

6. Country chapters

6.1 Austria

Peter Huber, Austrian Institute of Economic Research, Vienna¹

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).² 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 Biffel, 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.

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² 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).³ 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).⁴

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

³ 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.

⁴ 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 indicators of immigrant integration (see Biffi, 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 Biffi 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.⁵ 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:

⁵ 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 relative 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.⁶ 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).

6.1.6 References

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⁶ This lack is also stressed by Anzenberger (2015)

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6.2 Canada

Michael Haan and Natalie Iciaszczyk, Western University, London, Ontario

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 driver 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 as 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 seniors⁷ 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

⁷ 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 % below 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*⁸

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)*⁹

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.

8 <http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=3901>

9 <http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=5057>

*The Longitudinal Survey of Immigrants to Canada (LSIC)*¹⁰

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)*¹¹

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

¹⁰ <http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=4422>

¹¹ <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

Peter Huber, Austrian Institute of Economic Research, Vienna¹²

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 %)

¹² 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”.¹³ 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

¹³ 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.¹⁴ 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.

¹⁴ 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

*Karin Sohler and Cris Beauchemin,
Institut national d'études démographiques (INED), Paris, France*

6.4.1 Recent history of migration and trends¹⁵

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

¹⁵ **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 1 Table 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). Virost 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 population¹⁶. 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

¹⁶ 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)

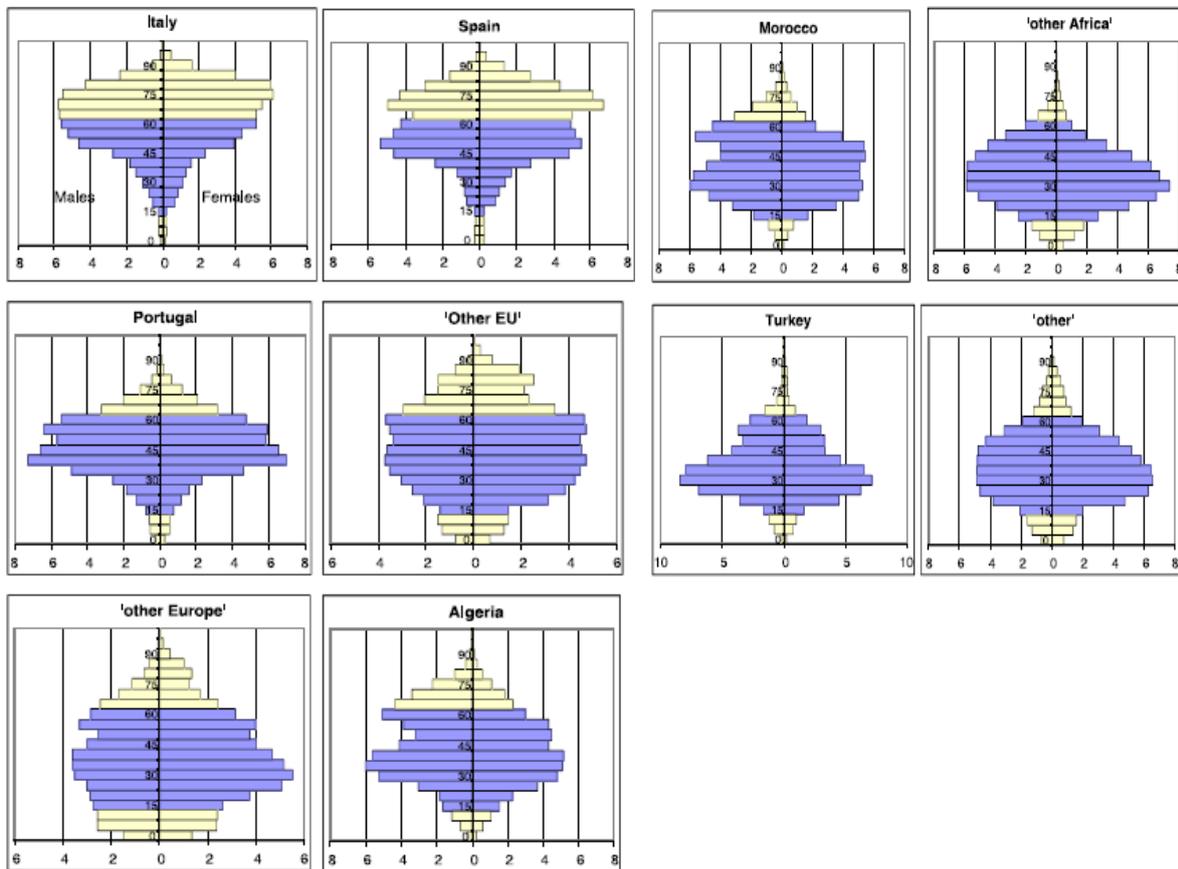
migration rates, and differences in mortality. Especially the share of women from Algerian and Moroccan origin is projected to see a fast increase in their age structure until 2028.

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 1 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>¹⁷

¹⁷ Note: figures for 2013 by gender are available at:
<https://www.insee.fr/fr/statistiques/2020942?sommaire=2106113&geo=FE-1>
<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:

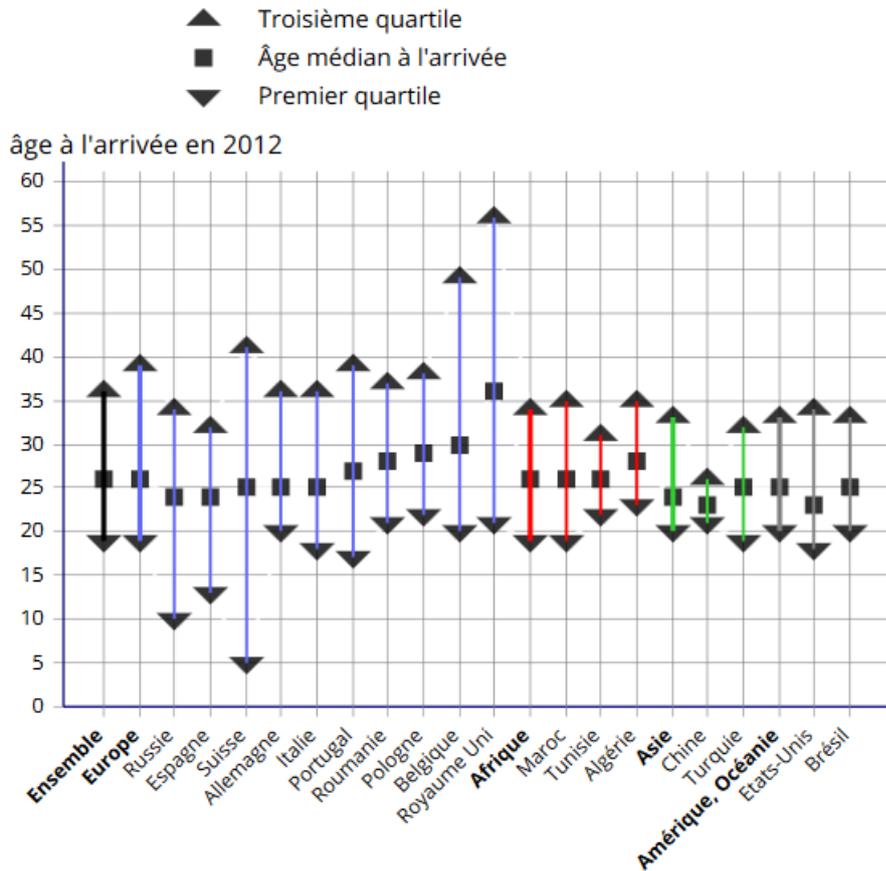
- Recent immigration inflows: In the period between 2004 and 2012, an average of 200.000 new immigrants arrived in France per year (Brutel, 2014). Between 2009 and 2012, the number of entries of European migrants increased considerably, mainly from three Southern European emigration countries with a tradition of immigration to France: These were Portugal, Spain, and Italy¹⁸. 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 France¹⁹.

¹⁸ 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).

¹⁹ The family survey of 1999 estimated the proportion of immigrants aged older than 50 at 5,4% (Attias-Donfut, 2006, p. 38).

Figure 2 Age at the time of entry in France of immigrants who arrived in 2012 by origin (first quartile, median age and third quartile)

Âge à l'entrée en France des immigrants arrivés en 2012 par continent/pays de naissance



Lecture : 50 % des immigrants 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 Sonacotra²⁰“, 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)²¹.

Although hostel residents constitute only a small minority of the overall immigrant population²² (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

²⁰ SONACOTRA: Société nationale de construction de logements pour les travailleurs algériens.

²¹ 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)

²² 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 (DSED²³) of the Ministry of the Interior publishes data series of annually admitted residence permits, by type of permit and migrants 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

²³ 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).

- a) 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 Quetelet²⁴.

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. Noiriél, 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 “Viellir 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).

²⁴ <http://www.reseau-quetelet.cnrs.fr/spip/?lang=en>

Residence patterns and pension entitlements of older migrants

Rallu (2017, p. 2f)²⁵ presented some findings on the living situation of older migrants:

- Non-European older migrant women 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 âgées immigrés” provides an overview on current research on 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 immigrants²⁶ (ibid, p. 243ff). Khat and Guillot (2017) review studies and surveys on migrant health in France²⁷.

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 âgées), 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 hostels²⁸ into social residences²⁹ and adaptation of housing to needs of elderly migrants (e.g. autonomous apartments).

²⁵ On living conditions, see also: Gallou & Rochut, 2017, p. 83f; Attias-Donfut & Delcroix, 2004; Imbert, 2016.

²⁶ 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).

²⁷ See also : Hamel and Moisy, 2013

²⁸ Foyers de travailleurs migrants - FTM <http://annuaire.action-sociale.org/etablissements/readaptation-sociale/foyer-de-travailleurs-migrants-non-transforme-en-residence-sociale-256.html>

²⁹ 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

Wenke Apt and Maxie Lutze,

VDI/VDE Innovation + Technik GmbH, Berlin

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 migration background	Total 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 3. 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 Germans 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 3 Age pyramid by migration experience, 2016

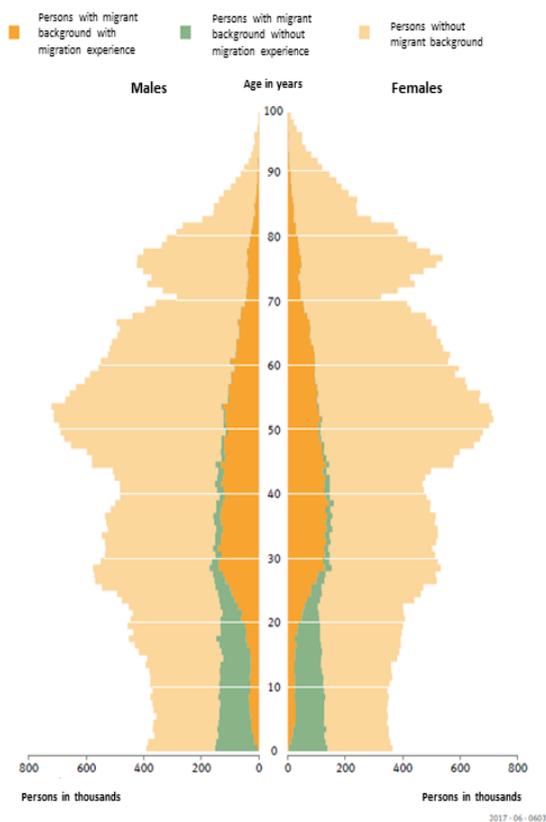
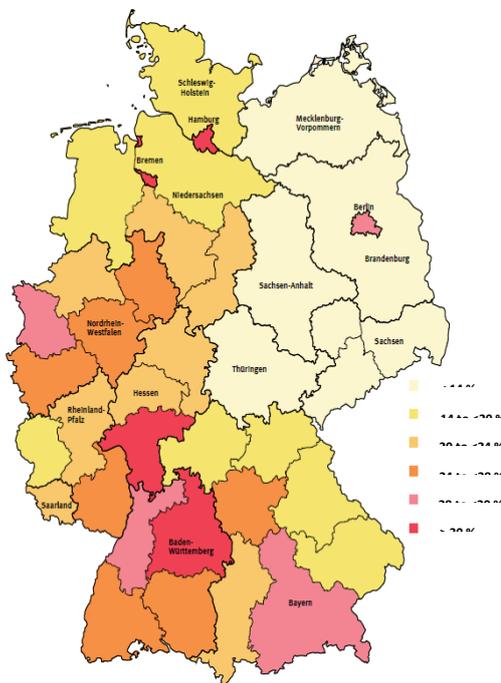


Figure 4 Share of the population with migrant background



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	Total 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).

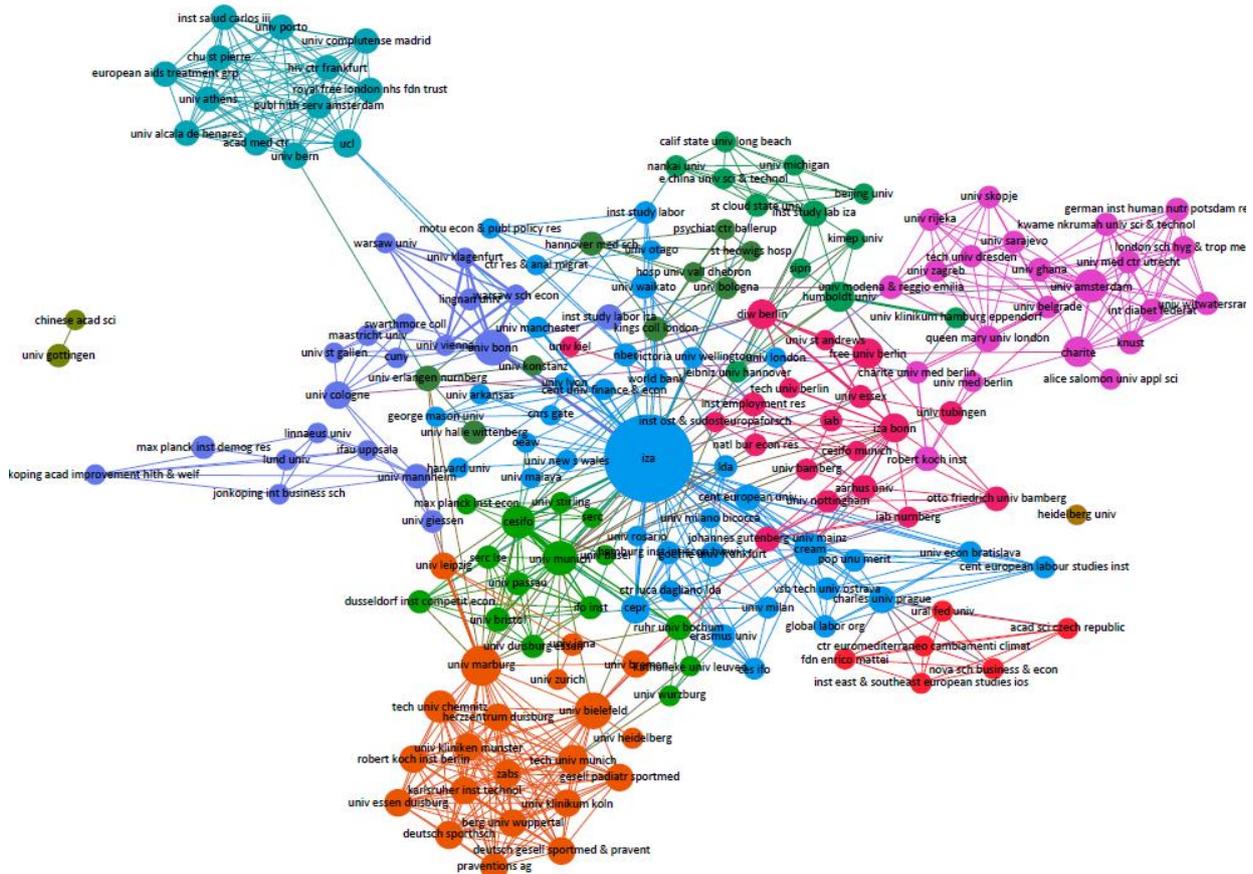
As for a conclusion, in many official surveys (e.g. Microcensus) and large-scale population samples (e.g. ALLBUS), the share of persons with migration background is often insufficient for differentiated analyses. There is also the risk of fluctuations or distortions in the data, e.g. due to migrants' 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 5 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 5 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-Reha³⁰ 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.

³⁰ 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-Economic 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

Helga A.G. de Valk

Netherlands Interdisciplinary Demographic Institute, The Hague & Population Research Center, University of Groningen

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 (*Gezondheidsenquête*) 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, *gezondheidsenquête*). 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

Christine Thokle Martens

NOVA, Oslo and Akershus College of Applied Sciences and Centre for Welfare and Labour Research

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

Eskil Wadensjö, Swedish Institute for Social Research, Stockholm University

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 led 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.³¹ 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).³² 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, it does not mean that there are no refugees in Poland at all. One example are people coming from the Ukraine to Poland, who are recognised as refugees.

³¹ See Rockwoolfoundation (2012).

³² 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.³³ 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.³⁴

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 2015.³⁵ To that, the seasonal workers should be added, i.e. 782.222 invitations (permits) were issued in Poland in 2015,

³³ See Chlon-Dominczak (2016) for details.

³⁴ 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.

³⁵ The statistical information in this section of the paper is from Górný (2017).

of them 97.5 % to Ukrainians.³⁶

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.

³⁶ 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

Helga A.G. de Valk¹ and Andreu Domingo²

¹ *Netherlands Interdisciplinary Demographic Institute, The Hague & Population Research Center, University of Groningen*

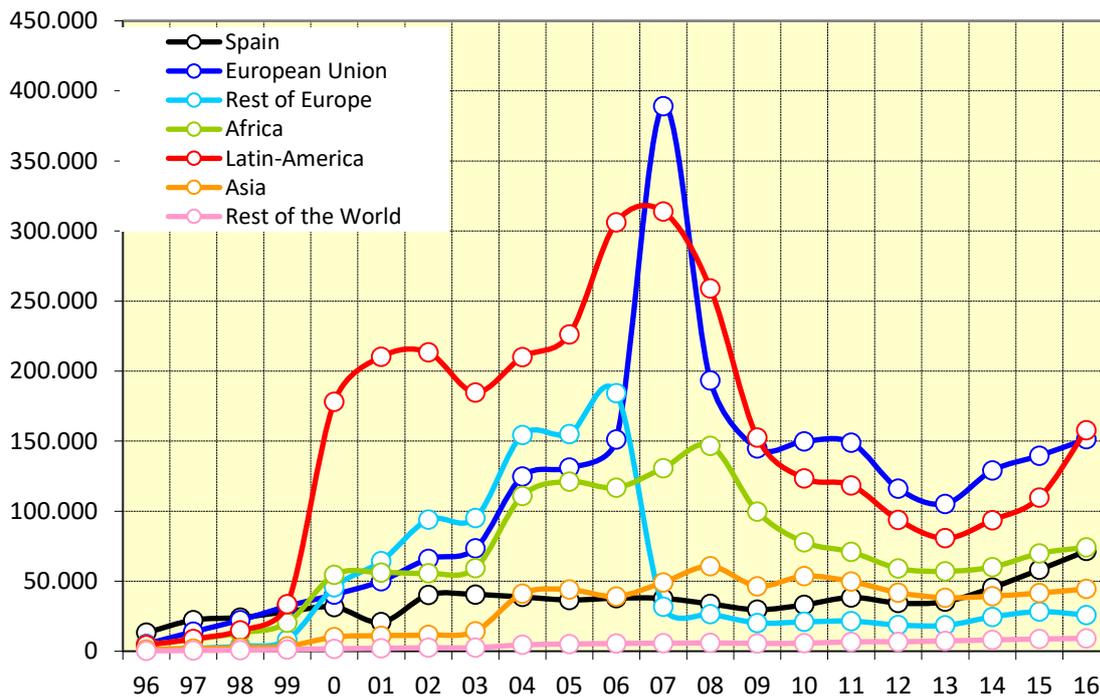
² *Center for Demographic studies (CED), Barcelona*

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 6 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 Estadística, 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.

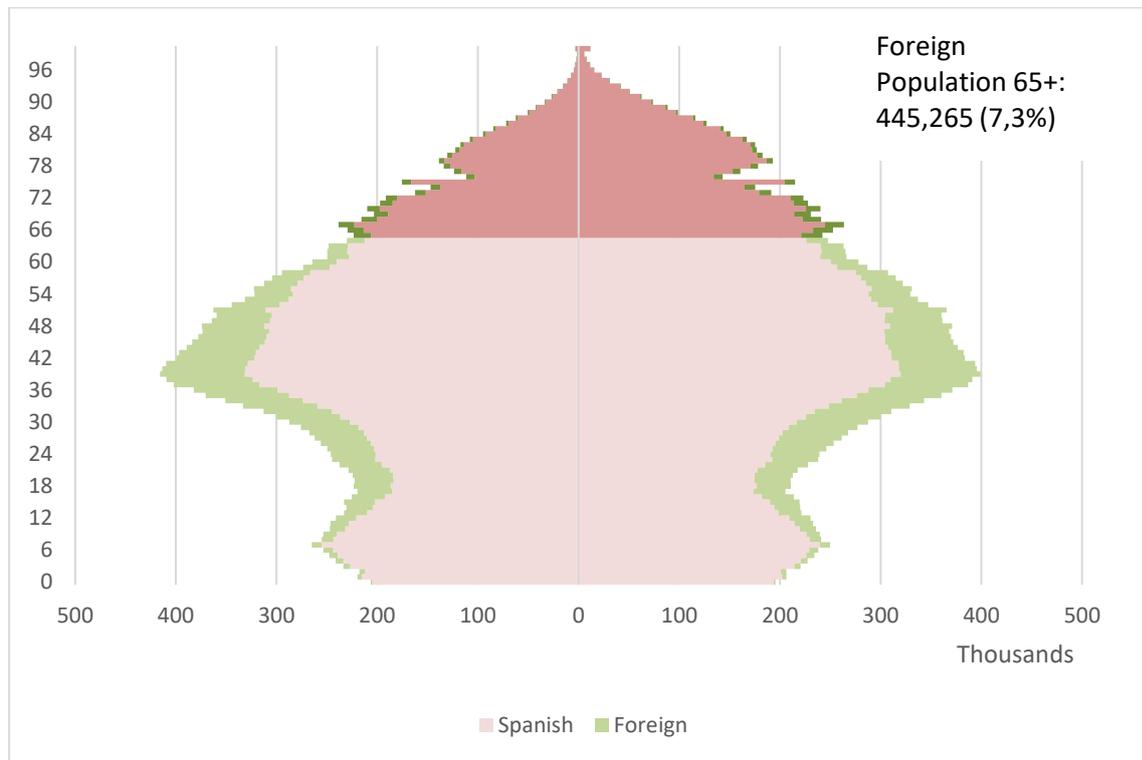
6.9.4 Ageing migrants

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.

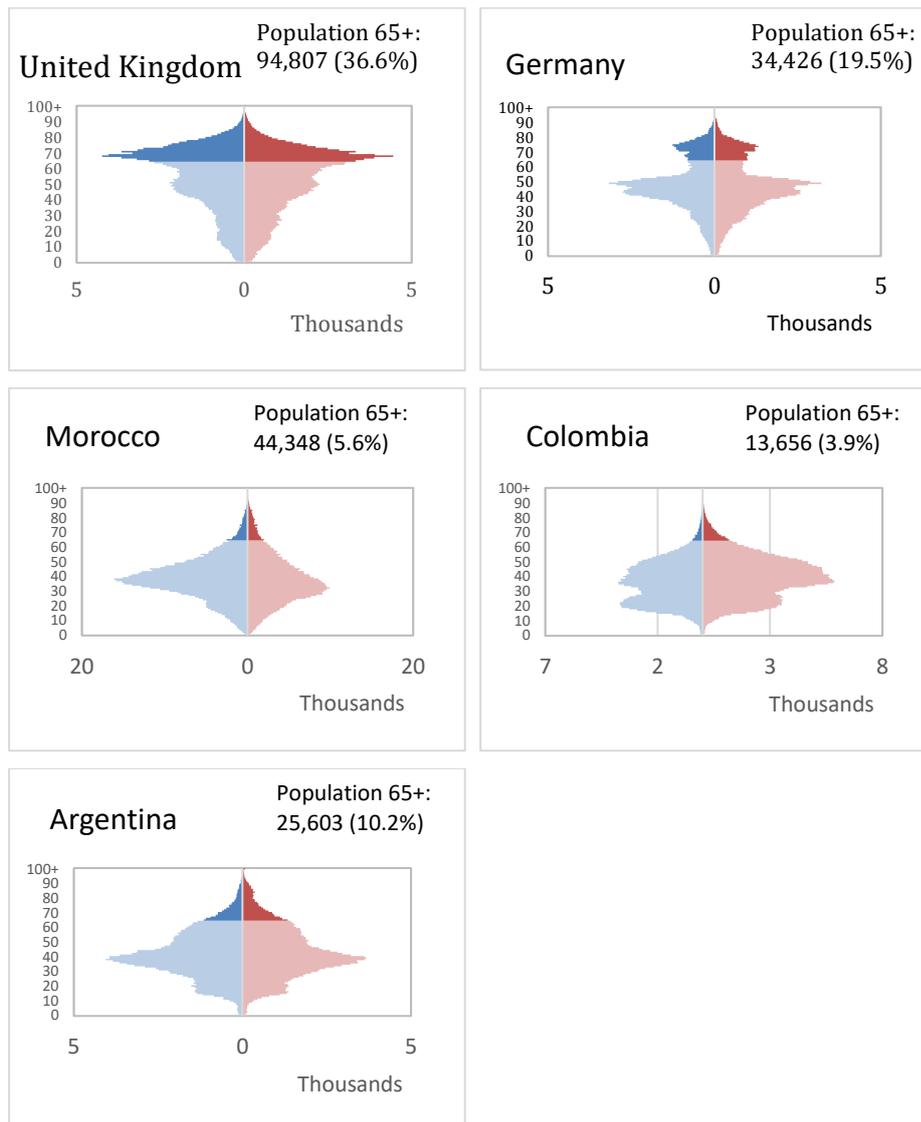
The share of those of foreign background is limited to around 7 % in the total 65+ population (Figure 2). However, clear differences in the share of elderly in different origin groups can be found (Figure 3). On the one hand, there are origins with hardly any elderly in their population like e.g. the 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 7 Population pyramid of Spain by origin of the population, 2016



Source: ENI authors elaboration

Figure 8 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

Eskil Wadensjö, Swedish Institute for Social Research, Stockholm University

6.10.1 Migration to Sweden – history and trends³⁷

Sweden has been a net immigration country every year since 1930 with the exception of one year (1971)³⁸. 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 led 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

³⁷ See Wadensjö (2012) for the Swedish migration history.

³⁸ 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).³⁹ 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.

³⁹ 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 system⁴⁰ 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 ago, do not seem to remember or know about their pension claims. Hence, they do not apply for their pension and therefore miss a

⁴⁰ 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 church⁴¹ 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

⁴¹ There is not a state church in Sweden any more from 2000.

the foreign-born population in Sweden.⁴² 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, 1950s 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.

⁴² 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 per cent 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

Jane Falkingham, Maria Evandrou, Saara Hämäläinen and Athina Vlachantoni

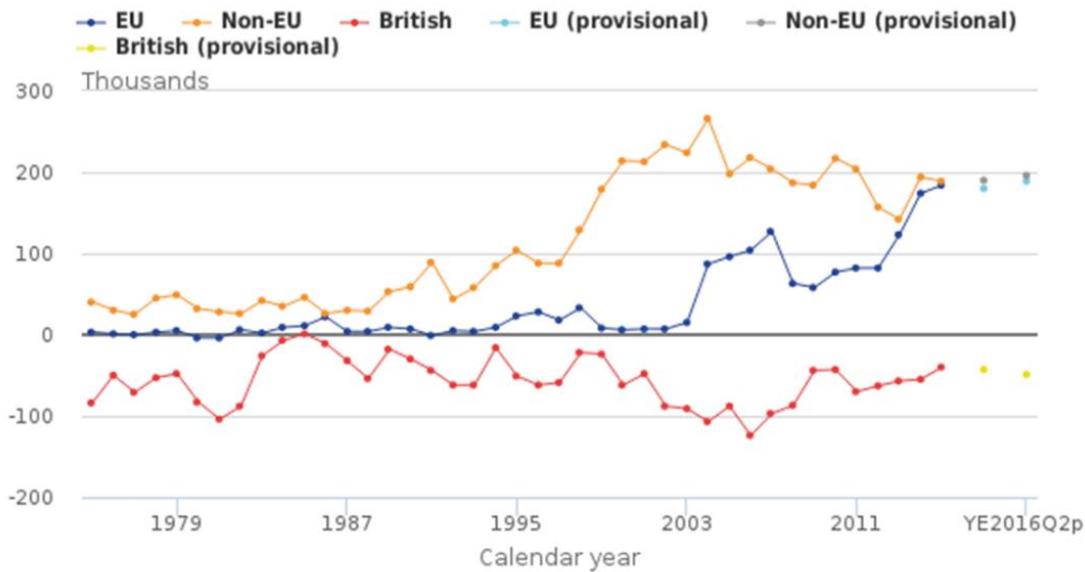
ESRC Centre for Population Change, University of Southampton

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 9 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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