

Executive summary

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

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

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

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

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

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

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

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

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

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