % of all immigrants from non-Nordic countries were 60 years or older at the time of the migration (ssb.no, table 06313). If this age composition continues, the extent of present immigration will not affect the number of elderly persons within the next 15-20 years (Stølen et al., 2016). The composition of the current migrant population of 60 years or older reflects the more recent immigration history with large inflows from Asia, Africa and Latin America. In the meantime, the majority of immigrants of 80 years and above originates from countries in Europe (5.880 persons), Asia including Turkey (1.287 persons) and North America (837 persons). Correspondingly, in the age groups of 45-66 and 67-79 years, persons from Europe (including the Nordic countries) and Asia including Turkey are the largest country groups, with persons from Africa as the third largest group. Thus, it is not likely that the country composition of the old immigrant population will change drastically over the next few years, although the proportion of persons from Africa will increase (ssb.no, table 07111 including children of

immigrants).

6.7.2 Specific phenomena in ageing societies

The regional distribution of immigrant groups within Norway varies by country of origin, respective social networks, as well as settlement policies and demands in the labour market (Høydahl, 2013; Stambøl, 2016). For example, early labour immigrants from Pakistan are clustered mainly in the greater Oslo area and other larger cities, which is in contrast to recent Polish labour immigrants, who primarily live in municipalities (Høydahl, 2013). Refugee groups are widely dispersed geographically due to settlement policies, so that, for instance, Somalis live in 307 of the country's 426 municipalities (ssb.no, table 09817). As a result, the presence of immigrants in rural areas leads to a slower population ageing and higher fertility in these parts of the country (Brunborg, 2009). Immigrants also improve the dependency ratio in rural areas as there are more working-age persons per dependent person (of both young and old age). However, these favourable demographic and economic changes are only temporary if immigrants re-emigrate or move to other, for example, urban areas.

The largest test for the Nordic welfare model will be the mitigation of social and economic inequalities, as well as integration of immigrants into the labour market. With a generous universal welfare scheme, extensive social rights and public services provision, the Nordic model depends upon high employment rates and is highly vulnerable to an increase in the proportion of the economically dependent population. The vulnerability is irrespective of whether this occurs by an ageing population, an increasing numbers of disabled, unemployed or sick persons or by a lack of integration of adult immigrants in the labour market (NOU 2017:2, p. 19). Hence, a large increase in persons outside the workforce can jeopardise the sustainability of the Nordic welfare model.

6.7.3 Main data sources

Norway has a system of Personal Identification Numbers (PIN), enabling information from administrative registers (e.g. on population, social insurance, income and tax, public health, use of healthcare services) to be linked (Liebig, 2009, p. 21; Spilker, Indseth, & Aambø, 2009). Statistics Norway is the public agency responsible for national statistics at the national, regional and municipal level. In their online database, the main variables on migration are: participation in the introduction program for new immigrants, education, employment, income, recipients of welfare benefits, participation in national elections, business ownership, crime, migration, immigration and emigration, attitudes towards immigrants and immigration, citizenship and population projections (ssb.no). Due to privacy considerations, there are limitations to the specificity of the data available online, for instance, not all statistics on the municipal level are available.

The linking of registries makes it possible to follow immigrants through their life course in Norway. The strength of these data is the accessibility of very detailed information about each individual. One shortcoming of the data is missing recordings of immigrants' foreign qualifications, and information on occupations is only available since the year 2003 (Liebig, 2009, p. 21). The available statistics on employment through recruitment agencies, common for many recent labour immigrants, do not differentiate by type of occupation.

The largest limitation may be that the data do not cover subjective topics such as attitudes, relations to family, coping strategies, or integration. In 1983, 1996 and 2005/2006, Statistics Norway conducted

a comprehensive survey on living conditions among immigrants in Norway (Blom & Henriksen, 2009). In 2000/2001, there was a large scale survey on the Oslo immigrant health profile (Kumar, 2008). Neither survey has been repeated since. Given the prevalence and number of immigrants in Norway, and general concerns related to the response rate among language minorities, national samples cannot give more than indications about the immigrant population.

Current studies of immigrant health and use of healthcare services are based on registry data (e.g. Abebe, Elstad, & Lien, 2017; Elstad, Finnvold, & Texmon, 2015) or qualitative in-depth studies among select immigrant groups (e.g. Ingebretsen & Nergård, 2007; Nergård, 2009). Some research units and centres have accumulated considerable data on the immigrant population. For example, the Norwegian Centre for Migration and Minority Health, NAKMI, has concentrated on immigrants' health. The Bergen International migration and Ethnic Relations research unit (IMER) focuses on migration, inequality and diversity. The Fafo Institute for Labour and Social Research concentrates on the integration of migrants in the labour market and Norwegian Social Research, while the social research institute NOVA-HiOA conducted extensive life-course and welfare service research on immigrants, including research on children, youth, and elderly immigrants, as well as on the inclusion of immigrants in different welfare state services, and on immigrants as healthcare workers.

6.7.4 Ageing migrants

At the beginning of 2017, 1 % of the immigrant population was 80 years and older, and 4,2 % were 67 years and older (ssb.no, table 07111 including children of immigrants). In general, immigrants have a 20 % lower mortality than the remaining population. However, the mortality varies between immigrant groups from different countries, different life and family situations and levels of education (Syse, 2016). Formally, access to healthcare services in Norway is the same for everyone with legal residence. However, studies show that there are barriers to utilising healthcare services among older immigrants: The main barriers being attitudes towards healthcare services, limited knowledge about the services and their perceived accessibility due to language and gender barriers (Ingebretsen, 2016, 2017; Spilker et al., 2009). This is also related to immigrants' presumed reliance on and expectations of family care (Thyli, Hedelin, & Athlin, 2014). The Norwegian healthcare services are heavily subsidised and mainly financed via taxes, which make health and care services, including residential elder care services, affordable for everyone. Research shows that relative to their number, immigrants underuse specialist healthcare, although there are large variations between immigrant groups (Elstad et al., 2015).

Norway has a national strategy concerning the health of immigrants (HOD, 2013), and has established a Norwegian Centre for Migration and Minority Health (NAKMI) collaborating with the European Mighealth project (mighealth.net) and several regional initiatives to provide more knowledge about immigrants' health (Spilker et al., 2009). According to studies of immigrants' attitudes towards healthcare and thoughts about ageing, immigrants seek contact with their family and others from the same cultural background (Johannessen, Steen, & Hallandvik, 2013; Magnussen & Johannesson, 2005). However, they do not want nursing homes dedicated to immigrants only, instead they wish for improvements of language and cultural capacities in existing homes (Magnussen & Johannesson, 2005). These may include, for example, some meeting points where immigrant women may exchange ideas, which have been shown to have positive mental health effects (Ingebretsen, 2017; Magnussen & Johannesson, 2005; Moen, 2009). Also civic engagement of elderly immigrants has positive health effects (Gele & Harsløf, 2012; Magnussen & Johannesson, 2005).

Pensions

Both disability and old age pensions are calculated based on residency in Norway and previous income (nav.no, 2016a, 2017c). To be eligible for a disability pension, the basic requirement is residency in Norway for three years prior to becoming ill or disabled. As a rule, the pension is based on prior income, although there is a guaranteed minimum disability pension (nav.no, 2017c). The old-age pension has two components: A basic pension based on residency, and a guaranteed minimum old age pension which requires 40 years of residency prior to becoming 67 years old (nav.no, 2016a). The additional pension is calculated based on pension points earned through previous income or, since 1992, it can be obtained by caring for children, disabled and elderly persons. The entry requirement for the additional pension is to have earned pension points for at least three years.

Persons with less than 40 years of residency in Norway and/ or with few pension points, can receive a supplementary benefit (nav.no, 2016b). The supplementary benefit is means-tested, and the amount is reduced against other incomes, savings and assets, and the income of a partner. Only persons with a residency permit, and who live in Norway can receive the benefit, and the recipient has to come to the social insurance office twice every year. It is no longer granted to persons, who have immigrated through family reunification, in which case, the family member in Norway has to guarantee their financial support. The benefit provides a total income equal to the guaranteed minimum old-age pension also to persons with a residency shorter than 40 years. In 2016, only 7.8 % of the immigrant population above 67 years old received the supplementary benefit. In comparison, 20 % of the retired population received the minimum old age pension based on residency (nav.no, 2017a, 2017b; ssb.no, table 07111 including children of immigrants). This is an indication that old-age immigrants, in general, do not have a much lower income than the rest of the population.

6.7.5 Knowledge gaps and research opportunities

It is vital for the future development of the Nordic welfare state model to gain more knowledge about how increased migration affects social inequalities. We also need knowledge on how established institutions, such as schemes to promote integration, can prevent such potential social inequalities. Furthermore, we need more knowledge about the consequences that increased ethnic and national differences may have on societal relations such as trust, cohesion and support for collective institutions (Friberg, 2016; NOU 2017:2).

One important element of the Nordic welfare state model are the health and care services. Registry data can inform about the use of these services among immigrants, but they cannot explain the underlying causes for the extent of the use, nor whether the services meet immigrant groups' expectations (Elstad et al., 2015; Ingebretsen, 2010).

There is also a knowledge gap concerning the information channels that immigrants use to receive information on healthcare services, how language and cultural barriers affect immigrants' access to these services and the services' quality (Ingebretsen, 2010; Spilker et al., 2009). Furthermore there is an identified need for more studies on the mortality, health and welfare of immigrants, in general, and older immigrants in particular (Elstad et al., 2015; Spilker et al., 2009; Syse, 2016).

So far, there have been relatively few immigrants of old age in Norway. Most of the research that has been done on elderly immigrants is on immigrants of Asian descent (for an exception see e.g. Gele & Harsløf, 2012). This is only to be expected, based on the large numbers of now old-aged immigrants

from Pakistan and India relative to other countries (ssb.no, table 05196). In contrast, however, very little research has been conducted on older migrants of European origin. Taking into consideration that differences in language, culture, food, or religion often pose increasing challenges as one grows older, the aging and increasing dependence on care services may also turn out difficult for older immigrants, from, say, Germany, Poland, or Bosnia. Hence, the increasing heterogeneity and number of older immigrants calls for more research on old-age health and care services.

There is also a need for more knowledge about the extent of, and the attitudes towards family care among different immigrant groups (Ingebretsen, 2016, 2017). The family is important in terms of care provision, not least as a source of language and cultural knowledge. Family members are especially important when it comes to dementia (Ingebretsen, 2010; Næss & Moen, 2015). The role of the immigrant family in old-age care needs to be further investigated, from the viewpoints of both the ageing immigrant and their children (Moen, 2011). The obligation to care for elderly parents also has to be seen in relation to the potential or real labour participation of immigrants' adult daughters and sons. Their labour participation is important for reasons of gender and ethnic equality, for the prevention of poverty, and for the limitation of needs for welfare benefits, to avoid social inequalities based on ethnicity and to maintain the basis of the welfare state.

Furthermore, there is a knowledge gap about transnational care: How are family relationships maintained both economically and emotionally across country borders? After all, most immigrants living in Norway have parents, grandparents, children or grandchildren in the source country and elsewhere in the world, and vice versa.

Lastly, there is the need for more information on whether immigrants intend to age and end their lives in Norway. A large research project has looked into the "myth of return" among immigrants to Norway (Carling et al., 2015). However, the subject needs to be further studied among older immigrants. Without in-depth knowledge of the extent and needs of the future elderly population, it is difficult to provide adequate health and care services in the future.

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6.8 Poland

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6.8.1 Migration from and to Poland – history and trends

World War II resulted in large changes of the borders of Poland. With Poland moving West, it lead to very large migration flows. After that, in the period up to the end of the 1980s, the international migration to and from Poland was relatively low. However, in 1968, there was a political crisis, which led to the emigration of most of the remaining Jewish population to Western European countries.

From 1989, the emigration from Poland to Western Europe increased, especially to Germany, but many also moved to the United States. When Poland became a member of the European Union, large scale emigration started. It was possible for the old EU-countries to implement a waiting period, and all, but three countries did that. The three exceptions were Ireland, the United Kingdom and Sweden. Hence, emigration increased especially to those three countries. The great recession in 2008 led to some reduction of the emigration, but it continued to increase again after a couple of years.

Among those aged 15-65 years, migrants are overrepresented among Polish men and among those with higher education.[38] Emigrants are generally young, and their age typically ranges between 25 and 40 years.

A comparison of Polish emigrants living in the main destination countries in 1998 and 2007 shows large changes in the composition: The UK share of all Polish emigrants increased from 5 to 31 %, and the Irish share from 0 to 12 %. In the meantime, the US share declined from 29 to 6 %, and the German one from 36 to 16 %. Most of the Polish emigrants live in other EU countries (i.e. 84 % of those living abroad in 2007 – and among those, who emigrated in 2007 an even higher share, 88 %). The Polish emigrants living in the UK and Ireland tend to have a higher level of educational attainment than emigrants living in Germany. (This pattern remains unchanged if only the emigrants of 2007 are compared.)

Some are leaving Poland for another EU-country for seasonal work and are therefore not registered as emigrants. (The minimum time of intended stay for being registered as a migrant is in most countries one year).[39] Of those registered as migrants, some are staying for only one or a few years, some have several stays (hence, are circular migrants) and others are more permanent migrants.

Poland has also become a country of labour immigration. The dominating source country is the Ukraine. Only a few of those workers are actually living in Poland on a more permanent basis; most of them are temporary workers.

In the last few years, many refugees have arrived to Europe from countries in Asia (e.g. Afghanistan, Iraq and Syria) and Africa (e.g. Eritrea, Somalia and Sudan). Poland has a very restrictive policy to not accept refugees from Muslim countries, which has been the matter of an ongoing political discussion in the EU about a fair distribution of refugees among receiving countries. However, tt does not mean that there no refugees in Poland at all. One example are people coming from the Ukraine to Poland, who are recognised as refugees.

[38] See Rockwoolfoundation (2012).

[39] See Elsner and Zimmermann (2016) for information on the number of seasonal workers from Poland in Germany.

Besides labour migrants and refugees, there are migrants arriving for other reasons, e.g. for family reunification or as students (in particular, from the Ukraine).

6.8.2 Specific issues

Of interest in research, as well as in the political debate, are the consequences of migration. Most research focuses on the effects for the countries of immigration and the migrants, but of equal interest are the effects for the emigration countries, i.e. the effects for those, who remain in the countries of origin.

Poland is a country with large emigration and low fertility. It means that the population is ageing faster than many other in Europe. To some extent, this is compensated by immigration to Poland, but the net immigration is negative and large. The ratio between the population of active age and the total population is declining. In statistical reports, the active age is often set between 15 and 65 years, but the actual active age is, in practice, influenced by the age when young people enter the labour market, and the age when older people leave the labour market. An increasing share of the young people continue to higher education and, therefore, enter the labour market at a later time. The retirement age has been gradually increased by a reform of the pension scheme in Poland, but it is still low in a European perspective. Following a proposal from the Polish government and a decision of the parliament, the development towards an actual higher retirement age may now also be counteracted by a decrease of the age for taking up a pension from the national pension scheme.[40] Fewer persons of active age, and an increasing number of people of old age may lead to an excess demand for workers in old-age care. Immigration from other countries as the Ukraine may be part of the solution.

Another issue are the effects of any emigration on the wages of those, who are not migrating. A study by Dustmann et al. (2012a, 2012b) shows that there is a positive wage effect for highly skilled workers remaining in Poland due to the emigration, but there are no effects for the low-skilled. Hence, when some of the highly skilled professionals are leaving, the demand for those remaining in the country increases.

There are also other effects of emigration. Those, who emigrate, are, in many cases, remitting money back home to family members and/or return back with money saved. They may also "remit" ideas to the home country and may, if/when they are coming back, have learnt new skills leading to jobs with higher productivity.[41]

6.8.3 Data on migration

In 2015, the foreign-born population with a residence permit amounted to 211.869 persons, and accounted for less than 1 % of Poland's population (half of them were migrants with either permission for settlement or with a long-term residence permit). The Ukrainians accounted for one third of those with a residence permit, and for three quarters of the 74.149 work permit holders in 2015.42 To that, the seasonal workers should be added, i.e. 782.222 invitations (permits) were issued in Poland in 2015,

[40] See Chlon-Dominczak (2016) for details.

[41] See White (2016) for a discussion of some of these effects and also on the effects for children remaining at home when parents are working abroad.

[42] The statistical information in this section of the paper is from Górny (2017).

of them 97.5 % to Ukrainians.[43]

Another source for information on migration is the Polish 2011 census. For a part of the surveyed population, questions were asked regarding if they had worked abroad and their experiences there. Other data on the number and composition of Polish emigrants can be found in the statistics of the countries of destination. They are published by statistical agencies of the countries concerned, as well as by Eurostat and the OECD.

6.8.4 Ageing migrants

There are few immigrants living in Poland on a more permanent basis. Of more interest is that there are many Polish migrants that mainly return from countries in Western Europe but also from the United States. But as large-scale migration from Poland is a relatively new phenomenon, few of the returning migrants are already of retirement age.

In the future, there will probably be a number of migrants returning to Poland when they retire. It will then be important for them to know what pensions to expect from the country they have lived and worked in. And will that pension be sufficient to make a living in Poland?

6.8.5 Knowledge gaps

It is important to know more about the living conditions of migrants in their countries of destination, as regards employment, wages, or social security, and to make the information comparable between the destination countries and also Poland.

It is also important for migrants themselves to know about their pension entitlements when they return to the country of origin. For example, the statutory retirement age may differ between different countries of residence.

In most countries, statistics regarding immigration are better than the statistics regarding emigration. For various reasons, people often do not report when leaving the country. It means that return migration is typically underestimated.

[43] A person may get more than one invitation during a year so the number of temporary migrants is lower.

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6.9 Spain

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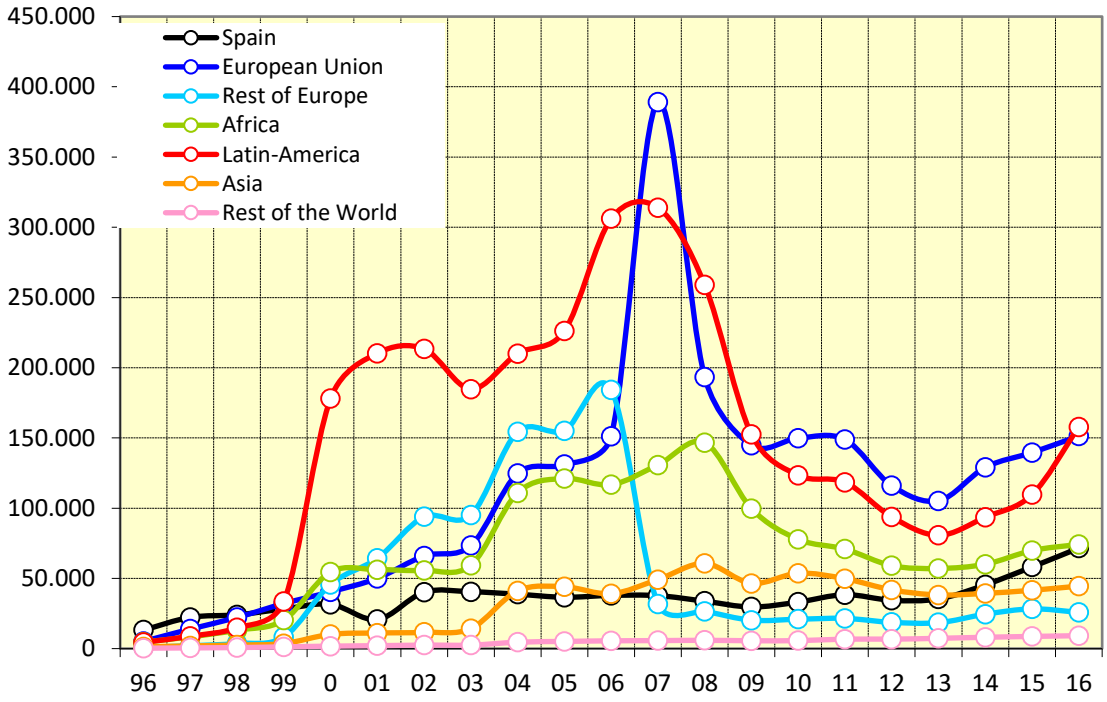
6.9.1 Recent history of migration

International immigration to Spain has only become significantly relevant since the 1990s (Figure 1). Spain, like other Southern European countries, was before mainly an emigrant country (Izquierdo and Muñoz Pérez, 1989). The gradual reversal of this pattern, starting from the mid-1970s onwards, was originally closely linked to the return of Spanish immigrants from north-Western and Northern Europe. During those times, migration control became more important, and after the stop of labour recruitment and the oil crisis, many former labour migrants lost their jobs (Van Mol & de Valk 2016). As a result, Spanish migrants returned to Spain, also because the end of the Franco regime allowed start of a new era. The restrictive legislation that many Northern European countries started towards immigration and migrants had the effect that many non-EU migrants left these countries like France, the Netherlands, or Germany and settled in Spain, where there was still a more welcoming climate.

With the entry of Spain into the European Union in 1986, inflows from other European countries started to grow, at first gradually, but later, in the beginning of new millennium, it reached a historically high level. During the first seven years of the 21st century, until the start of the economic crisis of 2008, Spain received a total of 4.6 million immigrants, thereby being among the states worldwide with the highest inflow of migrants. This international immigration to Spain raised, therefore, new and challenging questions regarding integration, especially at level of the receiving communities. Although Latin American migration to Spain has a long history, also the recent flows in the 21st century were dominated to a large extent by the arrival of Latin American immigrants (39.5 %), who enjoyed positive discrimination in acquiring the Spanish nationality. Latin American migrants are, thus, numerically important in the migrant population in Spain, and contrary to many other migrant flows, dominated also by women, who played a pioneer role in Latin American migration (Prieto Rosas & Lopez Gay 2015; de Valk & Bueno 2015). Also the previous flows of EU immigrants kept on being substantial (13.5 %). Among this latter group, older immigrants from Northern Europe made up a significant share. Finally, immigration also included a considerable share of African immigration, where those from Morocco were the largest and leading flows, to which other sub-Saharan countries were gradually adding.

Figure 8 Immigration to Spain, 1996-2016



Source: ENI authors elaboration

As a result of these flows, the share of the foreign-born population in the total population of Spain increased from 3.6 % in the year 2000 to 13.2 % (6.123.769 individuals) in 2016. Along with the increasing size of the foreign born population, the regional concentration has become more skewed in certain autonomous communities. The highest shares of migrants in the population are found in the autonomous communities of Madrid (1.150.671 and 17.8 % of the population), Catalonia (1.292.774 and 17.2 %), Comunidad Valenciana (805.809 and 16.2 %) and Andalusia (775.941 and 9.3 %). When looking at the relative numbers and importance of migrant populations, the Balearic Islands stand out. Around 240.000 migrants live there, representing 22 % of its population, while there are 373.000 migrants at the Canary Islands, reflecting 17.7 % of the population (Galeano & Sabater 2016). The majority of the immigrants on the Island Communities are of European origin, and many of them migrated to Spain after retirement to enjoy the benefits of good weather and cheap housing, as is also the case for the autonomous community of Valencia.

The economic crisis that hit Europe and Southern Europe including Spain, in particular, had a huge impact on international migration flows. On the one hand, it resulted in a rapid decline in international immigration to Spain. On the other hand, an increase in emigration, of both the foreign and native-born population was observed (Domingo and Blanes, 2015). The net migration as a result became negative after years of being positive (Galeano & Sabater 2016). However, it is crucial to take three points into account in this regard: 1) a large part of the immigrant population decided to remain in the country; 2) during that time, family reunification increased on a regular or irregular basis, a portion of which comprised the descendants of the immigrants; and 3) as from 2014 onwards, flows are increasing again although coming from other regions in the world. Rather than pull factors in Spain, it seems that the push factors in the countries of origin are driving these new immigrations (see also Vega-Macías 2017).

6.9.2 Effects on the population structure

The international migration boom in Spain has had its first effect in the expansion of the middle and older generations of the baby boomers in Spain, against the official discourse of "Replacement Migration" (Domingo and Cabré, 2015). This was due to the late chronology of the Spanish baby boom compared to other European countries (from the 1960s to the mid-1970s). It also coincides with the economic growth of Spain that also attracted the immigrant population at the beginning of the new millennium. Many of those, who arrived in Spain came to work in the booming economy, and substantial numbers were, for example, employed in the construction sector. Other origin groups and, in particular, female migrants, were getting jobs in the informal economy of cleaning jobs, as well as in private households to take care of both children and the elderly (de Valk & Bueno 2015). Due to the fact that migration is rather recent and migrants, in general, are young people, it implies that the elderly population of foreign origin is relatively small compared to other European countries (Galeano & Sabater 2016). On the other hand, however, the growth potential, that coincides with the generations born from the 1960s entering retirement is considerably and important. At the same time, immigration to Spain has, as a singularity, attracted substantial numbers of retired migrants from across Europe and in particular from the UK, Germany and to a lesser extent the Netherlands and Belgium for example.

The official population projections made by the National Institute of Statistics (Instituto Nacional de Estadistica, INE) in 2016 do not break down the immigrant population by different age groups. Furthermore, the official statistics and projections do not take into account the population groups, who are not having a legal right to reside. More importantly, however, is the fact that older European migrants, who own a house in Spain are not always registering themselves (to avoid paying taxes), while others, who are not residents do register (in order to get access to health services). This results in either an under- or overestimation of the foreign older population in Spain.

6.9.3 Availability and quality of migration data

Spain, thanks to the immigration process itself, has been refining the immigration registers, so that it is now up to par with other European countries in terms of data availability and quality. It has international migration data of very good coverage and reliability. The main source of registration for international immigration is the Statistics of Residential Variations (EVR), elaborated by INE from the "entries" and "exits" of the immigrant population in all Spanish municipalities. Among other factors, this good coverage is a result of the fact that since 1996 all the immigrants' rights and services (schooling and access to free public health services, mainly) are linked to the municipal registry, which encourages all immigrants to get registered in the municipality of their residence. For the irregular immigrants, it also provides an access to regularity. It means, unlike other countries, the final calculation of the immigrant population in Spain also includes the population in an irregular situation (although it cannot be discriminated against them) and a detailed description of their place of residence. The available data on flows and stocks of foreign migrants, on the other hand, have very few variables: gender, age, place of birth, nationality, municipality of residence, and self-stated education level.

The quality of the data on immigration contrasts, however, with the accumulated deficiencies in the data corresponding to emigration. Although since 2008, the National Institute of Statistics has also made an effort to improve the data quality, e.g. by producing estimates called "Migration Statistics".

It thereby seeks to correct the temporal bias and endemic underestimation of the statistical series on emigration. The main reason for this imbalance is that the "exits" from the municipal register, not only have no associated benefits, but also in some cases, complicate the situation of migrants (both Spanish and foreign). Hence, often when people emigrate from Spain they do not inform the municipal office, which leads to the underestimation of emigrants. The "Migration Statistics" also correct for the number of immigrants, and from it, Eurostat extracts the statistical series of entries and exits of immigrants from municipal registers.

The main source for the "migrant stock" is the continuous population register developed since 1996, which starts from the same municipal register, and therefore suffers from the same virtues and defects as the EVR. The other, much more complete, source was the population census, which, as in all censuses, also includes information on marital status, household structure, occupational activities and housing characteristics. The 2001 census was the first to register a significant share of the foreign-born population. The census of 2011 (which has serious representation problems depending on the size of both the foreign population considered and the municipality) is expected to be the last census carried out in Spain. In the future, the absence of census can create an important void about the information collected regarding the foreign-born population.

Along with the effort made to improve coverage, it is also necessary to point out the data accessibility policy carried out by INE through its website. The territorial coverage, in the most basic data collected by the continuous population register, is exhaustive from the census track, to the whole of Spain passing through the different administrative divisions (i.e. municipality, province and CCAA). However, in the last census the information was limited to municipalities with over 20.000 inhabitants.

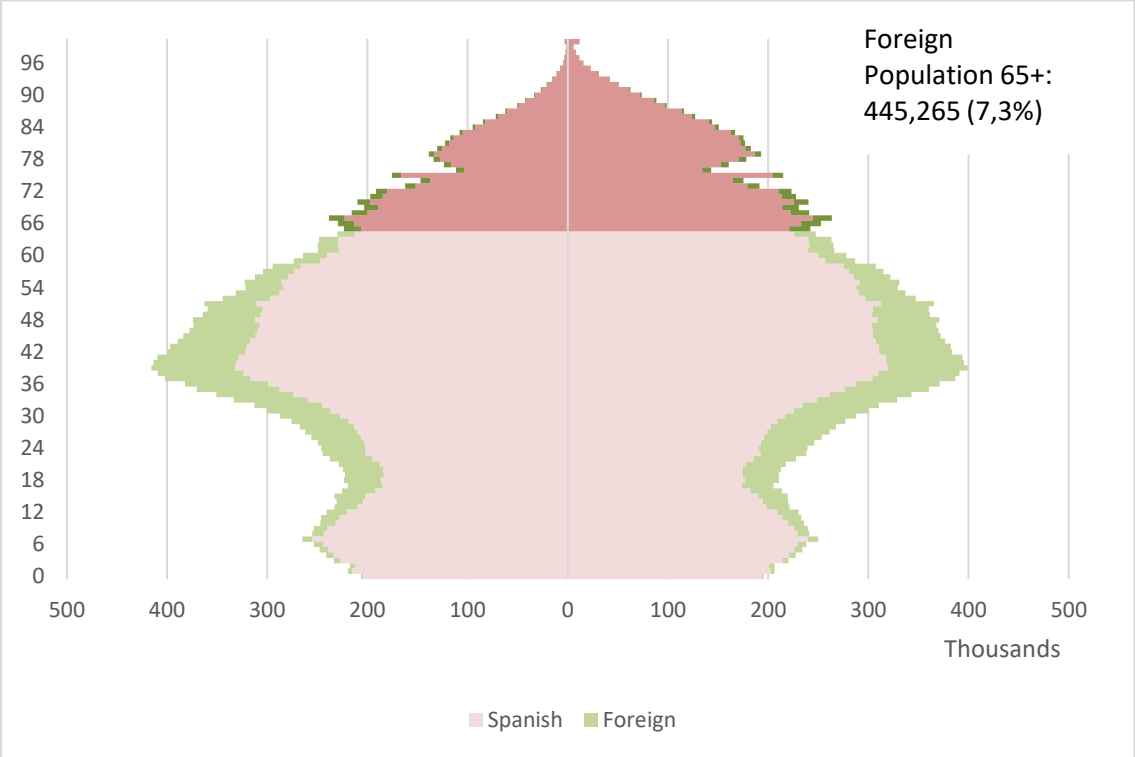
6.9.4 Ageing migrants

The recent international migration of workers goes hand in hand with the ongoing immigration of people around the age to the retirement. In 2016, there were 445.265 people over the age of 64 years of migrant origin, which is 5.1% of the population of more than 64 years in the Spain. British (94.807 and 36 % of Ells), Moroccans (44.348 and 5.6 %), and Germans (34.426 and 19.5%) were the major groups with an aged population. In terms of territorial distribution, Malaga (19.5 %), Alicante (23.3 %), the Balearic Islands (12.7 %) and the Canary Islands (13.5 %) have the highest share of immigrants above 64 years of age (Rodriguez, 2001 and Salvà 2002, Married et al., 1014). Unlike many other European countries, in Spain the unregistered population has access to social services (including health services). The problem with regard to the contribution to the pension system is mainly determined by its main insertion in the irregular labor market (at least for a time, in which the contribution to the system has been nonexistent or significantly lower than it should be). Free access to the health system and to pensions, together with the family situation of migrants of retirement age, will be critical in the decision to remain in the country or to return. The few existing quantitative studies suggest that the migrant population has lower levels of private healthcare coverage, making them potentially a vulnerable population in the event of health issues (Solé-Auró et al. 2010). At the same time, it points to different healthcare use, which may have major implications on the healthcare system in different regions of Spain. Therefore, policies aimed at healthy ageing and projections of healthcare needs of the ageing population should potentially also include the migrant population more than is the case currently (Bermúdez, Guillén, & Solé Auró 2009).

In terms of the origin composition of the current 65+ population in Spain, so far, it is mainly Spanish.

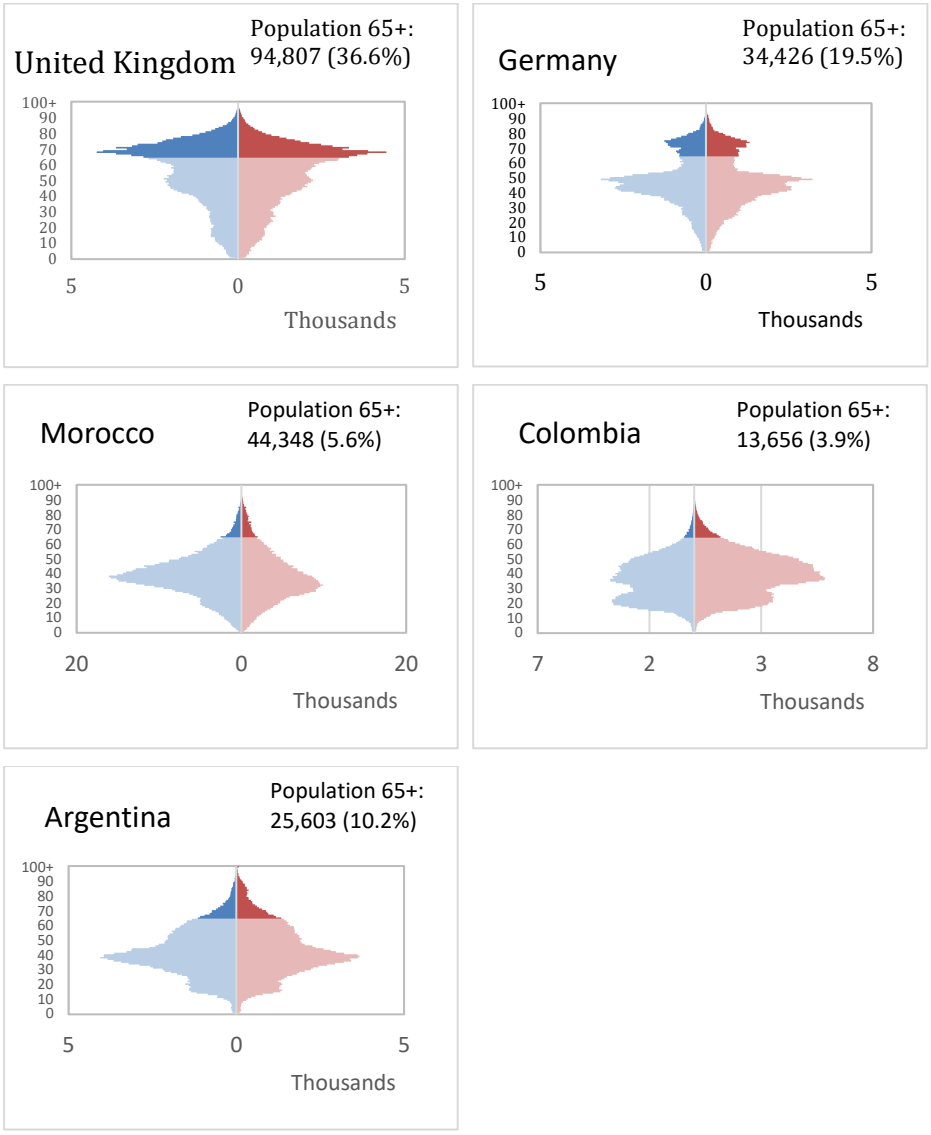
The share of those of foreign background is limited to around 7 % in the total 65+ population (Figure 2). However, clear differences in the share of elderly in different origin groups can be found (Figure 3). On the one hand, there are origins with hardly any elderly in their population like e.g. the Moroccan or Columbian group, where less than 6 % is above 65 years. On the other hand, there are those origins with high levels (more than a fifth) of elderly among them as, for example, is the case for Germans and Brits. In between, there are countries with few elderly yet (around 10 %), but for whom, the elderly population is expected to increase in the near future like e.g. the Argentineans. As mentioned before, so far few elderly migrants have aged in Spain the majority of the current older population with a migrant background migrated at later life stages to Spain.

Figure 9 Population pyramid of Spain by origin of the population, 2016



Source: ENI authors elaboration

Figure 10 Population pyramid of different origin groups in Spain, 2016



Source: ENI authors elaboration

6.9.5 Knowledge gaps and research opportunities

Corresponding to the fact that international migration itself has been a relatively recent phenomenon, much remains to be done in the study of over 64 years old immigrant population in Spain. However, this sociodemographic reality already calls for the attention of service planning, in the municipalities with the highest tourist concentration (such as those in the province of Alicante or Malaga), but in the next decade, it is expected that this will be extended to other municipalities, diversifying the profile and the needs corresponding to the diversification of origins of immigrants.

Research on ageing migrants in Spain so far has mainly addressed retirement migration from Northern Europe and, in particular, the UK. In the context of Brexit, many questions for this group will arise that need to be addressed in research. At the same time, the growing diversity in elderly of migrant origin will call for further assessment of their ageing process, on the one hand, and their care needs on the other. Issues related to transnational support relations and return/pendel migration need further attention, in particular, in the Spanish case where many migrant elderly do hold the Spanish nationality allowing them to more easily travel back and forth between their origin countries and Spain.

More research is also needed on the impact that the future elderly population may have on healthcare requests and services needed in the different regions of Spain. So far, data on this are rather limited and more extensive data collection efforts seem to be needed in this regard. The growing diversity in the population should be taken into account in this regard, and future studies could shed more light on the health issues faced by elderly migrants and the needs of both the individual, their families and wider society.

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6.10 Sweden

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6.10.1 Migration to Sweden – history and trends[44]

Sweden has been a net immigration country every year since 1930 with the exception of one year (1971)[45]. The migration in the 1930s was low, mainly consisting of returning migrants from the U.S. and a few refugees. During World War II, many refugees arrived, the major part from neighbouring countries. Most of them returned after the end of the war with the exception mainly of those who had arrived from Estonia and Latvia.

In the second half of the 1940s, a period of labour immigration started. The demand for labour in different sectors of the economy was high and the unemployment very low. Most of the migrant workers arrived from the neighbouring countries, mainly from Finland but also from Denmark and Norway. Many came also from other countries in Europe to Sweden for work.

A common Nordic labour market was founded in 1954. The first step was taken by Sweden already in the 1940s. From October 1, 1943 citizens from the other Nordic countries did not need a work permit and in 1945 and 1949 (for Finnish citizens) a visa was not required anymore. The agreement in 1954 meant that all five Nordic countries had the rule that a work permit was not needed for citizens from the other Nordic countries. In 1955 the Nordic states formed a common passport area. In the decades following many more steps was taken to make it easier to move between the five countries as agreements to accept an exam from another Nordic country for employment as doctors, nurses, dentists, teachers etc.

In the 1950s and 1960s labour migrants also arrived from Germany and Mediterranean countries like Greece, Italy, Turkey and Yugoslavia. Upon having received a job offer, it was easy to get a work permit also for those arriving from countries outside the Nordic labour market up to the late 1960s. However, from 1966 onwards, the immigration policy became gradually more restrictive towards labour migration from countries other than the Nordic ones. From 1971 on, the migration to Sweden from the other Nordic countries declined since the wages and employment opportunities became gradually more similar in the five Nordic countries. In the last decade many have moved to Norway from Sweden as well as from the three other Nordic countries due to the strong economic development in Norway.

Many labour migrants, who arrived in the 1950s and 1960s, returned to their home countries after only one or a few years, but many also remained in Sweden and most of them are now of retirement age.

After the 1960s, labour migration from countries outside the Nordic labour market continued on a low level, and it was selective, favouring the immigration of the highly skilled. However, from the mid-1990s, labour migration increased again. In 1994, Sweden became a member of EEA (the European Economic Area) and 1995 of EU, which lead to another expansion of the Swedish labour market. More migrants than before arrived from Germany, the United Kingdom and the Netherlands. When the EU expanded in three steps in 2004, 2007 and 2013, Sweden did not, as most other countries, introduce

[44] See Wadensjö (2012) for the Swedish migration history.

[45] Many arrived from Finland to Sweden in 1970. The following year fewer arrived due to a recession in Sweden and many who had migrated to Sweden in the preceding years returned to Finland in 1971.

a waiting period before opening the borders for new labour migrants but opened it directly for those coming from the new EU countries. Many labour migrants arrived, especially from Poland, the Baltic States and Hungary, from 2004, and from 2007 onwards from Romania and Bulgaria. Many of the new EU migrants only stay for one or a few years but others establish themselves in Sweden. From December 15, 2008 until now, it has also become much easier for migrants from outside the Nordic region and the EU/EES countries to get a work permit in Sweden. The only requirement is a job offer with a wage level according to or equal to a collective agreement. This new migration consists of both highly skilled (e.g. civil engineers and IT-specialists from India) and low-skilled workers (for unskilled work in restaurants or seasonal work in agriculture and forestry).[46] The labour migrants from the new EU countries and the new migrants from a non-EU country who have arrived after December 2008 are not yet close to retirement age. Nevertheless, it is important to investigate how the rules for retirement, pensions and old age care may influence them in the future.

Another important immigrant group to Sweden are refugees. For example, after World War II, groups of refugees came from Hungary in 1956, from Poland and Czechoslovakia in 1968, from Chile in the 1970s, as well as Iran and Iraq in the 1980s. Then, in 1993, many refugees arrived from Bosnia, while, during the last decade, many refugees arrived from Syria, Afghanistan, Iraq, Somalia, Eritrea and Sudan. After a very large inflow of asylum seekers in 2015, the Swedish immigration policy has become much more restrictive, and the number of refugees arriving in Sweden has been much smaller in the years 2016 and 2017 compared to 2015.

In most years, the largest group of migrants, which is granted a permit to stay in Sweden, arrives for family-related reasons. They have been granted permit to stay as family members of earlier migrants (labour migrants or refugees), but also to form a new family with persons born in Sweden (marriage migration).

Table 1 illustrates the immigration and emigration to and from Sweden since 2000. The numbers include both foreign and Swedish-born people.

[46] See Calleman & Herzfeld Olsson (2015) (eds.) for a number of studies of this form of migration.

Table 5 Immigration to and emigration from Sweden 2000–2016

Year	Immigration	Emigration
2000	58 659	34 091
2001	60 795	32 141
2002	64 087	33 009
2003	63 795	35 023
2004	62 028	36 586
2005	65 229	38 118
2006	95 750	44 908
2007	99 485	45 418
2008	101 171	45 294
2009	102 280	39 240
2010	98 801	48 853
2011	96 467	51 179
2012	103 059	51 747
2013	115 845	50 715
2014	126 966	51 237
2015	134 240	56 830
2016	163 005	45 878

Source: Statistics Sweden (online)

6.10.2 Specific issues

In the case of Sweden, a large immigration also means a large emigration. Many of those, who have arrived as labour migrants, return to their home countries or in some cases migrate to another country. Many stay in Sweden only for one or a few years, others are moving back home when they retire. Many people born in Sweden are also migrating. Many, especially those who have a university education, work for a few years in another country and other people emigrate after retirement and stay abroad for some years. There are of course also those born in Sweden who study abroad for a period and young people coming to Sweden for study.

Those migrant workers, who return to their home countries after only a few years, still usually have the right to some pension from the Swedish pension system when they retire. This pension is calculated in accordance with the rules of the Swedish notional defined contribution system[47] and, to some extent, with the collectively agreed supplementary pension scheme. A related problem is that many of the migrant workers, who have left Sweden some time age, do not seem to remember or know about their pension claims. Hence, they do not apply for their pension and therefore miss a

[47] A notional defined contribution pension system has a pay-as-you-go state financing but mimics a funded defined contribution plan. Workers pay for today's pensioners but their contributions are also credited to notional accounts, which get a rate of return linked to earnings growth. When they retire their pension benefits are based on the notional capital they have accumulated, which is turned into annuities through a formula based on life expectancy at their retirement age. In the 1990s, Sweden and Italy were the first countries to introduce such systems, other countries have followed.

source of old-age income that they are actually entitled to. Those migrant workers, who leave Sweden upon entry to retirement and have lived in Sweden many years, are probably much better informed about the rules and their entitlements. The right to a guarantee pension, a low pension for those who have no right or only a right to a low pension from the national earnings-based system may depend on which country they migrate to. They have a right if it is an EU/EEA country or a country Sweden has an agreement with. A housing supplement for former migrant workers with a low pension is only available for those, who continue to live in Sweden. The explanation for that many of the foreign-born living in Sweden only will get low pensions is that many only will have a few years with earnings in Sweden (Flood & Mitrut 2010). Those with a low guarantee pension due to few years in Sweden may get "old age support" but again, only if they continue living in Sweden.

The rules regarding pensions and international migration are also of interest for people who are born in Sweden. It is earlier mentioned common for especially those with higher education to work some years in another country. And many people born in Sweden emigrate and stay abroad for at least some years after their retirement. The most common destination countries are France, Portugal, Spain and Thailand. The rules regarding the rights to pensions and the taxes to be paid depend on the country of destination. For those with high pensions according collective agreement in the private sector the taxation rules make it especially favourable to move to Portugal.

We will conclude this section with presenting some statistics on the composition of the foreign born according to country of origin and gender. In table 2 the numbers and gender composition of the foreign born in Sweden in the end of 2015 from the most common countries of origin are shown. The table shows that migrants are both from European countries like Finland, Poland, Yugoslavia, Bosnia/Herzegovina, Germany, Norway and Denmark and from countries in Africa and Asia as Iraq, Syria, Iran, Somalia, Afghanistan, Thailand and Eritrea. From April 2017 the largest group of foreign born is from Syria.

Table 6 The most common countries of origin according to number, share (%), and gender in 2015

Country of origin	Number			Share	
	Women	Men	Total	Women	Men
Finland	94 077	61 968	156 045	60,3	39,7
Iraq	61 073	70 815	131 888	46,3	53,7
Syria	41 515	56 701	98 216	42,3	57,7
Poland	46 907	38 610	85 517	54,9	45,1
Iran	33 126	35 941	69 067	48,0	52,0
Yugoslavia	33 382	33 808	67 190	49,7	50,3
Somalia	30 329	30 294	60 623	50,0	50,0
Bosnia/Herzegovina	29 172	28 533	57 705	50,6	49,4
Germany	26 174	23 412	49 586	52,8	47,2
Turkey	20 853	25 520	46 373	45,0	55,0
Norway	23 387	18 687	42 074	55,6	44,4
Denmark	19 653	22 217	41 870	46,9	53,1
Thailand	30 349	8 443	38 792	78,2	21,8
Afghanistan	12 558	18 709	31 267	40,2	59,8
Eritrea	12 724	15 892	28 616	44,5	55,5
Total	848 237	828 027	1 676 264	50,6	49,4

Source: Statistics Sweden (online)

6.10.3 Data on migration

Sweden has since the 18th century a population register. Up to 2000, the Lutheran state church[48] was in charge of the register, but nowadays the Swedish Tax Agency ("Skatteverket") is responsible. Statistics Sweden has access to the individual-level data from the population register and is also able to combine those data with information from a large number of other registers. The statistics has a very high quality.

Statistics Sweden publishes on a regular basis data on migration to and from Sweden and information on the size and composition of foreign born population. It is easy to from Statistics Sweden's web page get much information and also to construct tables. It is for researchers at Swedish universities and research institutes possible after ethical testing of an application to get access to individual data for research.

The panel covers the entire population in Sweden including migrants residing in Sweden and it thereby provides Statistics Sweden with lots of socio-demographic information. For the studies of the foreign-born population, a special individual database called Stativ has been constructed to be used for research. The unit in charge of Stativ annually publishes several thematic reports on the integration of

[48] There is not a state church in Sweden any more from 2000.

the foreign-born population in Sweden.[49] Stativ integrates information from the Swedish Migration Authority (Migrationsverket) regarding the form of permits to stay in Sweden of the foreign born. Migrationsverket also publishes more detailed information on the various types of applications and the permits granted.

The quality of the statistics is high, but there are however some problems. All who are in the country are not included in the population statistics. Three groups will be mentioned here: 1) Asylum seekers are excluded and only factored in from the moment that they get a residence permit. 2) Many immigrants stay in Sweden without a residence permit. This group consists both of people, who have been denied residence but do not leave the country, and people who pass the border illicitly or overstay a tourist visa, e.g. for reasons of work. 3) Those who state that they intend to stay less than one year are not included in the population statistics. It means, for example, that seasonal workers in agriculture and forestry are not included in the population statistics. It leads for example to an underestimation of the number of people employed in Sweden.

Another problem is that not all of those, who leave the country, register their departure at the Swedish Tax Agency. Hence, they are still included in the population register, whereas they actually already live elsewhere. In most cases, the authorities correct for the change of status, but the delay leads to an overestimation of the number of foreign-born residents living in Sweden and provide faulty estimates of the actual number of people emigrating from Sweden (i.e. underestimations for some years and overestimations other years).

6.10.4 Ageing migrants

The age composition differs between the native born and the foreign born. Table 3 shows the composition of the native and the foreign born according to age in 2015.

The table shows that the foreign born are overrepresented among those of active age and underrepresented among those 65 years and older. There is however large differences according the years the migrants arrived to Sweden and by that the composition according to country of origin. Many of those who arrived in the 1940s, 1950s, and 1960s are now among those who have retired and most of those who have arrived during the last decades are still of active age. Those born in Finland and in other countries from which many arrived in the 1940s, 19590s and the 1960s are now 65 years or older. Of the refugees who have arrived since 2000 only a few are 65 years or older.

[49] These reports are on several different topics as integration in the labour market, the old migrants, the young migrants, segregation in the housing market and the migration of foreign born within Sweden. Besides the reports a large number of shorter articles are published.

Table 7 Age distribution (%) of foreign and native born in 2015

Age	Foreign born	Native born
0–4	1,3	6,9
5–14	6,7	12,5
15–24	10,7	12,2
25–34	19,9	11,8
35–44	18,9	11,5
45–54	15,9	12,7
55–64	12,0	11,5
65–	14,5	20,8
All	100	100

Source: Statistics Sweden

A survey by Statistics Sweden (2012) gives information on the situation of older foreign born in Sweden. It shows that the number of foreign born aged 65 or older increased from less than 100 thousand in 1990 to more than 200 thousand in 2011 and is expected to increase to 400 thousand in 2030. In 2010 the major part of the older foreign born was born In Europe – 46 per cent in another Nordic country and 40 per cent in another European country. Only 10 per cent were born in Asia or Africa and 4 percent in the rest of the world (Oceania, North and South America). Most of them had in 2010 lived more than 20 years in Sweden. The foreign born had lower but not much lower incomes than the Swedish born. Note however, that the composition of the older foreign born population will change in the years to come – more will be refugees born in non-European countries and many of them will get low pensions due to that they have worked few years in Sweden and have had lower earnings than the native born. The migrants who had arrived at a younger age than 35 had on the average the same income as those born in Sweden.

6.10.5 Knowledge gaps

Many of the foreign born receive only a low pension from the Swedish pension schemes. Some may however get a pension from their countries of origin. It is probably much more common among labour migrants than among refugees. However, there is not any statistics available on pensions from the home country or any other country for foreign born living in Sweden.

Many of those who have immigrated to Sweden return to their home countries. It is especially so for the labour migrants. Many of those who have emigrated have a right to a pension from Sweden both from the national pension system and from a collectively bargained pension scheme when they are 61 (the pension becomes higher if taking up the pension at an older age). It is likely that many of them do not all have information on their rights and therefore miss pensions they have a right to. Some Swedish born who have worked a number of years in another country and later have returned to Sweden may have the same problem.

The number of foreign-born persons who get old when living in Sweden increases. The old foreign born are from many different countries. Most of them have learnt speaking Swedish but some of them forget it when they are being old. It leads to problems when being in care if the personnel are not able

to speak their mother tongue. It is important to get information on the extent of the problem and also on the possibilities to recruit personnel who are able to speak the language of those being in old age care.

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6.11 United Kingdom

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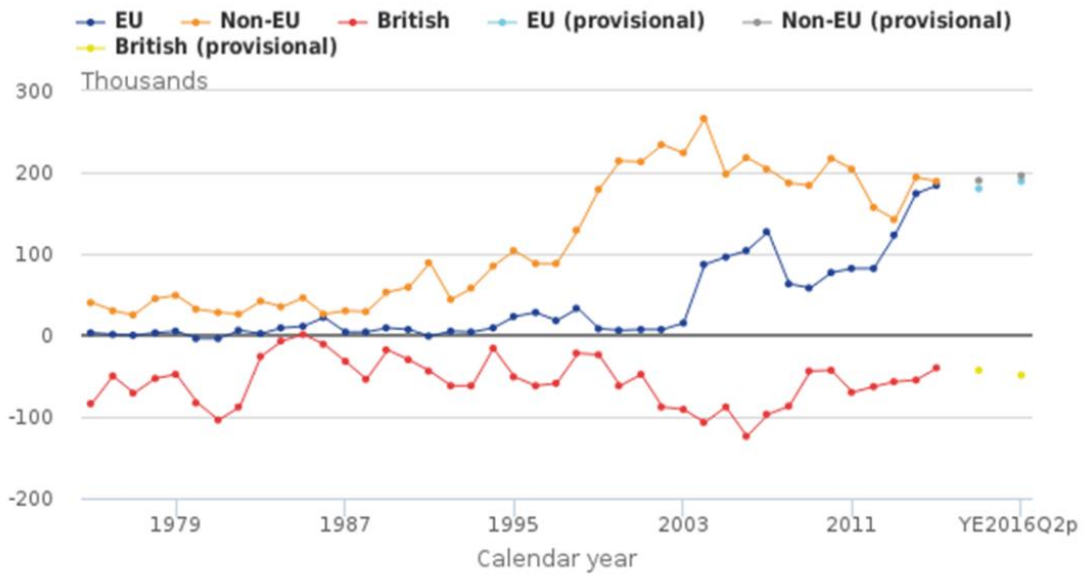
6.11.1 Recent history of migration

International migration within the UK from the 20th century onwards reflects three significant features: conflict, post-Colonialism and immigration controls (Blakemore 1999, 763). Immigration policy in the UK in the 1950s was motivated on the one hand by a labour shortage, and hence encouragement of economic immigration (Young 2003, 453), and on the other hand was influenced by the colonial past of the country. The 1948 British Nationality Act, created the status of "Citizen of the United Kingdom and Colonies", effectively allowing any of 800 million citizens of the colonies to live and work in the UK without needing a visa. As a consequence, migration from the Commonwealth, largely comprising economic migrants, rose from 3,000 per year in 1953 to 46,800 in 1956 and 136,400 in 1961 (House of Commons, 2003) and restrictions were gradually introduced under the Commonwealth Immigration Acts in 1962 and 1968 and the Immigration Act in 1971. The vast majority of the immigrants to the UK from the 1950s to 1970s came from the 'new' Commonwealth countries, particularly those in the Indian sub-continent and Caribbean. At the same time, British citizens were leaving the UK, primarily to emigrate to the 'old' Commonwealth countries of Australia, New Zealand and Canada. Overall levels of net migration were low, averaging around 10-15,000 per annum during the 1950s and 1960s, and net migration to the UK was actually negative during the 1970s and 1980s.

The 1990s marked a change in trends in migration, with average annual net inflows of 100,000 people across the last two decades of the twentieth century, and with the pace of change further accelerating during the first decade of the new millennium (see Figure 1 below). Although immigrants from the Commonwealth countries still constitute a large share of the immigrant population in the UK, there have been significant inflows of other nationalities since the late 1990s; reflecting both an increase in the number of asylum-seekers from famine and conflict-torn regions in Africa and, more recently, the Middle East and from EU enlargement to central and Eastern Europe in 2004.

Figure 11 Net Long-Term International Migration by citizenship, UK, 1975 to 2016 (year ending June 2016)



Source: ONS (2016a)

The UK allowed free movement of labour from the new members of the EU from the outset of their membership, with access of the citizens of these eight Central and Eastern European secured through the Worker Registration Scheme. As a result, between May 2004 and June 2006 almost 447,000 000 workers were registered in the UK, mainly from Poland (Salt and Millar 2006, 346). As a result of this rapid influx of workers, the UK did not adopt such a flexible approach when Bulgaria and Romania joined the EU in 2007, with EU2 nationals subject to restrictions on the type of work they could undertake in the UK until these restrictions were lifted in January 2014.

At present, it is estimated that there are around 3.2 million EU citizens resident in the UK, accounting for around five percent of the population. Of these, an estimated 916,000 are Polish nationals, the largest single nationality from the rest of the EU, followed by 332,000 Irish nationals and 233,000 Romanians (ONS, 2016b). Furthermore, it is estimated that around 900,000 UK citizens are long-term residents of other EU countries. Of these just over 300,000 are living in Spain, a third of whom (101,000) are aged 65 and over. France, Ireland and Germany are also home to relatively large numbers of British citizens, with the largest age group being those aged 30 to 49 years ONS (2017a). It remains unclear at the time of writing what the rights and status of EU nationals living in the UK, or UK citizens living in the EU, will be once the UK leaves the EU - although a recent policy paper has outlined plans for a new 'settled status' giving EU citizens same 'indefinite leave to remain' status as many non-European nationals who have also lived in Britain for five years (Home Office, 2017). Early indications are that migration to the UK from the EU has slowed since the referendum. The recent official long-term international migration statistics for the UK for the year ending March 2017, published by Office for National Statistics (ONS) on 24th August 2017, show that net migration to the UK by EU citizens has fallen by 51,000 compared to the previous year, with most of this decline reflecting a slowing of movement to the UK of citizens from the EU8 and EU2. (ONS, 2017b). Nevertheless net migration is from the EU is still positive, with 127,000 EU citizens moving to the UK in the year April 2016 to March 2017.

Other entry schemes, such as the Highly Skilled Migrant Program and Working Holidaymakers Programme, have been designed to allow people with specialist skills or from certain countries to migrate to the UK to look for employment. The largest groups in the first programme are individuals from India and Pakistan with the main occupational category being medicine, whilst the latter programme, which allows young people from Commonwealth countries to come to the UK for a holiday and to work for up to two years, has been of particular interest to those coming from Australia and South Africa (Salt and Millar 2006.)

6.11.2 Migration, population age structure and ageing

The impact of migration on the age structure of the population is complex. Migrant streams are typically dominated by young people and immigration has been discussed as a potential counterweight to population ageing in countries with low fertility (UN, 2001). However, migrants themselves age, and thus over a longer period immigrants may contribute to population ageing in their country of destination. Overall, the extent to which migration affects population structures therefore depends on how long migrants stay. Over the period 1975-99, four out of five immigrants to the UK were aged under 35 on arrival and almost half emigrated again within five years of arrival, but with large variation by overseas country of birth. In particular, those travelling the furthest distance and from countries where the difference in income was greatest were more likely to remain (Rendall and Ball 2004).

Although the recent wave of migration from the EU, where the majority of migrants are aged 20-39 (Falkingham et al, 2016), has had the impact of reducing the average age of the population, many of the early immigrants who came to work and contribute to the post-war British economy in the 1950s and 1960s from across the Commonwealth are themselves ageing. Public services in many countries across Europe now have to face the challenge of providing care for these immigrants who were not initially anticipated to grow old in the countries to which they migrated (Blakemore 1999, 765). There may be particular challenges in ensuring culturally sensitive services, and within the UK there is a growing body of research investigating the health and well-being of older people of Caribbean and South Asian (especially Indian, Pakistani and Bangladeshi) heritage who first arrived in the UK in the 1950s-1980s (see also section 4 below).

There is also a growing literature on international retirement migration, the extent of which has grown from the 1960, reflecting the extended duration of retirement due increases in longevity and decline in the legal retirement age, accumulation of wealth and increased knowledge and experience of other countries as a consequence of mass tourism and international labour migration (King et al, 1998; Williams et al. 2000). Such retirement migration within the EU is imbalanced, and hence the migration flows are asymmetrical in terms of geography and demography. Some countries, such as Spain, have therefore issued the question of fairness of the portability of the healthcare rights as they have been a country receiving older people whose health-related needs are very different from the ones of younger people (Coldron and Ackers, 2006, 2007).

Retirement migration from the UK has been focused in certain countries, such as Spain. In addition, the UK-born population that emigrated from the UK in 1950s and 1960s is now ageing in countries such as Australia. In addition, part of the post-retirement migration flows from the UK to Australia and New Zealand can be explained by a desire to locate near the children and grandchildren who have migrated there (Williams et al. 1997). In the case of post-retirement movement within EU, there is in theory no additional direct cost to the country paying the retirement or country receiving the retired

immigrant. Moreover, British pensions are frozen for those pensioners who decide to move to Australia, South Africa or the US and hence, the sending country pays less in overall. (Coldron and Ackers 2009; Sriskandarajah and Drew 2006).

Looking forward, it is difficult to predict how future patterns of migration will shape the future population of the UK. In part, this is because of the uncertainty over the status of EU citizens resident in the UK. However, migration itself is also the most uncertain population process to forecast. The official UK Population Projections include assumptions with regard to the levels of flows as well as the age and sex profile of future immigrants and emigrants but most commentators agree that it is a virtual impossibility to foresee future migration beyond the horizon of five to ten years (Bijak and Wiśniowski 2010).

6.11.3 Availability and quality of migration data

There are several source of data on migration in the UK, with useful summaries recently published by the House of Common (2017), the Home Office (2016) and the Office for National Statistics. In the UK, data on stocks and flows come from different sources. Stocks are measured through surveys of the resident population, such as the Labour Force Survey (LFS) and the Annual population Survey (APS) as well as the Decennial Census, with the last Census being in 2011. Flows are primarily measured through the International Passenger Survey (IPS) which interviews a sample of passengers at UK ports, with additional data on migration to and from Northern Ireland. This is then supplemented by data from the Home Office on asylum seekers. The Home Office also publishes statistics gathered through the work of UK Border Force and UK Visas and Immigration. Most of these statistics only relate to people who are subject to immigration control (i.e. from outside the European Economic Area).

ONS conducted a review of the quality of Long-Term International Migration (LTIM) estimates over the decade from 2001 to 2011 (ONS, 2014). These estimates are predominantly produced from the IPS. The review concluded that there is evidence that the IPS missed a substantial amount of immigration of EU8 citizens that occurred between 2004 and 2008, prior to IPS improvements from 2009, but that since the IPS was revised the current methodology is reviewed as satisfactory. Information on the current methodology is published by the Office for National Statistics (2017c).

6.11.4 Ageing migrants

Dwyer and Papadimitriou (2006, 1301) list four factors that are particularly important to the pension rights and the level of financial provision available to the older migrants: migration history, socio-legal status, location within a particular EU member state and employment history. Furthermore, Warnes, Friedrich , Kellaher and Torres (2004) identify four distinct groups of older migrants: European Union international labour migrants, older non-European international labour migrants, family-oriented international retirement migrants and amenity –seeking international retirement migrants. In addition to these groups, Dwyer and Papadimitriou (2006, 1307) have identified a group consisting of old ‘forced migrants’, such as refugees and asylum-seekers. These groups do not only differ in terms of the reason for migration, but also regarding their possibilities of returning to their country of origin. For the group of economic and labour migrants, the possibility to return to their home countries exists, whilst many ageing refugees do not have this option (Blakemore 1999, 768).

One of the most disadvantaged group regarding the level of social security are the “old forced

migrants" such as asylum-seekers and refugees. They are more unlikely to find employment in the new country and whose employment histories do not consist of sufficient number of years of contribution to entitle them to the access to contributory pensions (Dwyer and Papadimitriou 2006, 1312.) Furthermore, the early years of residency of refugees is shaped by the dependency of only minimal state welfare support (Cook, 2010).

In the UK in 2014 there were 11 million people aged 65 and over, of whom just under one million were born outside the UK (ONS, 2016). Of these, 321,000 were born in the EU and 559,000 were born outside of the EU. Interestingly however only an estimated 209,000 older people reported EU nationality and just 123,000 reported having a non-EU nationality, highlighting the fact that many older people born outside of the UK from non-EU countries have taken UK citizenship.

Despite having a formal access to welfare citizenship, Cook (2010) found that the welfare services in England for many older migrant women, particularly from China and Somalia, fell short with respect to language and the acknowledgement of the particular needs and difficulties of these women. In addition to the language barriers, their experiences with welfare agencies were further complicated by a low level of awareness of their rights and particularly in the case of some Somali women, discrimination and stigma.

National surveys show that people from minority ethnic groups tend to be less satisfied with social care services compared with the white population (NHS Information Centre 2012; NHS Information Centre Adult Social Care Statistics 2009) but do not show why. Research indicates that barriers to accessing services include lack of information, perceptions of cultural inappropriateness and normative expectations of care. Willis and colleagues (Willis, 2016a) examined the experience of minority ethnic service users after they access services. They found that South Asia users were more likely to have a poor understanding of the social care system and thus were uncertain about how to access further care, or why a service had been refused.

The same research team also explored how social care staff in England experience working across differences of culture, ethnicity, religion, and language in the context of a more ethnically diverse older client group (Willis et al, 2016b) found that some practitioners felt unable to perform to their accustomed skill level when working across diversity, which has implications for the quality of care provided and job satisfaction. Other practitioners were confident in working across diversity, with the key difference between these practitioners being the degree of cultural reflexivity, highlighting the need for training.

Ethnic inequalities in health have been well documented in the UK, with individuals from black and minority ethnic (BME) groups generally been found more likely to report poor general health than the white British population., and it has been argued that ethnic inequalities in health in part reflect other inequalities between ethnic groups, that is, in terms of socioeconomic position and social class, health service access and use, and racial discrimination. Despite a relatively large body of research on ethnic inequalities, the extent of such inequalities in later life remains a relatively under-researched area with most studies concentrating on the population of working age (Evandrou, 2000). Recent research by Evandrou and colleagues (Evandrou et al 2016; Feng et al, 2016) has found that even after controlling for social and economic disadvantage, BME elders are still more likely than White British elders to report limiting-health and poor self-rated health. The 'health disadvantage' appears to be most marked amongst BME elders of South Asian origin with Pakistani elders exhibiting the poorest health

outcomes. The research highlights the need to develop health policies which take into account differences in social and economic resources between different ethnic groups; in particular, health promotion should be targeted to elderly people from the Pakistani and Bangladeshi communities. (Evandrou et al 2016, 8-9).

Important differences by ethnicity have also been found with regard to pensions, with membership of certain ethnic groups being associated with a lower likelihood of receiving occupational or private pensions (Gough and Hick, 2009; Vlachantoni et al, 2017). The differences between ethnic groups remain even after controlling for a range of demographic, health and socio-economic characteristics; and importantly, such differences do not appear to have diminished even after policy reforms relaxing the eligibility criteria for the receipt of the State Pension, and even after concerted policy efforts to promote occupational pensions in the labour market. Recent government evidence (Office for National Statistics and Department for Work and Pensions 2015) showed that approximately 14 per cent of all pensioners found themselves in relative poverty (below 60 per cent of median income after housing costs), but this percentage was 23 per cent among Indian pensioners and 24 per cent among Black/African/Caribbean/Black British pensioners. Such groups' lower chances of receiving the State Pension or an occupational/private pension, as well as their poorer health status, all contribute to the degree of vulnerability experienced in later life and highlight the need for a more inclusive society for older individuals from BME communities and other older migrants.

6.11.5 Knowledge gaps and research opportunities

Against the background of uncertainty regarding the future rights and responsibilities of current immigrants to the UK, it is difficult to predict how patterns of migration will play out in the short- and long-term future. Several questions arise in this context, which could merit further research.

Firstly, a key area of research relates to the extent to which changes in the configuration of the British welfare state directly affect patterns of immigration to the UK. Will a 'tightening' of the British welfare state, for instance only allowing access to welfare benefits to immigrants who have themselves contributed to the British economy for a certain number of years, directly reduce the number of working-age migrants entering the UK?

A second area of research, which is related to the first one, is the study of complex family structures which have been created as a result of consecutive migration waves within families and across cohorts. Understanding the ways in which such families function and develop, can offer useful insights into the challenges and opportunities posed by international migration within the European Union, and the UK specifically.

A third direction of future research could investigate the degree to which older migrants' cultural norms and expectations about the receipt of social care in later life (both from formal and informal sources) could affect patterns of return migration to the migrants' origin countries. Although a scarce body of literature is emerging in this area (see e.g. Vullantari and King 2008), nevertheless the diversity of the UK's migrant population necessitates a closer examination of more groups of migrants from particular countries or regions of the world.

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7. Research gaps and opportunities for joint actions

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In the previous chapters, the authors of four thematic reports and eleven country reports identified a total of 55 research gaps and 14 data infrastructure requirements, which may serve as groundwork for future demographic research and other activities conducive to the integration of research, policy and practice. The identified research gaps and data needs can be summarised and clustered in the following priority topics and respective subthemes for actual implementation:

Research gaps

Attitudes to migration

- Formation of attitudes and beliefs, especially in ageing societies
- Potential alignment of attitudes to migration with factual evidence

Migrants' health

- Detailed analyses of life and health situation of older migrants
- Longitudinal and/or comparative studies on health across the life course of migrants
- Health-related risks among migrants (including mental health, risky behaviours, lifestyles)
- Healthcare utilisation among older migrants
- Integrated view on health, social policy and welfare systems

Care of older migrants

- Integrated research on formal and informal care (including gendered family networks, role of migrant families in old age care)
- Migrants' care demand in the future (covering interactions of health and migration, also for identifiying policy levers to improve the individual health status, and also the quality of life)
- Older migrants' access to old-age care homes and services
- Cultural norms and expectations

Healthcare provision by migrants

- Barriers to health work and social care work (e.g. work permits, misalignment between career aspirations and available jobs)
- Role of migrants in service delivery and the provision of culturally sensitive care services

- Transnational care-migration-chains (e.g. impact on families left)

Migrants in the pension system

- Pension outcomes in different pensions systems for different migrant groups (i.e. cross-sectional comparative analyses by country)
- Pension outcomes in country of origin and country of destination (i.e. longitudinal analyses, if possible register-based)
- Effects of circular migration on pension outcomes

Specific groups and phenomena

- Research on specific ("other") migration groups (e.g. intra-European migrants, circular or irregular migrants) and their motives
- Migrants' intentions to stay

Data needs

Thematic data needs

- Public perceptions and attitudes towards immigration (i.e. individual level, over time, linked to specific events)
- Recruitment data of health and social care workers
- Migrants' pensions in countries of origin and countries of destination
- Correction of migrants' length of stay in the data (including methodological issues)

New and expanded data sources

- New data sources, either through:
  - Data linkage (e.g. of registry and survey data)
  - New data collections (especially longitudinal)
- Expansion of existing data collections and survey programmes, ideally to include all areas and life stages of migrants

Possible actions for the JPI MYBL

The possibilities for action for the JPI MYBL to address the identified research gaps and data needs can be grouped in three main categories, namely joint funding, mutual scientific learning and exchange, as well as outreach and dissemination.

Field of action: Joint funding

- Joint research call on demographic change and migration, covering identified research gaps and defining specific requirements, e.g.:
  - Mandatory involvement of key stakeholders and institutions (e.g. migrant organisations, training and education organisations, employers, such as care providers, planning authorities, regional organisations)
  - Comparative transnational and interdisciplinary perspective
  - Implementation of a quantitative-qualitative approach
  - Knowledge transfer between academia, public and vice versa
- Regional joint research call, e.g. among Nordic countries
- Joint research call, possibly linked to data infrastructure measures: "Combined" research call, in which researchers design the "ideal" data infrastructure for their research on demographic change and migration

Field of action: Mutual scientific learning and exchange

- Joint research workshops
  - To define the scope of specific research fields (e.g. migrant health, "other" migrants),
  - To discuss content-related or methodological issues among researchers and other stakeholders (e.g. national authorities, policymakers, migrant organisations, care providers, recruiting agencies for care personnel),
  - To bring together (formerly disjoint) research communities (i.e. interdisciplinary, transnational).
  - JPI MYBL knowledge transfer workshop, e.g. in Poland (or Czech Republic)

Field of action: Outreach and dissemination

- Development of a joint research agenda on demographic change and migration, possibly in close collaboration with other trans-national initiatives (e.g. other JPIs):
  - To involve scientific and non-scientific stakeholders (e.g. research funding organisations, data centres, migrant organisations, municipalities, health and care practitioners)
  - To address general knowledge gaps
  - To prepare policymakers for the increasing number and share of older persons with a migrant background.
- Stakeholder workshops to initiate a knowledge transfer between academia, policymakers, the public and vice versa (possibly involving older migrants and/or migrant organistions)