

**ELDERLY MIGRANTS IN EUROPE: AN OVERVIEW OF  
TRENDS, POLICIES AND PRACTICES\***

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### **List of Abbreviations**

BME - Black and Ethnic Minority

CEC - Commission of the European Communities

COE - Council of Europe

EU - European Union

ME - Ethnic Minority

## **1. Ageing and migration in Europe**

Demographic ageing and immigration have been dominant processes in socio-demographic change for at least the last half century in Europe. Both the processes impacted on the age and ethnic composition of national population and thus strongly influenced the political agenda of several European countries in different socio-economic areas. These processes both underline wider socio-economic trends concerning changes in population as well as changes in habits of the very same increasingly diverse population. Low fertility is a good example in this respect together with the ongoing changes in patterns and residential characteristics of the immigrant population in Europe.

Ageing and international migration are, in wider terms, both outcomes of economic growth and societal modernization processes which influence at various degree the population at large, while their factual interrelation is raising increasing attention of national governments as well as international organizations. These social processes bring forward several implications: (1) 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 (2) the case for a more sympathetic and proactive response to the problems and structured disadvantages of older people migrants is becoming more compelling (Warnes et al., 2004).

The pace of policies, however, does not still follow suit the social changes which are taking place on the ground mainly because of the perceived limited dimension of the ageing of immigrant population, the tendency to minimize it, but also the small experience in facing its structural dimension and thus to set up adequate policies.

Elderly migrants include some of the most disadvantaged and others who are the most affluent and accomplished because of their active and innovative approaches to later life. Data about the different migrant groups is scarce in all European countries since the focus of public policies has been predominantly on young migrants as workers, refugees and asylum seekers (Warnes et al., 2004). In addition, undertaking comparative work across the immigrant and ethnic minority populations of Europe is fraught with definitional and practical difficulties concerning head-counts and structures of the immigrant or foreigner populations of European states. For instance, whereas some destination countries (such as Switzerland and Germany) meticulously recorded migratory events (age, sex ratios of the migrants at the time of entry), many other did not do so (White, 2006).

Purpose of this report is to shed a preliminary light on elderly migrants and to analyze the available policy solutions and NGOs practices adopted in a sample of European countries. These policy and practices will then be compared and the resulting policy symmetries/asymmetries will be measured to the needs of the target group of elderly migrants. At last, the proposition of selected recommendations will complete the analysis.

Our attention will focus on ‘elderly migrants’ who have grown old in their host countries and those who are already elderly when they emigrate to rejoin their family or return to their country of origin. Elderly migrants forced to emigrate or displaced for humanitarian reasons as well as those with immigrant background (second and third generation) will also be taken into consideration (COE, 2008). Vulnerability of this elderly category of migrant people is the common dimension for investigation.

The lack of information concerning this growing elderly sample calls inevitably for further empirical research. This tendency is reflected by the methodology of this article which gives notice of the available research works through an extensive literature review, collection of best practices and, where possible, contacts with key-informants.

### 1.1. Characteristics and diversity of elderly migrants in Europe

Data on the exact numbers of elderly migrants is available only on some national and regional scale as in the Walloon region in Belgium (Perrin, 2009) whereas European-wide official data is considered unsatisfactory (Jacob, 2009). Estimations from the Country Office for Data Processing and Statistics of North Rhine Westphalia brought the rise in numbers of elderly migrants in Europe from 7 million in 2008 to 15 million in 2015. Elderly migrants are then an extremely heterogeneous group in social, cultural and economic terms (AAMEE, 2008; Carbonelle, 2009).

While elderly migrants in Europe show nuances of statuses and a variety of situations, for the purpose of simplification Warnes and Williams (2006) identify three ‘archetypal forms’ of older migrant populations from the mid-twentieth century onwards. Each does have distinctive features and imply different motivations, beneficiaries, impacts and implications. These forms include: (1) *labour migration*, the migration of young adults from southern and eastern Europe or other continents into North-West Europe, where they have raised their children; (2) *retirement migration*, the movement of affluent couples without others mainly from northern to southern Europe; and (3) the *return of labour migrants* to their native or childhood countries and regions, where many have surviving ascendants and same-generation relatives.

*Retirement migration*, though far from being immune from specific disadvantages derived from ‘otherness’ and access to social and health services in a foreign country, goes beyond the geographic and methodological rationale of this work which does not focus on recent intra-European mobility or affluent retirement migrants, but on the specific situation of those ‘vulnerable elderly migrants’ in selected countries of origin and destination.

A short reference to the recent European immigration history allows to highlight specific migration trends as well as to complete the above typology of elderly migrants. Migrants from the early post-war period, in fact, did not return home as expected and did instead settle into communities in the host countries. Immigrant population further changed with the addition of other migrants who came through family reunification and with the cohort of returnees whose migratory project had been in some sense completed.

A considerable number of *labour migrants* who arrived in the earliest times and remained in the destination countries have now reached or are reaching the old age. This group is extremely heterogeneous not just in terms of origins and cultural and ethnic characteristics, but also in the way they have raised children and formed social networks at the destination (Warnes and Williams, 2006).

A look at evidences from a number of countries can support the increase in the size of the older foreigner population. Let's take, for instance, Germany where the annual registration data demonstrates that over a whole 32-year period, the older foreigner population aged 60 or over has doubled roughly every 10 years, from 80,000 in 1970 to 160,000 in 1980, 320,000 in 1992 (after a short term reduction in the late 1980s), and nearly 670,000 by 2001. Out of the total foreigner population, the over 60s have risen from 3.1 per cent in 1970 to 9.7 per cent in 2002 (White, 2006).

Ageing is currently taking place fast in some old immigration countries in Europe as the Netherlands, which was earlier identified as a case where large-scale migration began relatively late in comparison to other Northern European countries. Annual registration data referring to the two largest foreigner groups show that between 1 January 1996 and 1 January 2003 the number of Turks over the age of 60 rose by 111 per cent, from 4,864 to 10,282; the number of Moroccans over 60 rose from 4,734 to 10,019 – about a similar increase of 112 per cent. In 1996, 12 per cent of elderly Turks were over 70, but by 2003 this had risen to 17 per cent (White, 2006).

In comparison with the Netherlands, the rates of overall ageing are starting to slow down in countries like Germany, Sweden as well as Switzerland which had also an early take off of large scale movement. Different migrant groups within a country may be ageing differently reflecting their period of arrival and age at immigration.

Additionally, while *return migration* was an important process in demographic development for some migrant groups, the overall picture across Europe is that fewer 'have gone' than expected either from the host populations or the migrants themselves (White, 2006). The most apparent are labour migrants of long residence in Western European countries who return to their native countries and regions when they cease work – the so called 'return of retirement' (Cerase, 1974).

This group nourished the 'myth of return' – the notion that at some future stages the migrants would go home. According to a research carried out by Bolzman et al. (1999; 2006) on Italian and Spanish immigrants in Switzerland, their intentions to return to their countries of origin actually fell as they approached the retirement. Notwithstanding the removal of the constraints created by employment, the population censuses and registers show that return has not happened in the manner, or volume, largely expected. In a number of cases a pattern of circulation has instead emerged, whereby elderly former migrants spend sections of their post-retirement lives in each of the two countries included in their life trajectories while basically keeping their primary residence associated with their migratory destination where their offspring are usually located.

The groups of elderly migrants therefore include a variety of 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 and preparedness for old age, i.e. the 'human capital' that Warnes et al. (2004) suggest for adaptation to the circumstances of a person on the threshold of the old age.

Finally, globalisation and the ease and low cost of international travel mean that many older people can now exploit, maintain and continue to develop residential opportunities, social networks and welfare entitlements in more than one country.

Transnational lifestyles are increasingly affecting even elderly migrants. Several reports, particularly from northern European countries like the Netherlands, Belgium, Norway, Sweden and Switzerland, describe the links and residences that long-term international labour migrants who reach retirement have maintained and established in both their adopted, their origin countries and even in third countries. These patterns testify that the forms of reciprocal relationships between older retirement and return migrants and their frail parents or hard-pressed children changed, but they are not abandoned and continue to be practised with occasional long visits, financial transfers and frequent electronic communication (Warnes and Williams, 2006).

## 1.2. Problems and 'problematism' involving elderly migrants

The recent migration history of North-West Europe and particularly the establishment and maintenance of the mass migration cycle that lasted from the 1950s to the early 1970s, impacted on the current and projected changes in the population age structures. As noted earlier, different migrant groups and different countries are at different positions within the process of immigrant ageing.

Family reunification which followed the processes of primary migration (and which is now taking place in the newer southern European immigration countries) gave start to a process of 'normalisation' of immigrant foreigner populations. As noted by White (2006: 1297): *'drawing attention to the current growth in numbers and future prospects of substantial population of immigrant elderly is to problematise something that should be accepted as inevitable and ordinary'*. The same author argues, however, that the advance in the old age of the former 'guest-workers' represents a significant structural shift not only in the lives of the population involved but in the general societal responses concerning the welfare and other support (White, 2006).

Evidences suggest that, although substantial numbers of such elderly primary migrants may have integrated into the wider community as far as the extent of wider resources available to them in the old age, many other lack such resources and cultural capital and thus they rely on their own communities and their own families for specific support.

These elderly primary migrants represent, however, only a substantial group of the ageing foreigner population in Europe. As noted in a comparative work carried out by Kovács and Melegh (2007) for the Femage project, there are also people who arrive

in middle age or when they are old and *'some of the most isolated self-representation are related to this age group, involving particularly female immigrants'*. The latter women face serious problems in integrating, mainly in the labour market (where even native women of a certain age can encounter difficulties) and in addition they usually *'leave behind their families and professional careers which they cannot be properly validate in their new social environment'* (Kovács and Melegh, 2007). As witnessed by the work of Louise Ngandu (2009) on different cohorts of Sub-Saharan migrant women in Belgium and sharply summarised by Sandra Torres (2006: 1352): *'ageing as an immigrant is not the same as migrating as an elder'*.

Cultural understandings relating to ethnic or immigrant status are therefore important elements in the way ageing is thought about. In terms of health status of elderly immigrants, White (2006) argues that the ethnic and foreigner status is the determinant of the social conditions through the life courses (in contrast with the argument that social conditions are more important than ethnicity) such that certain pathologies amongst the elderly are more prevalent in particular migrant groups.

There is a resulting need for a better understanding of the potential situations affecting elderly migrants with the aim to provide culturally-appropriate institutional responses. The issue of planning appropriate elderly care for the oldest immigrant populations came only recently on the political agenda of many European countries.

Sandra Torres (2006) has identified the perverse sequence by which the social- and health-care provider agencies and professional in a country can move from the ignorance and neglect of the specific needs of older migrants to an over-reaction that *'problematizes'* all such groups because they are migrants and different. This simplistic social construction derives in part from the lack of detailed information about different groups, which clearly reflect the difficulties in conducting thorough research on multiple groups, particularly in different languages (Warnes and Williams, 2006).

In the case of ethnic elders and with reference to the British situation, Ebrahim (1996) noted that the fact that certain elderly immigrants may make little use of existing services provision (depending instead on the family) should not be taken as an indication of a lack of need. Warnes (2004) then distinguishes the needs for support, care and treatment among four groups of older international migrants in Europe: 1. *the Older European international labour migrants (ELM)*; 2. *the Older non-European international labour migrants (NELM)*; 3. *the Family oriented international retirement migrants (FIRM)*; and 4. *the Amenity-seeking international retirement migrants (AIRM)*.

For the purpose of this work, we will briefly look at the welfare situations of the first three groups. The two labour migrant groups (ELM and NELM) can be partly distinguished by the way their move in early childhood detached themselves to a greater or lesser extent from their parents' and their siblings' generations. A possible consequence of this course of action resulting from the individuality of migration, i.e. the absence of moves from relatives and peers, is an attenuated kin support network in old age (Warnes, 2004).



Fertility of these first generation migrants is usually lower than among native-country peers but higher than in the adopted or host country population. The on-average lower educational and occupational levels of even the second generation in comparison with the nationals, explains to a great extent the high propensity to residential proximity between the parents and children households as among Italian and Spanish migrants in Switzerland (Bolzman, Fibbi and Vial, 2001).

Another vulnerable category of international labour migrants on the threshold of old age with the weakest family resources include those whose migration and life histories have been characterised by strong sex selection and low rates of marriage, family formation and fertility (Warnes, 2004). Those from China and Hong-Kong who worked in low-cost restaurants and the take-away catering trade belong to this cohort in Western Europe. A similar group is made by European women who moved as adolescents from the poorer southern and eastern countries to work in hotels, nursing homes, boarding schools and private homes as maids and carers. Although different life courses characterize these women, the vulnerable status seems a quite common trait on the threshold of their old age.

The above sketch into the diversity of situations concerning elderly migrants calls for the need to develop responsive and culturally sensitive services. Comparative analysis can assist the researcher in evaluating the available provisions and the policymakers in facilitating their recognition and dissemination.

Ageing paths of the immigrant population are different across the European continent as a consequence of the diverse immigration history of the European countries. The categories of elderly migrants in the very same European countries are also diverse. Questions for public policies are how to cope with this heterogeneity of life courses and migration trajectories as well as to overcome the perception of 'otherness' involving many elderly (and young) migrants. How to make selective distinctions between real problems and supposedly 'problematization' of demographic courses and access to services related to several categories of vulnerable elderly migrants?

### 1.3. Elderly migrants in countries of destination and origin

A number of areas of policy interventions for the well-being of migrant elders have been identified both in immigrant countries of destination and origin during the international seminar on policies and practices concerning elderly migrants in the COE member states held on the 2-3 March 2009 in Brussels (Walczak, 2009):

- the access to social rights including health and support services (with a distinction between proposed services, home help services, nursing homes);
- the access to information and the lack of knowledge of available rights and provision of services;
- the access to housing including problems of unhealthy housing and isolation;
- the difficult economic and social conditions;
- the difficult familial situation, inducing isolation;

- the situation of migrant women in conjunction with the economic and financial dependence from their kin;
- the problems linked to family rejoining and circulation towards their country of origin;
- the difficulties of communication due to the weak knowledge of the language of the host country;
- the legal, administrative or 'de facto' obstacles causing direct or indirect discrimination;
- the organisation of leisure time.

These findings are consistent with those of former comparative works as the 'Minority Elderly Care (MEC)' project supported by the European Commission in the Fifth Framework Research Programme which involved 10 European countries (United Kingdom, France, Germany, Netherlands, Spain, Finland, Hungary, Bosnia-Herzegovina, Croatia and Switzerland). In this context, the common themes across countries concerning minority ethnic elders were: (1) the preference for familial support; (2) the poorer socio-economic situation (lower incomes and more dependence from social-benefits and allowances) compared to natives; (3) different variations in the command of the language of the host-country; (4) poor health conditions for significant proportions of ME elders (and in selected case premature ageing due to past life experiences and socio-economic factors); (5) difficulties in access to services with variations by country and by ethnic group; (6) gaps between expectations and perceptions of service providers and delivered services (including many cases of lack of information on the available services and how to access them) (Patel, 2004).

Lack of data on the situation of the different groups of elderly migrants (regarding the numbers of migrants both legal and illegal in each category and their social security status and legal rights) together with the request for an integrated approach in the EU member states, are other concerns stressed by the advocacy work carried out by the 'European Older People's Platform (AGE)' (Borges et al., 2008).

Finally, the ongoing 'Active Ageing of Migrant Elders across Europe (AAMEE)' project initiated by the Ministry for Intergenerational Affairs, Family, Women and Integration of North Rhine-Westphalia, although stressing competencies and potentials of migrant elders including civic and political participation, has also identified similar areas for further research (housing, income, health, leisure activities, continuing education, social patterns of the first generation and civic and political participation) in the framework of the new born AAMEE European Research Network.

The above short overview of wide-scale European projects clearly shows common trends and indicates areas for further research and policy intervention across Europe. Circular migration and the transnational dimension of many elderly migrants similarly call for actions in the countries of origin (Jovelin & Mezzouj, 2009; Ruspini, 2009). This kind of problems urge context-sensitive solutions which keep focused on the heterogeneous ageing phenomenon in Europe.

## 2. Analysis of government policies on elderly migrants

Some general remarks concerning social inclusion policy in Europe and the delivery of services to elderly migrants seem useful before the analysis of any specific national context. Criticisms about the lack of direct focus on older people in the National Action Plans on social inclusion, has been addressed by the pan-European advocacy group AGE – The European Older People’s Platform. In view of AGE, it is particularly astonishing that the issue of poverty is missing from these European level plans, considering that people aged 65 and over have the highest at-risk-of-poverty rate among all age population groups in 15 out of 27 EU member states (AGE, 2009b).

AGE experts produced a position paper on improving the situation of older migrants in Europe. In this context, *isolation and vulnerability* are considered crucial issues to be addressed, particularly in time of economic crisis. The lack of specific activities from civil society groups (such as anti-racism organisations or older people’s association) to face these issues has been stressed, as well as the need to empower elderly migrants as a group and help them to get more involved in the society in which they live (AGE, 2009a).

### 2.1. General or specific services for elderly migrants?

The above paragraphs raise questions on the right measures to address the care of elderly migrants as well as on the division of responsibilities in implementing these measures. In this regard, considerations about the design, development and delivery of services, which include the specific cultural, faith and linguistic needs of migrant elders, come to the fore. In some countries, the emphasis goes on ‘person centred care’ in which case the above dimensions may be readily accessible to apply and adapt. In others, the ‘specific’ needs of elderly migrants may not be recognised (Patel, 2004).

According to the comparative analysis carried out by the Minority Elderly Care (MEC) research project, in the UK the vast majority (80%) of professionals working in health and social services agree that BME elders face particular problems in accessing care. The UK consensus is useful to point out an opening gap between the latter and other European countries, such as Spain and Switzerland, where there is much less agreement on the need to supply services that respect the user’s cultural identity (Clegg, 2005).

Questions on the appropriate approach to services for elderly migrants find resonance in some local experiences as the one of the Ombudsman for the Elderly in the Municipality of Oslo. Siri Anett Myhre argues that *‘the City of Oslo is still uncertain as to whether the individual needs and wishes of elderly immigrants are systematically different than the needs and wishes in Oslo’s present elder care system’* (Myhre, 2009). Networking with city agencies and established organizations for the elderly is crucial in the Oslo experience so to gain knowledge on present needs and future wishes of elderly migrants. Common features in Oslo conveyed from the answers of elderly migrants include: (1) the difficulties in understanding rights and availability of services as a consequence of language barriers; (2) the need of cultural-sensitive offers for minority groups to ensure correct nutrition, lifestyles, traditions,

religious worship and expression as well as a social network; and (3) the importance of cooperation with close family members (Myhre, 2009).

In this context a common European trait is the *under-usage of services* by ME elderly. On this matter, the MEC project provides responses on the basis of the experience of some Western European countries. Explanations given include language, lack of information, culture and lack of understanding of the complex service structure by the users. Economic and financial problems are also cited in selected countries as France, Germany and Switzerland where the informal care by family or community seems to prevail. At last, the findings of the MEC project seem to confirm that, in this respect, the contacted professionals and managers/planners attribute the under-usage of services to the inherent characteristics of the elders themselves and not to the nature of the organisation or the service provided (Patel, 2004).

A certain degree of convergence in responses from service providers and ME beneficiaries seems to emerge on the existence of a clear need for services, on the specific nature of this need as well as the urgency to adapt and make services more accessible to the peculiar needs of the beneficiaries, i.e. elderly migrants in different European contexts. On the policy side, these findings seem to call for more collaboration and consultation with ME groups and especially the ME elderly service users throughout Europe.

The responsibility of social actors charged with the delivery of services for migrant elders needs further clarifications. Does this role especially lie on the statutory providers or the voluntary organisations? Former research works remind us that in older immigration countries in Europe as the UK, historically statutory providers have not developed culturally appropriate services because they have not recognised or been forced by the courts to recognise that they have a duty to make provision for groups with specific cultural needs (Clegg, 2005).

A related problem is the lack of resources faced by the minority voluntary organisations which are able to provide only basic support, such as lunch clubs and day-care. This brings to some conclusion about the *double penalisation* suffered by the ethnic minority organisations in the UK which are persistently ignored by mainstream services, whereas their voluntary bodies have been also denied the core funding to develop culturally appropriate care to mainstream standards (Clegg, 2005).

Across all the MEC project's countries, it is however apparent the important *role of voluntary organisations* as a bridge between mainstream institutions and service users as well as in enhancing cultural identity and social cohesion. Many of these organisations have been actually set up to overcome problems, give advice and information, and address lack of multicultural competence of staff in mainstream provision (Patel, 2004).

In any case, there is a common understanding that the role and empowerment of voluntary organisations should not lead to a removal from legal responsibility of statutory providers in ensuring that elderly migrants have access to culturally appropriate care, carrying out research on people's needs and providing services to meet local requirements. At last, a closer interaction involving the considerable

experience amassed by civil society's organisations and the leverage of public institutions in assessing needs and designing services for care, seem a possible way forward to better adapt the public policies to the needs of ME and migrant elders in Europe (e.g. Desrumaux, 2009).

Purpose of the following sections is to look briefly at the vulnerability of elderly migrants and the concurrent policy answers and NGOs practices implemented so far by three European countries, i.e. Sweden, Switzerland and Serbia. The selection of countries took into consideration their role as host countries for elderly migrants in terms of migrants grown old and elderly when they emigrated (Sweden and Switzerland) and in addition the peculiar situation of a country of origin (Serbia). The latter country has been recently affected by patterns of return migration. These migration patterns comprise elderly returnees from other European countries where there are consistent diasporas of former Yugoslavian refugees (e.g. Switzerland and Serbia) as a consequence of the ethnic conflicts broken out in the 1990s in the Balkan region.

The available data and the presence (or lack) of specific policy framework for migrant elders are also good reasons for a comparative review of these national cases. As far Serbia is concerned, notwithstanding the ageing and vulnerability of the returnees, this topic has been substantially disregarded so far either in terms of ad hoc research or policymaking.

## 2.2. Sweden: the care for elderly migrants in a modern welfare state

Sweden represents an interesting case concerning elderly migrants for a number of reasons. It is one of the oldest immigration countries in Europe with consistent post-Second World War labour migration. Some migrants moved to Sweden mainly from Finland, Greece, Italy, the former Yugoslavia and Turkey in conjunction with the labour migration of the 1950s and 1960s, while others came as refugees at the end of the 1970s and beginning of 1980s predominantly from Iran, Iraq, Lebanon, Syria, Turkey, Eritrea and Kurdistan. During the 1990s other inflows of refugees included such countries as Somalia, Eritrea, Kosovo and the former Soviet republics. In addition, during the war in the former Yugoslavia over 100.000 arrivals have been recorded, particularly of Bosnian refugees (Songur, 2009). Sweden is also the prototype of the modern welfare state or the classical social-democratic welfare state. In the 1930s the traditional welfare for the poor was replaced by a social policy based on the ideals of the social-democratic party.

There are discrepancies on data regarding elderly migrants in Sweden. Torres (2006) claims that specific data do not exist and calls for attention on the available data which include many Swedish citizens with an immigrant background and many born abroad of Swedish origin. The cohort of Sweden's elderly immigrants (aged 50+ years) is composed in largest part by those who came from other parts of Europe, about one-half from other Nordic countries. In the late 1990s, about 13 per cent of elderly immigrants came from non-European countries. Overall 203 countries of provenance are represented as well as a variety of economic, ethnic, social and cultural backgrounds.

Torres (2006) then argues for an attentive distinction between the characteristics and needs of those who came as labour migrants in their youth or early adulthood and have aged in Sweden (as ethnic 'Others') compared with others who came as late-life migrants (and have been 'Othered' on the basis of their advanced age). Songur (2009) refers to data from the Socialstyrelsen - National Board of Health and Welfare, according to which in 1998 elderly migrants accounted for 8.6% of the elderly population and in 2008 this number increased to 11.3%. Out of a total of 183.000 elderly migrants, distinctions are made on those who were born in another Nordic country (85.000), those born elsewhere in Europe (including Turkey and the former Soviet Union) and finally those born in other countries beyond Europe (27.000).

In the late 1990s the Swedish government appointed a committee to develop elderly care policies. This committee was invited to '*take into consideration the growing number of elders with foreign background and the problems that they might pose*' (Statens Offentliga Utredningar, 1997: 413). In Torres' (2006) view, this document actually represents the beginning of a gradual social construction of 'Otherness' affecting elderly migrants in Sweden.

According to this perspective, in Sweden, elderly care planners and providers have played a crucial role in constructing the social category of vulnerable migrant elders with 'special needs' as a potential 'problem' and 'challenge' for the delivery of high-quality and user-friendly elderly support and health care. Central to the equation '*elderly immigrants = special needs*', there is, in view of Torres (2006) and other authors, the taken-for-granted assumption that their living standards are not as high as their Swedish counterparts and that they are comparatively disadvantaged. Beliefs on their traditional cultural background are part of this construction. Only rarely one may find the recognition that most elderly immigrants actually come from other parts of Europe and their living conditions are similar to Swedish elders. The results of Torres' critical appraisal of the research on elderly migrants in Sweden seem to demonstrate that it is a common solution to elide the categories of elderly immigrants and late-in-life immigrants and to persist in generalising the findings of studies on ethnic-specific and non representative groups to all elderly migrants.

On the basis of self-rate surveys, Songur (2009) provides, however, an overview of the disadvantages compared to Swedes suffered by 'elderly migrants' at age 55-84 in terms of poorer health (men worse than women) and feelings of insecurity and isolation notwithstanding their available social networks. He shows that the elderly who came for family rejoining with their children are often without occupational pension or state pension. In 1998, for example, over 10.700 people who were 65 years or older, have received extended social allowances from the municipalities. Of these 94 per cent were foreign-born. In 2003 a governmental reform changed this situation by providing that all who are 65 and over, without a pension have the right to the so-called maintenance support.

The Swedish municipalities are responsible for providing their resident with social services. The spectrum of social services for elders is broad and includes either residential homes for the very old or home help services. In Sweden as in other European countries the concept of care of older people has changed from supporting

them in institutions to assisting them to stay as long as possible at home (Gerling, 2003). For old people who cannot live at home anymore, the municipalities must provide special housing, e.g. old people's homes, group dwellings and nursing homes (Gothenburg Background Report, 2003). Inspection systems help in maintaining a good quality of care for elders.

The share of non-European elderly migrants who live in special housing for the aged is lower than the share that has some home-help services. According to Songur (2009) *“it is difficult to say if it depends on them not wanting to live in homes designed for the aged or if it depends on the homes not being accessible”*. His assumptions imply, firstly, that the share of non-European elderly immigrants may be younger in comparison with the elderly born in Sweden and secondly, that they prefer to have help at home as long as they can manage by themselves at home. Considering the reported high-quality of home-help services it is not a surprise that the level of satisfaction from elderly migrants is generally high (Gerling, 2003; Songur, 2009). On the contrary, they seem less satisfied with special housing for the elderly/Care Homes for Older People (Socialstyrelsen - National Board of Health and Welfare, 2009).

Interestingly enough, there is an over-representation of employed relatives among the home-help services' efforts to non-European elderly migrants (Socialstyrelsen – National Board of Health and Welfare, 2007). Two possible explanations are mentioned in this context according to whom: (1) elderly migrants prefer to receive help from a relative as relatives know the language and culture; (2) municipalities cannot offer ethnic and language-suited services and instead they employ relatives (Songur, 2009). The latter explanation seems consistent with one survey according to which half of the municipalities stated that they were in need of ethnic and language-suited services; however only a third of these municipalities claimed that they could meet this need (Socialstyrelsen - National Board of Health and Welfare, 2007).

Nowadays Sweden has to match the increasing need of service and care among a greying population with fewer resources available due to the economic recession. Immigrants and native Swedes are confronted with different conditions in a number of respects. This is also the case between subsequent flows of migrants and refugees from different countries and applies both to cultural and socio-economic background. Immigrants from the same countries also differ considerably as far as the time of arrival and the reason of immigration. Other differences are related to gender, age, educational background and traumatic experiences, the latter mostly depending on the situation in the country of origin that led to emigration (Gerling, 2003). Delivery of appropriate social services implies consideration of the fact that these differences affect the conditions of health and integration of different groups of immigrants.

In Sweden elderly migrants do not have access to elderly care in the same way as Swedes. Possible causes include the lack of ethnic, cultural and language-suited eldercare. Return to the country of origin, though desired, is less than an option for non-European elderly migrants in Sweden due to the high cost associated and their low or inexistent pension. Circulation between Sweden and their homeland seem a more viable option, at least for some of them (Songur, 2009).

This changing immigration framework implies adequate policy answers. Maintenance of a good quality of care, of regular evaluation and support for education of the involved staff are challenges ahead for the Swedish welfare (Gerling, 2003). Large-scale, representative research on elderly-migrants is finally needed to avoid current and future generalisations on this wide and heterogeneous immigrant group.

### 2.3. Switzerland: the ‘myth of return’ and the care for elderly migrants

In Switzerland, return migration of the former ‘guest-workers’ did not take place as expected either by the policymakers or public opinion for a number of reasons related to the time migrants spent in the country, its influence and other emotional, health and socio-economic factors. Research findings have revealed the complexity of the decision making process when choosing the country of residence after retirement. Patterns of circulation and residence between the host and home country seem to prevail in selected migrant groups. The designation of immigrant elders as *Gastrentner* (guest pensioners) supported their construction as ‘birds of passage’, rather than as a settled or accepted element of the national population (Bolzman et al., 2004). The intention to stay in the resident country became, however, stronger with the approach of retirement. As a result, in Switzerland, awareness of the situation of elderly immigrants is quite new as well as policy attention to the social and health situations of migrant workers when they reached old age.

Of the 1,384,382 foreigners living in Switzerland in 2000, 75 per cent had a long-term resident permit<sup>1</sup>. This process of settlement is accompanied by another phenomenon, the gradual ageing of immigrants. The number of foreigners aged 55+, especially among the Spanish and Italian communities but also from the Turks, Portuguese and former Yugoslavians, has grown continuously since 1975, both in absolute terms and as a percentage of their respective groups. This trend is not as marked as in the Swiss population, but it indicates the transition from transitory, work-related migration to long-term settlement, at least among the Spanish and Italians (Bolzman, Fibbi and Vial, 2006).

Long-lasting restrictive immigration policy and lack of integration measures have contributed to the creation of insecurity and vulnerability in the foreign population in Switzerland. Although remarkable cases of professional achievements by 45 years of age are self-evident in older migrant groups as Italian and Spanish, long-term unemployment and health problems affect these overall migrant groups to a greater extent than native workers. For instance, self-assessment surveys of one’s state of health, demonstrate the perceived poorer health conditions of foreigners older people compared to Swiss natives, the incidence of health problems (19% in a sample of 55-64 years Italian and Spanish respondents) and the reliance on the disability allowance (11%, i.e. half of the respondents) (Bolzman et al., 2004). Whereas in good health at the time of their arrival, after 20 or 30 years of hard work many of these

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<sup>1</sup> Of the 1,638,949 foreigners living in Switzerland in 2008, the long-term residents slightly decreased at 67 per cent. Percentage of those owing shorter-term permits increased accordingly. They were 24% in 2000 and became 31% in 2008. Changes in immigration policy due to the signing of bilateral agreements with the EU contributed to modify the residence status of foreigners living in Switzerland.



migrants are exhausted and have acquired health problems. The *exhausted migrant effect* syndrome seems at stake in similar situations (Bollini and Siem, 1995).

Dependency on family networks and the role of intergenerational family relationships seem stronger for the elderly migrants compared with Swiss natives. Every other adult child of Italian and Spanish parents who are resident in Switzerland sees them several times a week, compared with one-quarter of Swiss native citizens' sons and daughters (Bolzman et al., 2004; 2003).

Foreign residents in Switzerland are net payers into the social insurance scheme. Though the number of pensions to be paid to foreigners has been rising sharply, they actually receive less than they contribute. The Swiss social security system has two arms: social insurance and social welfare. The cornerstone of social insurance is a three-pillar system of financial support, namely, public, occupational and private insurance. Old age and survivors' insurance (OASI) and invalidity insurance make up the first pillar, with pension intended to cover basic living costs. The first pillar is complemented by a second pillar, occupational benefit plans to cover old age, survivors and invalidity. The third pillar - the self-provision of additional insurance - is instead optional. Whereas the first pillar is compulsory for all, the second pillar is only obligatory for salaried workers with a yearly income of at least SFr 24,000.

Social welfare or social assistance is means' tested and based on the subsidiarity principle. It is a 'safety net' aimed at providing everyone with the means to meet their basic needs (Bolzman et al., 2003).

Access of foreign elders to the available social provisions is complicated by a number of factors. Right to supplementary benefits depends upon nationality and the duration of residence (10 unbroken years) in both Switzerland and the canton. In view of Bolzman et al. (2004) foreigners are less likely to have supplementary health insurance than the Swiss because of its cost. In other words, although a foreigner has started working at an earlier age than the Swiss, many do not fully benefit from OASI and 'second pillar' funding because they have started to contribute to the Swiss system later in their lives or because they earned less than SFr 24,000 per year. Foreign women are particularly affected by these situations since they earned less than the requested amount when worked in unskilled or part-time jobs (Bolzman et al., 2004; 2003).

In Switzerland there are available social services for specific populations such as women, elders and immigrants. In the case of elders, the non-profit organisation Pro-Senectute has been established almost a century ago and its role has been recently broadened beyond the provision of financial support. According to the 2002 annual report of Pro-Senectute (2002) the proportion of foreigners who contacted the organisation has risen from 8 per cent in 1999 to 12 per cent in 2002.

Except in the field of social work, minority providers do not play a major role in delivering services to elderly migrants and most housing and care services are delivered by mainstream providers. The situation is, however, different in the field of social services for immigrants and immigrant elders. These services have been

historically set up by immigrant associations and private non-profit-making organisations in countries of origin as the Italian *'patronati'*, i.e. community social services linked to Italian trade unions. When migrants and refugees reach the old age, they can also access some social and community services delivered by not-for-profit organisations as the Red Cross. Access to these services usually happen on individual basis since immigrant elders are not-self-organised. Many of the above initiatives are then often promoted by social workers who are themselves of foreign origin (Bolzman et al., 2003).

The effective access of elderly migrants to the available mainstream services is hindered by a number of factors which can be summarised as follows: (1) lack of information about services adapted to people with other languages and with little education; (2) no policy of integration has been developed in relation to this first immigrant generation; (3) distrust of many immigrant communities in the Swiss bureaucracy because of the country's harsh immigration policy; (4) low degree of attention from mainstream institutions to elderly immigrants; (5) lack of training in multicultural approaches to health and social work (Bolzman et al., 2003; 2004).

While there are differences between immigrant groups in Switzerland depending on the communities' establishment, overall the little contact that migrants had with public services during their working age tend to be perpetuated during the old age.

In short, as noted by Bolzman et al. (2004: 425), *'the socio economic situation of foreign older people - in Switzerland - is strongly linked to the conditions in which they have lived and worked'*. Their over-representation among the poor and the sick seem somehow mitigated by the benefits they acquire from family support, informal and ethnic networks and voluntary associations. This support becomes, however, more troublesome in the event of disability, illness or other age-related problems when elderly migrants usually access to social security and mainstream services. *'De facto'* restrictions in accessing these services raise further complications and urge the search for private solution to their destitution.

The need for ad hoc research and targeted policy including intercultural staff training, remain evident as well as some degree of re-orientation of Swiss immigration policy towards an easier access to political rights for its long-standing foreigner residents.

#### 2.4. Elderly returnees in Serbia: the need for ad hoc research and suitable policy

This sketch on the situation of elderly returnees in Serbia draws from an open interview with Zorica Živojinović of Group 484, a NGO based in Belgrade collected in Andrevlje (Serbia) in July 2009. The interviewee is programme coordinator for all the beneficiary projects including the EC/AENEAS/Readmission project. References include data collected in several locations across Serbia and particularly in the Belgrade area. The sample covers mainly Roma returnees. Questions included age, sex, and social and health status of the returnees. Further questions addressed the availability of policies and programmes for elderly returnees in Serbia.

The main difficulty in gathering findings seems related to the present lack of *ad hoc* research. The return projects covered in three years, 21 municipalities across Serbia and reached 4000 beneficiaries of whom the majority were young Roma returnees. Most of these returnees came back from Germany, the Netherlands and Switzerland and they mainly returned as a consequence of the readmission agreement signed with the European Union in 2007.

#### *2.4.1. Profiling the returnees*

The official governmental figures estimate around 108.000 regular Roma who currently live in Serbia. NGOs estimations are instead bigger counting in between 500.000 and 800.000 people. Furthermore only a small number of these Roma are settled (particularly in the Vojvodjna region but also in Southern and Eastern Serbia). The Roma travellers are instead trying to be ‘invisible’ as far as they can. For this purpose, they usually move from one Serbian municipality to another to make their living by relying on social services.

The return often takes place irregularly. The majority of returnees from Bosnia, Macedonia and Kosovo came back without documents. This explains why they are not allowed to return to Macedonia or Bosnia to ask for their documents and why they seem not to have choice than trying to return illegally. Some NGOs work to help those people who don’t have Serbian citizenship and who are undocumented. The process of obtaining documents is, however, very slow and during this time the returnees don’t have ID cards or passports and thus they are practically illegal in Serbia.

The majority of the poorest returnees in two settlements in Belgrade and more than twenty Roma settlements in the whole Serbia belong to minorities, e.g. from the Western Balkans. Out of the overall 1500 families included in the Group 484 database, half belong to the Orthodox and half to the Muslim religion. In the area of Sandzak, the majority of returnees are Muslim but this is not the case for other Serbian regions<sup>2</sup>.

Roma returnees usually get married much younger compared to Serbian natives. As a result, when they are 45 years old, they are considered as elders (and this cohort applies particularly to women). Roma women usually have lot of children and grandchildren. Because of these fertility patterns, poor economical circumstances and the existing cultural-related concept of ageing they become older earlier.

#### *2.4.2. Housing and health*

The lack of social protection, health problems and housing are the most common problems affecting Roma returnees. Roma returnees may usually have property assets or savings abroad and, once deported, they are left without anything. All the savings that very few of these returnees are able to bring with them often go for buying houses since they completely lack knowledge in business. As a result, they often incur in problems missing a job and thus they need to rely on social help for food.

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<sup>2</sup> The latter Muslim Roma are named “Bošnjaci” in Serbian, i.e. Bosnians from the Serbian Sandzak region.

Lack of statistical data does not help to make an exact estimation on the age of Roma who live in settlements. Unfortunately, the Roma who live in very bad conditions have shorter life than the majority of the Serbian population. Fire accidents take often place in these settlements. In addition, there are Roma and other associations which tend to exploit extensively the returnees, particularly as far aid for housing is concerned. That's why the donors' money very often doesn't reach them.

#### *2.4.3. Social policies and social work*

In 2008 the Serbian government produced a strategic plan for the Serbian Presidency of the 'Decade of Roma Inclusion 2005-2015' - an initiative by the European governments to improve the socio-economic status and social inclusion of Roma. Additionally, a National Council for Roma has been created in representation of different Roma parties in Serbia. In any case, all the latter policy initiatives do not include any specific plan aimed at addressing the social problems and challenges of 'elderly' Roma returnees in Serbia.

The biggest task for either the governmental officers or the donors is access to education and health for Roma according to Zorica Živojinović (2009). Currently there are only *humanitarian programmes* run by NGOs which address specific areas of concern and which are targeted to elderly Serbs and Roma. The beneficiaries of the NGO psychosocial programs have been mainly Roma children, youth and women and people with a poor background.

Elderly people who belong to Serbian refugee families feel, however, particularly alone since the youngsters migrated to Western Europe and left the elderly behind. This loneliness affects to a lesser degree the IDPs, since they are usually closer to their families and they can rely more on their support. As a consequence, there is a clear need for further *social work* addressed to the most vulnerable elderly people. Worth mentioning in this context are the projects addressing elderly people run by the NGO Amity in Belgrade.

There are no institutional programmes than the humanitarian programmes for elderly Roma. There is also an urgent need to provide them with documents so to avoid the return of undocumented citizens of Bosnia and Macedonia to Serbia. The latter were people who benefited of asylum protection and the length of protection has now expired. At last, Živojinović (2009) reported a sentence heard so many times from Roma families: '*it is better to be illegal in Germany than regular in Serbia (since the social assistance in Serbia is indeed ridiculous!)*'.

### **3. Assessment of the impact of policies on elderly migrants**

The analysis of the overall European context and three selected national cases demonstrate a number of convergences concerning elderly migrants and the policies (or lack thereof) adopted to tackle their situation. Due to the limited information and the different characteristics of the migration context of Sweden, Switzerland and Serbia, they are not representative of the overall situation of the elderly migrants in Europe. Notwithstanding there are some interesting interrelations to be noticed due to

their role as country of destination (Sweden and Switzerland) and country of origin (Serbia) of this peculiar sample of the migrant population.

Migrant ageing or aged migrants show similar patterns in all the national cases observed in this work. The dimension and characteristics of the process are then peculiar to each national case. *Return (or circular) migration* and its factual event is a topic for theoretical discussion and policy intervention in all the three countries under investigation. In this context, the need for a better coordination between country of origin and destination aimed at the *sustainability* of the overall reintegration process both in economical and humanitarian terms may certainly represent a blueprint for policy success.

In wider terms, the issue of ‘ageing and migration’ is brand new on the political agenda of most European countries though less in the endeavours of their voluntary sector. The resulting policies are still reactive in character and the lack of comparative analysis is self evident except for few mentioned cases as the MEC or the new AAMEE project. In the research context, wide-scope quantitative and qualitative works combining the overall migration chain in the European countries would certainly represent a step forward. Whereas most of the research and policy concern in Europe covered so far the new immigrant generations, specific focus on migrant elders has been widely neglected. There are obviously several related reasons.

Elderly migrants have been widely perceived, on one hand, as part of that *hidden population* as irregular migrants or asylum seekers which does not bring any political gain (even less electoral consensus) but instead further exacerbates social tensions in terms of burden over the social insurance and the national welfare. On the other hand, when the existence of the issue of ‘elderly migrants’ have been recognised in national contexts as Sweden, it led to an artificial ‘*problematization*’ and the construction of a category of ‘social risk’ and another ‘other’. The latter stances may be of certain utility to some policymakers, actors of the ‘rescue’ industry and research establishments which may take nourishment in a new social problem.

Problematization does clearly have an impact on the elderly migrants, their chances for recognition and those advocacy activities aimed at setting the agenda at local, national and supranational level to tackle their existent vulnerabilities. These vulnerabilities seem mainly related to the individual profile and path of immigration. Until recently, however, elderly migrants felt their struggle for recognition mainly as a private, individual proposition.

Networking and advocacy differ from countries and groups. Policy stances should attempt at avoiding any generalisation in treating migrant elders as a single category. As mentioned earlier, there is a high level of *heterogeneity* in this migrant group (even in any single country), thus a correct acknowledgement of this situation can assist in tailoring policies to meet specific needs.

The general trend seems, however, opposite until now. *Mainstream policies* without specific distinction between categories of elderly migrants prevailed on selected policy interventions. The latter interventions then require better contextualisation and *cultural sensitive approaches* to be further developed for the

involved staff. Training of public, private and volunteer sectors' employees in multicultural approaches, language skills and intercultural competencies may assist in overcoming any possible communication misunderstanding and in reverting to specific needs.

While the role of the mainstream institutions in designing policies and addressing the vulnerabilities of this category of migrants is out of question, the *voluntary sector* (and existent ME elders associations) should be strengthened and further involved in the policymaking process. They are, in fact, those social actors that amass considerable field experience and may assist the statutory providers in designing policies and addressing targeted interventions for the overall elderly migrants. Role playing between different institutions and lack of available funding for support so far did not help in this regard.

### 3.1. Common threads and proposals resulting from the assessment of policy concerning elderly migrants

There are few common threads and related proposals to be highlighted concerning the assessment of policies and practices for elderly migrants carried out for this research.

*Firstly, the novelty of these policies is still widespread in Europe and therefore the resulting lack of distinction between general services for all elders and specific services for elderly migrants.* Selected local experiences (e.g. the city of Oslo) demonstrate that there is a lack of clarity on this issue. Statutory providers still don't know or sometimes miss the right means to approach this hidden population and, as a consequence, they usually do not implement specific interventions for elderly migrants. This lack of clarity/lack of specific services contribute (together with other selected deficiencies as language, lack of information, culture and lack of understanding of the complex service structure) to the reported *under-usage of services* by elderly migrants in Europe.

*Secondly, there is a general trend in several European countries in supporting home help services instead of nursing homes.* This is somehow reasonable considering the involved cost for the welfare systems and the prevailing role of offspring and relatives of migrant elders in providing practical and emotional care. In this regard, there are of course several practical limits due to the health status of the involved migrant elders after a hard-working lifetime or as a result of specific environmental conditions which may have seriously aggravated their wellbeing in old age. Additionally, networking support should not be given for granted from the statutory providers since many elder migrants live isolated or seclusive life. The institutional actors should be aware of these effective limits affecting their beneficiaries and the resulting need for appropriate answers to widespread health and social situations that cannot be entirely left to self-help or to the offspring of the elderly migrants.

*Thirdly, social and health policies for elderly migrants should be set up and implemented in accordance with national (and supranational) immigration policies and thus they should keep into consideration the immigration history of these specific vulnerable groups.* Ageing in immigration is not the same as migrating as aged. Life

courses and concurrent needs are different. Therefore policy interventions should be coordinated and targeted to distinctive immigration paths.

*Fourthly*, a *gender sensitive dimension* should be taken into account in policymaking since migrant elderly women do have specific requirements and vulnerabilities in view of their distinctive life courses, kin dependencies and peculiar role in matching working and family life.

*Fifthly*, this brief policy assessment brought to light the need for a *right-based approach*. This approach will assist in circumventing local constraints in accessing services for migrant elders and therefore in conferring to first generation migrants in various national contexts the access to political and social rights that only a fully fledged membership status might eventually provide.

*Sixthly*, *vulnerability of elderly migrants* is the resultant of several endogenous and exogenous factors. Vulnerability in itself may also be a social construction that originates and problematises an issue at stake as the demographic, health and social condition of migrant elders.

#### **4. Recommendations**

The *first aim* of this research was a preliminary analysis of the situation of elderly migrants with specific reference to the European context.

The *secondary aim* was to raise distinctions between the factual ‘problems’ and the supposedly ‘problematisation’ of the elderly migrants. The resulting concepts require distinctive categories of analysis as well as different policy solutions. It is a worth policy objective to tackle the challenges originated from problems affecting migrant elders, while at the same time to avoid and to contrast any discrimination and policy deficiency generated by existent problematisation.

The *tertiary aim* was to account for NGOs or local authorities’ practices in facing ageing and immigration. Therefore we accounted for specific cases along this work including practices towards Roma returnees and the lack of available policies for elderly returnees in Serbia, except from those on humanitarian ground. The systematic collection of good practices at local level as the ones gathered in the framework of the SEEM project (2003) or in the AAMEE (2010b) handbook may, however, represent useful tools for practitioners<sup>3</sup>.

While keeping in mind the specific ageing situation of each European country which urges for particular recommendations, the aim and structure of this work allow enumerating a number of recommendations which are common for the overall European context and the countries of origin and destination of migrant elders under investigation. They are listed as follows:

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<sup>3</sup> References include a short list of projects and good practices.

1. *Further research is needed on elderly migrants.* This research should not be aimed at duplicating existent findings or gathering national cases only for sterile comparisons or generic recommendations. Theoretical and applied research might instead assist the involved stakeholders: (1) in the search for *theoretical clarity* related to this changing migration and demographic phenomenon; (2) deepening their *empirical knowledge* on this multi-faceted issue; and (3) acquiring much needed *distinctions* concerning this heterogeneous social group.
2. *Data on the exact number of elderly migrants across Europe should be collected and systematised.* Data on elderly migrants in the European continent (not to mention the immigrant countries of origin) is limited and unsatisfactory. The existent surveys should be better used and, where possible, harmonised so to provide useful comparative tools to researchers and policymakers.
3. *The research-policy nexus should be ameliorated.* Research findings might assist the policymakers at national and European level in a *better coordination of their policy efforts with the practices of the voluntary sector* as well as in tailoring *appropriate training strategies for the development of multicultural competencies* beneficial to all the practitioners who work and advocate for elderly migrants.
4. *The role of elderly migrants in formulation and shaping of policies should be recognised.* As far as possible, elderly migrants should be involved in the learning and policymaking process together with a context-sensitive approach in mind and the final aim of their actual and effective empowerment.
5. *The diversity of situations concerning elderly migrants and the changing patterns of migration in Europe calls for the development of responsive and culturally sensitive services.* Heterogeneity of life courses and migration trajectories should be taken into account when developing public policies. Circular/return migration and the transnational dimension of many elderly migrants similarly call for actions in the countries of origin both addressed to the returnees and their parents and relatives.
6. *Initiatives on preventive care should be developed at national and transnational level for elderly migrants as for the ageing European population.* These initiatives should be considered part of an active ageing policy to be implemented at different level in order to avoid the seclusive or neglected status affecting particularly some elderly migrants.
7. *A ‘person centred approach’ should be adopted when approaching different categories of elderly migrants.* Language barriers should be pulled down and cultural-sensitive offers should be provided to ensure correct nutrition, lifestyles, traditions and religious worship.
8. *Access to health services and welfare benefits for elderly migrants should be guaranteed on the same ground as the native population.* First generation elderly migrants suffer from particular disadvantages due to their poorer health status compared with the natives after many years of hard work in the host country. Notwithstanding this situation several barriers to access health services for migrants with precarious status still persist in many European countries. The review of national



cases for this report also demonstrates that migrant elders who rejoined their children may be without occupational pension or state pension. Additionally, access to supplementary benefits often depends upon nationality and the duration of residence. Widespread under-usage of services by elderly migrants should be actively contrasted with tailored communication strategies and rights' enhancement policies.

9. *The use of family relatives of migrant elders should be ameliorated and training of professionals as cultural mediators should be facilitated.* The Scandinavian experience demonstrates the importance of cooperation with close family members of elderly migrants as well as the financial difficulties different municipalities are facing in meeting their needs for cultural mediators. This type of family support, however, should not have a detrimental effect on the responsibilities and training of professionals as well as the quality of the public services for migrant elders. Similarly, over-reliance on family support should be avoided not to be detrimental to the migrant elders.

10. *The communication and transfer of documentary evidences (e.g. memory of immigration, life histories, etc.) from the elderly migrants to the younger European generations should be promoted.* Knowledge's transmission through the use of different media and learning practices may assist both the native and foreign population in mutual recognition and self-recognition processes and therefore foster processes of integration.

## **5. Conclusions**

Ageing and international migration are interrelated phenomena which are currently affecting the European continent. As a consequence of these social processes, the number of older people who have been international migrants and have cultural differences from the host population have grown and will increase during the coming decades. A proactive response to the problems and structured disadvantages of older people migrants is becoming more compelling.

Elderly migrants are a very heterogeneous group including different 'migrant life trajectories'. Social and health policies still not recognize these differences. In Europe there is actually a lack of targeted policies for this immigrant category. When available, existent mainstream policies often fail to address the specific needs of elderly migrants.

Mainstream policies require also a better coordination with the available practices implemented by those NGOs working and advocating for migrant elders in Europe. In this context, there are overlaps and a lack of clarity concerning the division of responsibilities.

The national cases analysed in this work (Sweden, Switzerland, Serbia) shows convergences and differences in social and health policies (or lack thereof) regarding migrant elders. They shed light on the issue of their vulnerability and the construction of a possible social risk. Purpose of this preliminary investigation is also to call for a

sharp distinction between the actual ‘problems’ and resulting ‘problematization’ affecting elderly migrants.

Sustainability of the adopted policy solutions represents the proposed common thread for different national contexts and distinctive migration patterns as return/circular migration of elderly migrants in Europe. A right based approach has been advocated aimed at empowering migrant elders and making them fully fledged members of their host society. At last, further ad hoc and innovative research is needed.

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