MIGRATION AND GLOBAL AGEING

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Migration

• People have always migrated for different reasons
  • Economic, political, ideological, studying, tourism etc.
• Temporarily or for longer periods of time
  • In many cases something can start as temporary then becomes long term or the other way around
  • In 2013, 231M people (3.2% of the world population) lived outside of their country of origin (UN)
• Migration regimes of sending and receiving countries – key factor on who can migrate and where they can go
Globalization

• No agreed definition:
  • ‘the growing integration of markets and nation-states and the spread of technological advancements’ (Friedman 1999)
  • ‘receding geographical constraints on social and cultural arrangements’ (Waters 1995)

• Increasingly it is easier to be connected and to travel across borders

• Perceived as a more comprehensive phenomenon - a multitude of factors and events rapidly reshaping society.
Care spheres

• Overall demographic and socio-economic factors within the country and on individuals
  • Availability of younger (labour participating) population groups
  • Levels of labour participation
    • Particularly among women (traditional care givers)
    • Multiple demands on women

• Changes in family structure

• Care regimes
  • Vary widely between and across developed and developing countries
Care regimes

“organization and the corresponding cultural codes of social policy and social practice in which the relationship between social actors (State, labour markets and family) is articulated and negotiated”. (Lutz 2008)

• Some authors complement the actors by including community, NGOs, voluntary and not-for-profit markets
  • The image of ‘care diamond’ (Razavi 2007)
• There remains a crucial question: ‘Who is responsible for caring?’
• Means tested or universal
  • Austria, Germany, Japan, Denmark and the Netherlands provide regardless of income.
• Shared or single stream of funding
  • Australia (shared funding stream between health and long term care)
  • Denmark (single resource stream)
Care regimes- cont.

• Purely informal family based with no or little [formal] governmental/public policy interventions
  • The majority of the developing world

• Continuum of mix between formal and informal interacting spheres of care

• Europe
  • High organizational depth and financial generosity (Belgium, France, Germany, Netherland, Sweden, Denmark)
  • Medium Org depth and financial generosity (Italy, England, Spain, Finland, Slovenia, Austria and Latvia)
  • High org depth and low financial generosity (Estonia, Slovakia, Bulgaria and Czech Republic)
  • Low org depth and financial generosity (Romania, Hungary, Lithuania and Poland)
Figure 2: Typology of Long-term Care systems in Europe:

Source: Kraus et. al, 2010.
MIGRATION & GLOBAL CARE
Global care and migration

- Complement and fulfill gaps in care needs
  - Especially in countries with certain demographic composition, economically richer
  - To countries with different care regimes
- Can be through the formal or informal spheres
  - Employment within the formal, regulated care systems or through informal domestic or family arranges systems
- Offers opportunities to groups of migrants who were not previously the primary migrator
  - Women with certain education
  - But increasingly migrant men join LTC sector
- Care drain argument
- Economic opportunities for sending countries
  - The Philippines and nursing
LTC sector as a magnet for migrant labour

• One of the main expanding labour markets (esp. in more developed countries)
• Secondary labour position
  • Low image/status, low pay, hard working conditions, lack of career path
• Difficult to recruit from within
  • Shrinking pool of recruits, but also unattractive conditions
  • Tend to recruit from a certain pool of workers
• Immigration policies can facilitate or hinder care labour migrant mobility (shortage occupations)
• Current EU expansion offers opportunities for those exercising free labour mobility who may not have necessary language and/or qualification skills
  • Point-based systems
Aged care as a mobiliser for women’s migration

- Escalating demand + low status → a means for women to migrate and work in this ‘feminine’ occupation
  - It’s always short staffed; the work is not proportioned… I mean, the money that you are getting is not good. That’s why the English people don’t want to join the business, or join the kind of work. (Filipino, woman, 50-59 years)

- Choice of occupation usually precede migration
- In many cases active choice of care related skills and training as a facilitator to the act of migration
  - I read in the newspapers and watching the television. I’ve heard of loads of nursing home in this place (in England). I decided (to come to England) because, before in my country, I’m (I was) working in the hospital (Indian, woman, 35-39 years)

- Source: Hussein, Stevens and Manthorpe (2013)
Aged care as an (inconspicuous) option for migrant men

• Not necessarily a ‘mobiliser’ for the act of migration but a post-migratory ‘option’ for labour participation
  • ... I see this job as an entrance to another work that is more related to my skills, I am a linguist (my) speciality is German ... I would like to travel to many countries. (Polish, man, 20-25 years).

• ‘Stumbling upon care work’
  • [care sector] was the first place I felt I could really get a job when I came to this country [UK], with my previous experience… I came to this country and I tried going to the same [hospitality] industry, but I couldn’t—they were not ready to accept my work experience. (Nigerian, man, 30-35 years)
Perceptions and negotiating access

• Societal acceptance, cultural and gendered norms
  • Many would have never considered care work in their home countries
    • Yeah, if you ask me, the care work, actually, I wouldn’t have done any care back home … (Sri Lankan, man, 45-50 years)

• Perceived as not the ‘right’ gender
  • I started looking on the internet, and spoke to a couple of agencies but they were a bit negative. One guy pretty much told me, you know, I have to be honest with you, I have loads of guys on my book but still you know most people seem to go for women. (South African, man, 40-45 years)
    • Source: Hussein & Christensen (accepted with revisions)
The advantages of an atypical position

- Glass escalator and Glass barriers
  - Migrant men usually do not find or use the glass escalator – but negotiate a better situation within their migratory journey
  - Male, migrant identity in a female-dominated occupation allows them to be seen as an ‘exotic’ or ‘eccentric’ by colleagues and users

- We found horizontal and vertical segregation in male experience in the sector (e.g. holding authoritative positions)
  - Race/migration important factors interacting with gender
  - Visual markers and race may alter a positive experience
  - Source: Hussein, Ismail & Manthorpe (2016)
THE CHANGING PROFILE OF MIGRANT WORKERS
Example: top nationalities of migrant care workers in England - 2011

<table>
<thead>
<tr>
<th>Nationality</th>
<th>Number workers</th>
<th>% Out of all migrant workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philippines</td>
<td>5,114</td>
<td>15.0%</td>
</tr>
<tr>
<td>India</td>
<td>3,508</td>
<td>10.3%</td>
</tr>
<tr>
<td>Poland</td>
<td>3,299</td>
<td>9.7%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>3,234</td>
<td>9.5%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>3,088</td>
<td>9.1%</td>
</tr>
<tr>
<td>South Africa</td>
<td>1,212</td>
<td>3.6%</td>
</tr>
<tr>
<td>Ghana</td>
<td>956</td>
<td>2.8%</td>
</tr>
<tr>
<td>Ireland</td>
<td>750</td>
<td>2.2%</td>
</tr>
</tbody>
</table>

Source: Hussein (2011)
Impact of immigration policies on source country: The case of England
Competition on similar pools of migrant care workers: The case of Norway

The Nordic countries: Denmark, Finland, Faroe Islands, Greenland, Iceland, Sweden.

Western Europe: Andorra, Austria, Belgium, Cyprus, France, Germany, Gibraltar, Greece, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Portugal, San Marino, Spain, Switzerland, United Kingdom, Vatican City.

EU countries in Eastern Europe: Bulgaria, Estonia, Croatia, Czech Republic, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia, Slovenia.

Eastern Europe else: Albania, Belarus, Bosnia and Herzegovina, Kosovo, Macedonia, Moldova, Montenegro, Russia, Serbia, Ukraine.

\[ \% = \frac{N_{ij} - N_{i2008}}{N_{i2008}} \times 100 \]

Where \( N \): counts, \( i \): group, \( j \): Year

Christensen, K., Hussein, S. and Ismail, M. (Under review)

21/03/2016

MSc Ageing in Global Context
Example: top nationalities of migrant care workers (stock) in England - 2015

<table>
<thead>
<tr>
<th>Worker’s nationality</th>
<th>Number</th>
<th>% Out of all migrant workers$^\text{a}$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poland</td>
<td>7895</td>
<td>11.1%</td>
</tr>
<tr>
<td>The Philippines</td>
<td>6813</td>
<td>9.6%</td>
</tr>
<tr>
<td>India</td>
<td>6019</td>
<td>8.5%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>5925</td>
<td>8.3%</td>
</tr>
<tr>
<td>Romania</td>
<td>5291</td>
<td>7.4%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>4862</td>
<td>6.8%</td>
</tr>
<tr>
<td>Ghana</td>
<td>2347</td>
<td>3.3%</td>
</tr>
<tr>
<td>Jamaica</td>
<td>1939</td>
<td>2.7%</td>
</tr>
<tr>
<td>Portugal</td>
<td>1930</td>
<td>2.7%</td>
</tr>
</tbody>
</table>

Source: Author’s own calculations using NMDS-SC, February 2016 data; $^\text{a}$ based on cases with valid information on nationality and country of nationality is known to the provider
THE DIVERSITY OF AGEING
Ageing of immigrants

• Many labour migrants who migrated in the mid 20th century are now ageing in their host countries

• Sometime different LTC needs due to
  • Cultural differences
  • Health conditions
  • Certain barriers due to earlier immigration and labour trajectories
  • Preferences, needs and access
Projected increase of the size and proportion of BME at all age groups including 65+ of the UK population in 2056.

Ageing and place: older Turkish migrants in the UK as an example

- Based on a study by Hussein and Oglak
  - 66 interviews with older (60+) Turkish migrants in London
- Socially constructed old age
- Enclosed communities and ethnic economies
- Cumulative effects of inclusion/exclusion, language and cultural barriers
- End of (enclave) labour participation signaled sudden need for language, cultural and community awareness
Ageing and Belonging

• A journey of interactions and belonging..
• Social networks → migration → social network → labour participation → social network → accommodation → life → ageing
• ‘We lived here for a long time but we had worked entirely with Turkish people as tailors. We do not know much about the English community’
  (Woman, 75 years old, Cypriot)
• Ageing and onset of disease .. Sudden and big change .. Do I need to talk to the rest of the world ?!!
• ‘Silent’ ageing – little realisation of available support outside of close network

Source: Hussein (Accepted with revisions)
Older refugees and care...

- A rocky journey to ageing
- Cumulative impact of difficult migration trajectories on the experience of ageing
- The role of cultural capital and transnational ties
- The double edge impact of strong ‘solidarity’ bonds
- Increasing isolation at old age due to lack of accumulation of capital and knowledge, particularly language
- Accessing health and social care services at old age.

Source: Oglak & Hussein (2016)
MIGRATION & INTERGENERATIONAL SUPPORT
Generations

• Differentiate between ‘age groups’ and ‘age grades’
  • children, youth, adults and older people

• Historical generations
  • groups of birth cohorts that share certain characteristics e.g. baby boomers

• Family generations
  • location in a system of ranked descent

• Intergenerational interdependencies
  • Financial
  • Emotional
  • Physical
  • Geography and cross border transfers
With population ageing there are more and more four generations co-existing.
Migration & inter-generational relations

- We usually refer to relations between ‘kin’ social structures (families)
- There is a generation ‘contract’- usually unspoken but affects and is impacted upon by
  - Structure of the family
  - Exchange of benefit and cost
- Welfare regimes $\rightarrow$ expectations from family and state
  - Formal and informal spheres of care
- Gender as an important element in expectations, receipt and provision of support (in all forms)
- Geography and proximity of the network
  - Migration and ageing
  - Cross-border exchange
    - Financial and emotional
    - Role of new technology
The interplay between ageing, migration and long term care

• Role of population structure
• Family structure
• Place and geographical proximity
• Formal and informal spheres of care
• Care regimes
• Migrants as care providers and care receivers
• Cultural issues- care as a commodity
• Issues of vulnerability, exploitation, risk and user-carer dynamics
Gaps between ideals and realities

- Availability of key family members to offer support
  - Geographical proximity and willingness
  - Or the assumed duties are not fulfilled

  ‘They [my son and daughter-in-law] don’t give me any respect and as a person, I feel very alone in my home. never go out, always at home and front of TV’.

  (83, female, Turkish)

- Intergenerational solidarity and strong family and community ties are assets
  - Empower informal carers and community advocates
  - Enable the community to better care
  - Increase awareness of available services and of own rights to them
  - Off-spring usually well educated and fluent in the English language - bridge to their older parents

- Gender issues: ‘Men go the Turkish Cafe or Turkish Community Centre but we [women] are not included in any Centre’

  (62, female, Cypriot)

Source: Hussein (Accepted with revisions)
Acknowledgment & Disclaimer

- This presentation draws on a number of sources including Three studies: ‘International social care workers’; ‘workforce secondary data analysis’ and the ‘longitudinal care study’. The three studies are funded by the Department of Health through different funding streams. The views expressed are those of the author alone and do not necessarily represent that of the funder.
References

- Hussein, S. (Accepted with revisions) Addressing care needs of older Turkish migrants in the United Kingdom. Ageing and Society.
Thank You
CONCLUSION & DISCUSSION