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The diversity and welfare of older migrants in Europe

ANTHONY M. WARNES*, KLAUS FRIEDRICH†, LEONIE KELLAHER** and SANDRA TORRES††

ABSTRACT
This paper sets the scene and provides a conceptual framework for the articles in this special issue. They present the findings of research on European residents who have reached or are on the threshold of old age and whose current circumstances have been strongly influenced by a migration across an international border. Such ‘older migrants’ are scattered throughout Europe and they have especially diverse characteristics. They include some of the most deprived and socially excluded, and some of the most affluent and accomplished, but all to a greater or lesser extent are disadvantaged through an interaction between social policies and their ‘otherness’ by living in a foreign country. Some claim attention through the severity of their unmet health and welfare needs and poor capacity to access advice and treatment, while the affluent groups are of great interest to social gerontology because of their enterprising, developmental and positive approaches to old age. They include among the most innovative of the latest generation of older people, who pursue new combinations of family responsibilities, leisure pursuits and income generation. The paper proposes that the concept ‘human capital’ summarises variations in preparedness for old age, that is, the resources by which people cope with demands for income, roles, treatment, care and support. A typology of the ‘welfare position’ of international migrants in contemporary Europe is presented.

KEY WORDS – migration, migrant, minority population, human capital, structured disadvantage, positive ageing.

Population ageing and international migration

This paper introduces the special issue on older migrants in Europe. It begins with a brief discussion of the socio-demographic processes that lie behind the growing number and diversity of such migrants, namely

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population ageing and international migration. This shows that the two processes have a common foundation in societal modernisation and economic growth. Given these deep-rooted and powerful underlying causes, it is highly likely that the number of older migrants in Europe (and other developed world regions) will grow substantially during the coming half-century. It is also shown that both deprived and affluent older migrants face special disadvantages, which have attracted little research or policy attention but require active social security and human services interventions. The second section reviews the diversity of older migrants in European countries and presents a taxonomy of their welfare status and the accumulated ‘capital’ by which they can address their needs for income, treatment and care and for material, social and emotional support. The third brief section explains the origins of the collection of papers in this special issue.

For at least the last half-century in Europe, both ‘demographic ageing’ and ‘immigration’ have been dominant processes in socio-demographic change. Together they have altered not only the age and ethnic composition of national populations but also, as a consequence, strongly influenced several domestic political agenda, from macro-economic management to community (or inter-cultural) relations. Both processes are in fact manifestations and symptoms of more fundamental socio-economic trends. ‘Population ageing’ is primarily the consequence of low fertility, itself the outcome of the widespread adoption of new contraceptive technologies motivated by the quest for improved life chances and a heightened ‘quality of life’ among both men and women.

The aspirations to ‘improve oneself in material respects’ and for an improved quality of life have also stimulated ‘international migration’, but its causes are multiple and more complex. One foundation has been the high priority given by national governments to maximising economic growth, for which a key ingredient has been an unrestricted and competitive labour supply. Improved standards of living have however been accompanied by rising educational and skill levels, and these in turn have created shortages of both skilled and menial, low-wage labour. To sustain national competitiveness and to restrain rising labour costs in the personal, human, transport and administrative services, the pragmatic policy response throughout the European Union (and in north America and Australia, but not Japan) has been to encourage immigration (if not always overtly). At the beginning, the intention was that the incoming unskilled labourers would stay for limited terms and eventually return to their countries of origin. While the gastarbeiter approach prevailed for several decades in Germany and less forcibly in Switzerland, Belgium and Austria, elsewhere it soon evaporated as the permanence of the labour
shortages became apparent, and it was accepted that workers had families, their children required schools, and a civilised country should promote the integration of the migrant workers into its society and local communities (Castles and Miller 2003).

There are strong connections between people’s lifetime ‘activity space’, that is, where they have lived and visited often for education, training, work, personal lives and recreation, and the places that they consider for residence in retirement (Hall and Williams 2002). Another important foundation of the growing number of older migrants has therefore been the internationalisation of leisure trips, work and education, which has been yet another outcome of rising incomes, new aspirations, and step-changes in transport and communications technology. The Europeanisation of a rising number of people’s lives has been one of the main drivers of increased ‘amenity-seeking’ migration from north to south in Europe, for where to live in retirement is now a set of choices about whether to move at all, whether to acquire, lease or rent a second (or third) home, and how much time to spend at various locations across Europe. A third important facilitating change, a necessary condition of the enlargement of the European Union, has been the spread of democratic liberal governments through the southern and, less completely, the eastern countries. The result has been considerable harmonisation of democratic, civic and legal frameworks, which has made, for example, a property purchase more secure and attractive, and much standardisation of retail transactions. This has made daily-living easier for those with a limited command of foreign languages and customs. The Belgians, British, Danish, Dutch, Finns, French, Germans, Irish, Norwegians and Swedes who now retire in large numbers to southern Europe use imagination and creativity in fashioning innovative, developmental and positive lives (Friedrich and Warnes 2000; Smits, Mulder and Hooimeijer 2003). More understanding of their new lifestyles and the social formations they are creating would greatly inform social gerontology.

Both ‘ageing’ and ‘international migration’ are therefore outcomes of economic growth and societal modernisation processes that national governments, the European Union and the population at large mostly welcome and will continue to promote. The global economic and social roots of increased international population mobility were recognised by students of population change many decades ago (e.g. Zelinsky 1971). Two implications have become clear: first, the number of older people who have been international migrants and have cultural differences from the host population have grown and will undoubtedly increase during the coming decades; and second, the case for a more sympathetic and proactive response to the problems and structured disadvantages of older
migrants will become more compelling. Attitudes and policies will not however change readily, for governments, politicians and service providers find that the easiest course is to minimise attention to the circumstances, rights and needs of immigrants of any age.

As several of the papers in this collection demonstrate more fully, while the special needs of many groups of older international migrants are increasingly being recognised, the dominant stance is still that they are small minorities of little importance and, even less charitably, that their problems are self-inflicted. Unsympathetic attitudes are currently most associated with illegal migrants, asylum seekers and refugees (which in much popular discourse are erroneously conflated). Their new prominence is partly a consequence of the many recent armed conflicts and civil disruptions across the world, and partly a response to tightened restrictions on legal immigration (despite the continuing shortages of unskilled labour). These new mass migrations also reflect the globalisation of information dissemination and the decreased money and time cost of travel. Civil wars and coups d’état in Latin America during the 1970s and 1980s resulted in large numbers of professional refugees and economic migrants moving to Spain and Portugal. Similar events in south-central Asia now result in large numbers of less-skilled people trying to move to Europe and north America. While the British, Danish and French tabloid newspapers’ usual xenophobia towards all immigrants is partly cynical (presumably it sells copies), intolerant attitudes are widespread in all European countries.

Populist reactionary opinion encourages even the most liberal governments to adopt a ‘head-in-the-sand’ response, and this is reinforced by their vested interest in the hegemony of the nation state. European national governments adamantly refuse to cede to the European Union any control of social security spending, as envisaged in The European Charter of Fundamental Rights. The Charter was unanimously agreed at the European Council in October 2000. It set out several admirable social welfare rights for both EU citizens and those with full residence rights, but was given no force (Warnes 2002). Moreover, the British government’s ungenerous policies towards UK state pensioners who have moved to other countries are explained away by the attitude that ‘they didn’t have to migrate’ and by the view that when citizens leave the country, a national government’s responsibility is reduced.

There are then many good reasons for social gerontology to devote more of its research capacity to older migrants (Blakemore 1999). In European countries today, older migrants include people who are among the most deprived and excluded in our societies (Chau and Yu 2000; Phillipson et al. 2000; Phillipson, Ahmed and Latimer 2003; Torres 1999, 2001), and others who are in the vanguard of innovative, developmental
and positive approaches to later life. Information about the many different migrant groups is however scarce in all countries. International migrations within Europe and by citizens of the member states are poorly captured by routine official data collection inquiries (excepting the continuous population registers of Belgium, The Netherlands and Nordic countries). Even where data exist, because the focus of public policy has been on young migrants as workers, refugees and asylum seekers, there has been little interest in the minority of migrants who are old, and few tabulations are compiled. Much more should be understood about the circumstances of all groups of older migrants, not least because they are likely to increase in number and will have a growing influence on health and social welfare policies and provision.

The diversity of older migrants

Both ‘population ageing’ and ‘international migration’ have been studied intensively but rarely have the interactions between the two socio-demographic processes been examined. Most readers of *Ageing & Society* will be familiar with accounts of population ageing but have little knowledge of the vast international migration literature. There is of course nothing new about large and sustained flows of international migration: the phenomenon pre-dates the nation state. For a century from around the middle of the 19th century, Europe’s dominant experience was mainly to send people to other continents, not to receive migrants. Only in the last half-century has the net movement reversed, and since the 1980s another radical change has occurred: Greece, southern Italy, Spain and Portugal, which through most of the 20th century were regions of rural depopulation and emigration to northern Europe, the Americas and Australia, have become regions of return migration and of immigration from eastern Europe and other continents (King 2002; Fonseca, Caldeira and Esteves 2002).

Two older migrant populations are increasing rapidly in number in Europe. The most numerous are the millions of labour migrants who, from the late 1940s, moved either from south to north within Europe or into Europe, and subsequently have ‘aged in place’. Many were from the areas of severe agricultural decline in southern Europe, while others came from regions of similarly constricted opportunities in north Africa and east Asia (in Germany’s case, especially Turkey). By the 1960s, there were substantial flows from other continents, especially the Caribbean, the Indian sub-continent and southeast Asia. Many of the migrants had little education, and the majority entered low-skilled and low-paid manual
work. In short, in comparison to the host populations, they have had a lifetime of disadvantage and deprivation, including poor health care and housing conditions, few opportunities to learn the local language, and very often the insults of cultural and racial discrimination.

The other rapidly expanding group are northern Europeans who, when aged in the fifties or sixties, permanently or seasonally migrate to southern Europe for retirement. Most are property owners, have occupational pensions, and have worked and lived in the larger cities of northwest Europe. They finance their moves or ‘residential circulation’ by the sale of their high-value metropolitan homes, and move to improve the quality of their lives. A warmer climate that enables a more active, outdoors lifestyle is a strong draw. The rapid growth since the 1960s (at about 7% a year) of these ‘amenity-seeking’ southerly retirement migrations has been enabled by several technological, political and economic changes (Warnes 2001). The improved accessibility to Mediterranean regions brought about by the jet plane and frequent, charter and low-cost scheduled services has been a prerequisite. It has enabled mass tourism, which both prompted investment in modern services and infrastructure, and enabled hundreds of thousands of northern Europeans to gain experience of visits and stays in southern European countries. Other technological changes, as in telecommunications, satellite and cable television, high-speed roads, and retail banking have also been important factors.

If the above two groups of older migrants have been widely recognised – by researchers, the media, and as ‘special needs’ groups among health and social service providers – other older migrants in Europe have received less research, practice or policy attention. One group are the return labour migrants, as from northern Europe to, for example, Andalusia and southern Italy, or from Great Britain to Ireland (Rodríguez, Egea and Nieto 2002). The largest unrecognised group among the British (and most likely the Germans and Dutch) older populations are, however, neither return labour migrants nor taking homes in the most visible sunbelt resorts or coastal strips, but those who move internationally to live near (and some with) their relatives in scattered destinations across Europe, the Americas, the Antipodes, and south and east Africa. Tellingly, many Germans go to Brasil (Table 1). Of the more than 820,000 UK state pensioners who receive their pensions overseas, nearly a quarter are in Australia and nearly two-thirds in that country, the United States, the Irish Republic and Canada (Warnes 2001). Moreover, there are a third more British pensioners in Germany than in Cyprus, Gibraltar, Greece, Malta and Portugal put together, while among German pensioners there are more in Switzerland and in Austria than in either Spain or Italy, Portugal and Greece combined.
Within these three groups, there are of course many nationalities and religions as well as diverse educational, occupational, marital and fertility histories. These personal characteristics combine with facets of the economy, political and legal systems and social conditions of the country of residence to determine the migrant’s resources or preparedness for old age. The concept ‘human capital’ has mainly been applied to the skills, knowledge, assets and contacts that young adults have acquired from their upbringing and education and which are deployed in the competition for employment and status through early and mid-adult life. The concept is however readily adaptable to the circumstances of a person on the threshold of old age or retirement, and usefully illuminates the intrinsic disadvantages of having been an international migrant.⁷ Many components of comparative advantage or human capital at the two thresholds, of career and of retirement or old age, are the same, not least monetary assets and income, but both a priori reasoning and observation suggest that they have markedly different weights. Social networks (or ‘who you know’) are likely to be less influential, while health, wealth and current and deferred income (or pension) endowments are considerably more variable among those in the seventh and later decades of life than among those aged in the twenties.

Variations in the resources that a migrant has accumulated arise in several ways. Aspects of a person’s migration and family histories, particularly the ages at which they moved and took up permanent residence, and where they married and had children, influence the locations of and the relationships with their close and extended kin – and therefore the

<table>
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<td>%</td>
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<tr>
<td>USA</td>
<td>19,978</td>
<td>16.6</td>
<td>5,748</td>
<td>14.1</td>
<td>14,230</td>
<td>17.9</td>
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<tr>
<td>Austria</td>
<td>15,682</td>
<td>12.5</td>
<td>3,466</td>
<td>8.5</td>
<td>12,216</td>
<td>14.6</td>
</tr>
<tr>
<td>Switzerland</td>
<td>9,219</td>
<td>7.7</td>
<td>3,082</td>
<td>7.6</td>
<td>6,137</td>
<td>7.7</td>
</tr>
<tr>
<td>France</td>
<td>9,137</td>
<td>7.6</td>
<td>3,719</td>
<td>9.4</td>
<td>5,418</td>
<td>6.8</td>
</tr>
<tr>
<td>Australia</td>
<td>4,959</td>
<td>4.1</td>
<td>1,935</td>
<td>4.8</td>
<td>3,024</td>
<td>3.8</td>
</tr>
<tr>
<td>Spain</td>
<td>4,834</td>
<td>4.0</td>
<td>1,864</td>
<td>4.6</td>
<td>2,970</td>
<td>3.7</td>
</tr>
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<td>Argentina</td>
<td>3,895</td>
<td>3.2</td>
<td>1,177</td>
<td>2.9</td>
<td>2,718</td>
<td>3.4</td>
</tr>
<tr>
<td>South Africa</td>
<td>3,731</td>
<td>3.1</td>
<td>1,461</td>
<td>3.6</td>
<td>2,270</td>
<td>2.9</td>
</tr>
<tr>
<td>Brasil</td>
<td>3,221</td>
<td>2.7</td>
<td>1,098</td>
<td>2.7</td>
<td>2,123</td>
<td>2.7</td>
</tr>
<tr>
<td>Italy</td>
<td>2,963</td>
<td>2.5</td>
<td>914</td>
<td>2.2</td>
<td>2,049</td>
<td>2.6</td>
</tr>
<tr>
<td>Portugal</td>
<td>388</td>
<td>0.3</td>
<td>141</td>
<td>0.3</td>
<td>247</td>
<td>0.3</td>
</tr>
<tr>
<td>All</td>
<td>120,178</td>
<td>100.0</td>
<td>49,674</td>
<td>100.0</td>
<td>70,504</td>
<td>100.0</td>
</tr>
</tbody>
</table>
availability of both routine and ‘crisis’ informal social and instrumental support. Then, the migrant’s personal history interacts with the national policy towards immigrants to determine their state welfare entitlements, as to pensions, income benefits, health and personal social services, and social or subsidised housing and long-term care. As in the general population, a migrant’s educational and occupational backgrounds correlate with their lifetime earnings and income and assets in old age. The socio-economic background also strongly influences the migrant’s knowledge of the host country’s welfare institutions and their ability to make use of the available services, especially through their language skills. These capacities are modified by information received from their relatives and friends, and by whether the migrant can turn to a community association for advice. Access to and the utilisation of services will also be strongly influenced by the receptiveness of the country’s housing, health and personal social services agencies and their staff to foreigners and cultural minorities. In short, for both labour and amenity-seeking older migrants, there are complex relationships between their migration history, current social position, national policies, and their access to social security, housing privileges and informal and formal care (Warnes and Ford 1995).

A typology of older migrants and their welfare situation

Given the described diversity and complexities, and given that the research evidence on the situation of older international migrants across Europe remains sparse, categorisations and generalisations about their welfare situation are inevitably hazardous. Sufficient is known, however, to inform provisional hypotheses about the relative human capital or preparedness for later life of four groups of international older migrants. These are organised into a typology in Table 2 which distinguishes the groups’ nativities, the ages at which their international moves took place, and the predominant motivations for their moves. Two of the groups are the European and non-European labour immigrants who have aged in place, and two are the ‘family-oriented’ and ‘amenity-led’ movers in old age or on its threshold. It should immediately be emphasised that there are considerable variations in advantage, exclusion and human capital for old age within the categories – for example, an older Portuguese or Italian from a 1930s remote rural background now living in Frankfurt may have poorer local language skills and less knowledge of the local welfare system than an East African Gujarati from an entrepreneurial background living in Manchester. It is also stressed that although the number of northern Europeans moving to amenity-oriented destinations is increasing (as in
Table 2. Needs for support, care and treatment among older international migrants in Europe

<table>
<thead>
<tr>
<th>Aspect</th>
<th>ELM</th>
<th>NELM</th>
<th>FIRM</th>
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</table>
| Conditioning factors                  | Low education, interrupted work and incomplete residence histories  
  (compromising eligibility to welfare), occupational morbidity, language difficulties | Low education, incomplete work and residence histories (re: ineligibility to welfare), severe language problems and occupational morbidity, religious and cultural discrimination and incomprehension | Variable s.e. status and income. Family orientation. New immigrant, compromising eligibility to welfare | Affluent, well educated and with financial management skills. New immigrant, compromising eligibility to welfare. Majority are able and prepared to move again |
| Financial support: men                | Above average. Moderate assets and pensions entitlements | High. Low assets and pensions entitlements | Average (for age and marital status) | Below average (for age and marital status) |
| Financial support: women              | High. Low assets and pensions entitlements | Very high. Nugatory assets and pensions entitlements | Average (for age and marital status) | Below average (for age and marital status) |
| Social/emotional support and social care: men | Average: high among bachelor-worker groups | Average: high among bachelor-worker groups | Some have high needs: migration ‘maximised’ opportunities | High among socially isolated widowers |
| Social/emotional support and social care: women | High through social isolation for childless or if children remote | High through social isolation for childless or if children remote | Some have high needs: migration ‘maximised’ opportunities | High among reluctant migrants and socially isolated widows |
| Long-term care                        | Unclear: high morbidity but low life expectancy. Community associations make limited provision | Unclear: high morbidity but low life expectancy compounded by exclusion from formal provision | Average | Average |
| Medical treatment                     | High morbidity and high unmet needs. Occupational and deprivation bases | Very high morbidity and unmet needs. Occupational and deprivation bases | Normal levels of need and contemporary health care expectations | Normal levels of need and contemporary health care expectations |

Notes: ELM = Older European international labour migrants; NELM = Older non-European international labour migrants; FIRM = Family-oriented international retirement migrants; AIRM = Amenity-seeking international retirement migrants. The comparative (high/low) evaluations of need are relative to older people in the host population (which are commonly high in relation to the needs of other age groups).

southern Europe) and the number moving to kin-oriented destinations is decreasing (as in Canada and the Antipodes), to conclude that this is evidence of a decline of inter-generational involvement and solidarity among the most recent cohorts of affluent northern Europeans is simplistic and probably quite wrong. As O’Reilly’s (2000) and Huber’s (2002) research has most clearly shown, some retired couples in Spain devote much of their energy and resources in support of their children and grandchildren in the northern European country from which they came. All surveyors of international retired migrants in southern Europe are told of precipitate returns to the origin country to help close relatives who are experiencing exceptional difficulties. High-achiever older people now pursue multiple roles and activities with impressive organisation and energy.

The two labour migrant groups are distinguished partly because most who move in early adulthood detach themselves to a greater or lesser extent from their parents’ and their siblings’ generations, and a consequence is an attenuated kin support network in old age. The effect depends upon the individuality of the migration or, in other words, the extent to which it is matched by the moves of relatives and peers through chain migration. Most young labour migrants later marry and raise children and characteristically, at least in the first generation of migrants, fertility is lower than among native-country peers but higher than in the adopted or host country population. Given that even in the second generation, educational and occupational levels are generally lower than the national norms, levels of residential proximity between the parents’ and the children’s households are generally relatively high, as among Italian and Spanish migrants in Switzerland (Bolzman, Fibbi and Vial 2001).

If there is no reason to believe that most aged labour migrants have fewer children than families in the host population, the emotional closeness between the two generations can still be relatively low. It is possible that the children of migrant parents have a high propensity to migrate themselves, but more widely recognised is the tendency for the attitudes and aspirations of the two generations to diverge (through the children’s greater education and acculturation). On the other hand, many migrants from the southern European Roman Catholic countries, Ireland, north Africa and south and southeast Asia, especially those from rural backgrounds, inculcate high family values among their children (Cylwik 2002). Some research highlights the most dysfunctional cases of rejection and stress between the two generations. Overall it is not clear whether the prevalence of parent-child attitudinal differences and disaffection are greater among migrant than native populations.

Incidentally, a case can be made that the cohort or group of older people that are most disadvantaged by international labour migration are
those in the origin countries who have no state or other pensions, have little access to state welfare and health services, and who formed an expectation that if they become frail or sick, they would be supported by one or more of their closest relatives. When (all) their children migrate to another country or indeed region, they lose the emotional and practical support that they anticipate (and which when young most provided to their parents or older relatives). Several instances of this sequence have been described, as by Sjaak van der Geest in this issue. One reported example from outside Europe is that of the older South Koreans whose children have migrated to California. If they remain in Korea, their material and emotional situation is bereft. Thousands have been sponsored to follow their children to California; many are recruited as child-minders so that both parents can pursue full-time work. The resulting relationships in the shared or linked households are often inharmonious (Pourat et al. 2000). A similar European group (among many) are the residual older inhabitants of the Adriatic islands of Croatia. Most of the young people have migrated to Austria, Germany or the mainland, undermining not only direct familial support but also the islands’ economic and social vitality. There are no marriages, no baptisms, no festivals, and few church services except for funerals. Many other European areas that experienced substantial population decline during the 20th century have similarly disadvantaged and ‘abandoned’ older people. A recent and particularly acute example is found in the mountain interior of Albania, from which a mass exodus since the early 1980s and during the Balkan wars has stripped many settlements of their economic base and social viability.

The international labour migrants on the threshold of old age with the weakest family resources are those whose migration and life histories have been characterised by strong sex-selection and low rates of marriage, family formation and fertility. One such group across western Europe are those from China and Hong Kong who worked in low-cost restaurants and the take-way catering trade (Chiu and Yu 2001; Hoeksma 2004; Yu 2000). Many have worked long and anti-social hours for very low wages, especially so if they were illegal migrants or irregular workers. They have been exposed to exceptional occupational hazards associated with poor hygiene and cramped working conditions, have high rates of morbidity, and weak social networks in both origin and adopted countries. The option of returning to the People’s Republic of China or Hong Kong has either been closed or become unattractive, not least because of the very high cost of living in Hong Kong. An equivalent group among European women moved when adolescent from the poorer southern and eastern countries to work in hotels, nursing homes, boarding schools and private
homes as maids and carers. While for most this was a brief interlude in their lives, some continued in these occupations for decades, or returned to them after the breakdown of a relationship or marriage, while others fell into sex work or other insecure, hazardous and poorly-paid occupations. A recent study found that among the unrecognised and neglected groups resident in London’s hostels for single homeless people were older women from continental Europe who had worked as domestics and who lost tied accommodation when they were dismissed (Warnes and Crane 2001).

The diverse studies of older migrants that are becoming available across Europe also show that policy gaps and service deficiencies are widespread in creating income deprivation, social exclusion and unmet social support and health care needs (Table 2). There is a widespread need and indeed obligation to develop culturally sensitive and responsive services, but the spread of such services is slow. Common problems are inadequate guidance on the prevalent problems and unmet needs, and too little sharing of experience especially in approaches to the development of feasible and effective services. Many studies report not only the absence of interpreter services in health and welfare agencies and facilities, but also the unsympathetic reactions of ‘front-line’ staff, a consequence of the lack of training and of consciousness-raising by employers (Ahmad and Atkin 1996; Chau and Yu 2000). Researchers and academics could do more to assist managers and clinicians gain an understanding of how new services are successfully developed.

**A typology of older migrants capacities to support others**

Superficially it appears likely that by separating themselves from their parents and same-generation kin, international migrants reduce their ability to exchange emotional and instrumental support and care (although financial remittances can be made). Closer examination of the causal connections and empirical evidence reveals, however, more complex outcomes, particularly among affluent and healthy older migrants. Assertions that instrumentally-supportive relationships no longer require geographical proximity have been made for decades (Eversley 1982; Sussman 1965; Warnes, Howes and Took 1985), but the reduced cost and inconvenience of international travel of recent decades have been unprecedented. Some variations in the likely outcomes are set out in a typology of older migrants’ capacities to provide spousal and inter-generational support and care (Table 3).

The typology uses the four groups of older migrants already identified, distinguishes men’s and women’s ‘human capital’, roles and activities, and
### Table 3. Expectations of older international migrants as providers of spousal and inter-generational support and care

<table>
<thead>
<tr>
<th>Category</th>
<th>ELM</th>
<th>NELM</th>
<th>FIRM</th>
<th>AIRM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conditioning factors</td>
<td>Below average education and rural backgrounds associated with high traditional sex role differentiation</td>
<td>Below average education and rural backgrounds associated with high traditional sex role differentiation</td>
<td>Variable s.e. status and income. Family orientation: grandparent role important to identity</td>
<td>Above average education and female career orientation. Individualistic, self-realisation values relatively high</td>
</tr>
<tr>
<td>Financial support</td>
<td>Above average to parents (if alive) and extended kin</td>
<td>High remittances to parents (if alive) in origin country, and in certain groups to same-generation kin</td>
<td>Average and average capacity to provide</td>
<td>Above average and high capacity to provide (even to children in other countries)</td>
</tr>
<tr>
<td>Social/emotional support, and social and long-term care: men</td>
<td>Low expectations and provision</td>
<td>Expectations and provision vary greatly by cultural and religious background: high among SE Asian sons</td>
<td>Average expectations and provision of moderate intensity spousal care in sickness, not 24/7 care</td>
<td>Average expectations and provision of moderate intensity spousal care in sickness, not 24/7 care</td>
</tr>
<tr>
<td>Social/emotional support, and social and long-term care: women</td>
<td>Presumption and custom of willingness to provide</td>
<td>Presumption and custom of willingness to provide, given widespread exclusion from formal provision in some cases to an intolerable extent</td>
<td>High expectations and provision of spousal care during sickness up to moderate intensity, not 24/7 care. High expectations and willingness to assist with child care</td>
<td>High expectations and provision of spousal care during sickness up to moderate intensity, not 24/7 care. High expectations and willingness to assist with child care in extremis</td>
</tr>
</tbody>
</table>

**Notes:** ELM – Older European international labour migrants; NELM – Older non-European international labour migrants; FIRM – family-oriented international retirement migrants; AIRM – amenity-seeking international retirement migrants. The comparative (high/low) evaluations of need are relative to those in the host population (which may be high). 24/7 indicates care for 24 hours a day, seven days a week.

**Source:** Warnes (2003).
separates the provision of financial help from social support and personal care. Research in north America and Europe on relationships and contacts between parents and children shows a strong but non-linear relationship with the separation distance, and usually co-variation with income and socio-economic status (Greenwell and Bengtson 1997; Grundy and Shelton 2001; Hallman and Joseph 1999; Roberto, Allen and Blieszner 2001). Over the shortest distances (say up to 5 km), small increments of the separation distance associate with marked declines in visiting frequency and the ability to provide the more intensive forms of personal care, but at longer distances only a modest distance influence is found. The evidence is not strong that those who live 150 kilometres apart are any more capable of providing emotional, social and practical support than those who are 1,500 kilometres away.

More consistently found are strong gender and socio-economic correlates with various aspects of inter-generational (and sibling) relationships, including the willingness to provide care, the ability to provide financial help, the types of shared activities, and the frequency of face-to-face and telephone contacts. The early studies of northern Europeans who have retired to southern European countries provide ambivalent evidence of the strength of inter-generational ties. On the one hand there is a relatively low frequency of visits between older parents and their children and grandchildren but, on the other, for the majority of the migrants descendant relationships are immensely important emotionally and for their identity (for more details, see Huber and O’Reilly (2004) and Casado-Díaz, Kaiser and Warnes (2004) in this issue). Most provide considerable practical support to their adult children, and at times of exceptional demands or difficulty, as around childbirth, sickness and house-moves, will turn away from their habitual activities, travel to their children’s homes and willingly provide intimate emotional support and personal care. More research on the complex and flexible contemporary relationships between affluent older people and their children is required.

The origins of the collection

All the papers in this special issue have been written by members of a European Science Foundation (ESF) ‘Scientific Network’ that held two meetings a year during 2001–03. Several had collaborated before in the design of the first wave of systematic surveys of northern European retirees resident in southern Europe (see Casado-Díaz, Kaiser and Warnes 2004, in this issue), and a number were associated in ESF ‘Exploratory Workshops’ during 1999. Altogether over 35 researchers from 12 European countries
were associated in the network, and their interests ranged from social anthropology to regional economic development. Most were academics, but there were also civil servants and health and social work professionals, and they have initiated several new surveys and research projects and compiled a directory of completed and published research and a bibliography on older migration (Casado-Díaz, Lundh and Warnes 2002). There are of course much larger research communities in fields allied to the subject of this special issue, as in international migration, ethnic minorities, contemporary intimate unions, inter-generational kin networks and solidarity, and the informal and formal support of frail and sick older people.

As Bolzman and colleagues (2004) argue in this issue, and Ackers and Dwyer (2002) have extensively explored, the circumstances and welfare of elderly immigrants are profoundly related to questions of citizenship. If immigration policies continue to consider international migrations as abnormal, as exceptions to a sedentary or frozen national order, both younger and older immigrants will continue to be perceived as ‘denizens’, different and – as the cant has it – ‘the other’. That means that they will continue to be denied full citizenship rights in both their native and adopted or residence countries. As a consequence, there will be predictable surprise when new generations of older immigrants living in precarious conditions are ‘discovered’. The alternative course for European societies is to accept two social facts; that migrations are an inevitable structural phenomenon in the contemporary world, and that our nations have become multi-cultural. Too many politicians and editorialists continue to deny these social realities. Only when they are accepted is it likely that a country will initiate the required profound process of institutional adaptation and redefine the notion of citizenship. That would allow every long-term resident equal rights and the right to establish a meaningful place in the society in which they live.

Conclusion

An inconsistency between policies that promote the movement of labour and national governments’ practice of withholding full citizenship rights from legal immigrants is evident throughout the European Union. As Bolzman et al. (2004, this issue) show to be the case in Switzerland, governments and local authorities apply not only a ‘tax contribution record’ but also nativity and local connection tests that amount to a continuing distinction between the eligible (deserving) and ineligible (undeserving) older population. Very few challenge this apparently common-sense
and reasonable attitude, but it harbours a contradiction that should be exposed. If a state promotes the immigration of labour, or the sale of land and property to affluent retirees from other countries, then there is de facto recognition that the migrants play valued economic roles. Recognition should then follow that migrants will at times be sick, become old and have dependants, including children and older parents who may be frail. If a corporate employee is rewarded above the norm for undertaking a foreign ‘tour’, those who uproot their lives and face the challenge of making new lives in a foreign country deserve at least equal treatment with the host-country citizen.

It can already be seen that, during the coming century throughout the affluent nations, among the deep-seated problems for governments will be population and labour-force declines, the compensatory immigration, and the increasing cultural and religious diversity of the resident population. To date, social gerontological research has responded little to these powerful trends and the changes that they have brought about. Not even the innovative roles and activity patterns that the latest generations of affluent migrant older people are fashioning have attracted much research. Those on the threshold of old age who move abroad or circulate around two or more addresses in different countries, and those who successfully pursue new recreations and social opportunities while maintaining close involvement with their parents’ and children’s lives are pioneering positive approaches to contemporary old age. The papers in this volume present diverse new evidence on these new lives and on the impacts they are having on our societies and national governments. It is hoped that they will both inform and stimulate much new research.

NOTES

1 ‘Material improvement’ was used to describe the dominant motivation of migrants by the pioneer student of internal migration in the United Kingdom, E. G. Ravenstein (1885). Only after his time did it become evident that large numbers moved for reasons other than to find a job or a higher wage, e.g. to a better house or residential neighbourhood, and from the last quarter of the 20th century, to improve one’s ‘lifestyle’ or ‘quality of life’.

2 The Charter set out several basic social rights for all older people and for all legal residents of EU countries. Despite the unanimous agreement, there was no compulsion on member states to implement the Charter. The recent debacle over the revised EU Constitution is a further sign of the unwillingness of the national states to implement common ‘social rights’ and thereby to lose control of social spending. The draft charter of 28 September 2000 is available on the ‘Presidency’ section at http://www.presidence-europe.fr. The definitive (legal) version of the Treaty of Nice was published on 14 February 2001 and is available on the Advanced Research on the
There are associations of British state pensioners in Australia, Canada (3), New Zealand and South Africa, and they have all campaigned for inflation-related uprating of their UK state pensions. Their grievance is that the members have paid UK income taxes and national insurance contributions and are entitled to but denied similar benefits to those who remain resident in the UK. The well-publicised but unsuccessful test cases are detailed on the associations’ websites, all of which are linked to that of the World Alliance of British Expatriate Pensioners: http://www.wabep.hypermart.net

An interesting recent exception is the work commissioned by the United Nations to estimate the extent to which immigration does and can compensate for below-replacement fertility (Population Division, United Nations 2001). The prime concern is sustaining the labour force and economic competitiveness. Unprecedentedly high rates of immigration would be required.

Population migration has been studied for over a century by economists, sociologists, anthropologists, demographers, population geographers and biologists. There are innumerable theoretical formulations. Still useful collections are Jackson (1969) and Jansen (1970) and a valuable overview is Chapter 8 of Petersen (1975: 279–334). Recent work on international migration includes Castles and Miller (2003) and Joppke and Morawaska (2003). The bibliographies maintained by the International Organisation for Migration in Geneva are valuable: see http://www.iom.int

Less widely remembered are the large-scale population movements among European countries following the Second World War. In the UK case, ‘The Polish Resettlement Act 1946 cleared the way for resettling Polish soldiers and their families; and there were similar concessions to admit various stateless and displaced persons, along with European Volunteer Workers from Germany, Austria, Italy and Belgium. In the four years after the war, Ministry of Labour permit holders totalled over 300,000. In comparison, the arrival of a few hundred Caribbeans [who sailed on The Windrush in 1948, the beginning of Caribbean mass labour immigration] was pretty small beer’ (Phillips and Phillips 1999: 79). The displaced persons were not all young, and the number of Polish-born older people in the UK is now decreasing fast.

Research articles citing ‘human capital’ in the last three years are mainly from labour and health economists. Only two specifically concerned with the ‘older’ population have been encountered, one on the (in)portability of acquired entitlement and knowledge resources (Friedberg 2000), the other on attitudes towards education and acquiring new credentials among employed people aged in the fifties and above (Simpson, Greller and Stroh 2002). ‘Human capital’ should of course be distinguished from ‘social capital’, which has recently attracted much attention from communitarian theorists and politicians and public health analysts as a factor related to community cohesion and health status (Haezewindt 2003). The interest in variations in social capital applies more to neighbourhoods and districts than to individuals.

References


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