2. Attitudes to immigration and the ageing of societies

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2.1 Introduction

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

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

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

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

2.2 Method and data

2.2.1 Measurement

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

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

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

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

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

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

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

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

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

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

2.2.2 Causal inference

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

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

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

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

2.3 Stylised facts

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

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

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

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

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

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

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

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

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

2.4 Differentiating between hypotheses

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

2.4.1 Self-interest versus societal concerns

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

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

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

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

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

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

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

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

Economic versus cultural concerns

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

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

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

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

2.4.2 Group threat versus group contact

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

Realistic vs. symbolic group threat

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

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

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

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

Contacts versus threats

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

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

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

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

2.5 Policy, the role of media and framing

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

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

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

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

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

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

2.6 Conclusions and future research

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

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

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

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

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3. Migrants in the health and social care workforce

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

3.1 Relevance of the topic

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

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

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

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

3.2 Health and social work force migration in the EU

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

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

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

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

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

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

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

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

Training, qualifications systems and requirements

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

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

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

3.4 Migrants within the social care sector

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

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

Case study: Norway

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

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

Health care migrants in Norway

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

Recruitment and welfare state

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

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

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

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

Training, qualifications systems and requirements

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

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

Role, status and conditions of migrant workers

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

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

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

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

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

3.5 Research gaps and future research needs

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

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4. Health among older populations of migrant origin

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4.1 Health of older migrants: an introduction

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

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

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

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

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

4.2 Physical and self-perceived health

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

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

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

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

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

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

4.3 Mental health and loneliness

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

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

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

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

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

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

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

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

4.4 Mortality

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

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

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

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

4.5 Research gaps and needs

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

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

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

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

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

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

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5. Migrants in the pension system

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

5.1 Types of welfare states and pension systems

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

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

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

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

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

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

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

5.2 Pension system design and implications for pension outcomes for migrants

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

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

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

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

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

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

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

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

Portability within the EU

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

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

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

Portability outside the EU

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

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

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

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

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

5.3 Case studies

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

Norway

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

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

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

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

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

Sweden

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

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

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

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

The United Kingdom

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

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

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

Brexit

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

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

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

5.4 Conclusions and recommendations

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

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

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

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

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

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