Policy brief

UNECE

Migration and older age

Older migrants and migrant care workers

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2002 Regional Implementation Strategy of MIPAA, Commitment 5: Labour Markets, "To enable labour markets to respond to the economic and social consequences of population ageing. Governments should strive to develop measures to assist older migrants to sustain economic and health security. It is especially important to promote a positive image of their contribution to the host country and respect for their cultural differences.

2012 Vienna Ministerial Declaration – Ensuring a society for all ages: Promoting quality of life and active ageing. In fostering the implementation of MIPAA/RIS in its third implementation cycle (2013-2017), UNECE member States are committed to "taking into account the diverse needs of a growing number of older persons among ethnic minorities and migrants to ensure their integration and equal participation in society" and "recognising and improving the situation of informal and formal carers, including migrant carers, through training and dignified working conditions including adequate remuneration" (section II.(j) and III.(l)).

Contents

Challenging context

The UNECE region is experiencing a steady increase in the number and diversity of retired labour migrants and migrant eldercare workers. The international mobility of older persons is also on the rise. Yet the participation of migrants in the host communities and their access to welfare remains a challenging issue. Compared to native-born peers, older migrants are often more vulnerable to poor socio-economic and health status, social isolation and exclusion. Lower income, poorer working and housing conditions, including their concentration in low-income neighbourhoods, are among the factors affecting the life trajectories of many migrants. Migrant elder carers – independent of their age – often work informally without proper employment contracts and with limited access to health and social protection. There is, however, heterogeneity and variation in older migrants' vulnerabilities and needs across and within ethnic groups, with consequent important welfare implications, which call for targeted policy responses at local, national, and international levels. A sound evidence base for such policy responses is lacking as older migrants are often overlooked in research, mainly due to a lack of data.

Suggested strategies

Developing bilateral agreements between the receiving and source countries as well as multilateral treaties to set the social protection framework for a group of countries is a good strategy to safeguard the rights and entitlements of older migrants and migrant carers. National policies and legal frameworks need to be inclusive, ensuring that migrants are not discriminated against. Integration policies should foster inclusion by enabling older migrants to learn the local language and access the information they need.

Expected results

The integration, participation and well-being of older migrants and migrant care workers can be ensured if barriers in accessing health and social care, social protection and formal employment are removed. Social inclusion at the community level empowers older migrants, counters isolation and loneliness and promotes participation in all spheres of society. These measures improve older migrants' well-being, they act against social friction and benefit the society at large.

With good practice examples from:

Austria, Canada, Estonia, Germany, Italy, the Netherlands, Portugal, Sweden, Turkey, the United Kingdom and Eurasian Economic Union.

United Nations

Introduction

Migration has increased considerably in the UNECE region since World War II, concurrent with global trends. In recent decades, the number of international migrants globally has grown faster than the world's population.[1] The group of older migrants has grown accordingly: the UNECE countries now host about 22.3 million migrants aged 65 and above,[2] and numbers are projected to rise as immigrant populations age and migration among older people increases. The growing number of older migrants demands the attention of policymakers and other stakeholders in order to sustain the economic and health security of migrants, ensure their social integration and address their impact on communities and societies as a whole.

Impact of migration on source countries

The focus of this brief is on older migrants as well as migrant eldercare workers (independent of age)[3] and their situation in the receiving countries. However, it is important to stress that migration affects both the receiving and the source countries. Significant emigration of working age population not only has economic impacts such as shortages of skilled workforce and a reduced tax payer base; it also affects the older persons left behind in the source country. In some cases it leads to so-called 'skipped generation' households where the care responsibility for young children and their education is assumed by the grandparents or other older relatives when the children's parents emigrate. On an individual level, remittances may provide financial support for older persons; however, informal family support may be lacking which can be particularly problematic for older persons with care needs. The care-workforce drain is also symptomatic in the migration source countries and may aggravate the situation of those in need of care.

Scope of (im)migration in the UNECE region

While there is no single universal definition of the term migrant, this policy brief applies a broad concept of migration that includes all people who migrate internationally, regardless of the reason or length of migration, and whether it is involuntary or voluntary. Refugees as a group of involuntary migrants are also included in the analysis but are not an explicit focus. However, many of the challenges outlined and policy measures suggested in this brief are applicable to older refugees and other groups of older migrants alike.

The UNECE region is the destination for many migrants: seven out of the top ten destination countries for global migrants in 2015 were UNECE countries (United States of America, Germany, Russian Federation, United Kingdom, Canada, France, and Spain) and the average share of immigrants in the total population has steadily grown in recent years.[4]

There are various regional gravity centres of migration in the UNECE region. In North America, the United States is the primary destination of migration, hosting currently over 6 million migrants over the age of 65. In Western Europe, Germany, France and the United Kingdom have the largest stock of older migrants (jointly 6 million migrants aged 65 and above, see figure 1). The Russian Federation, Kazakhstan and Ukraine are Eastern European hubs for migration, while in the south of the UNECE region, Turkey and Israel host the biggest populations of older migrants.

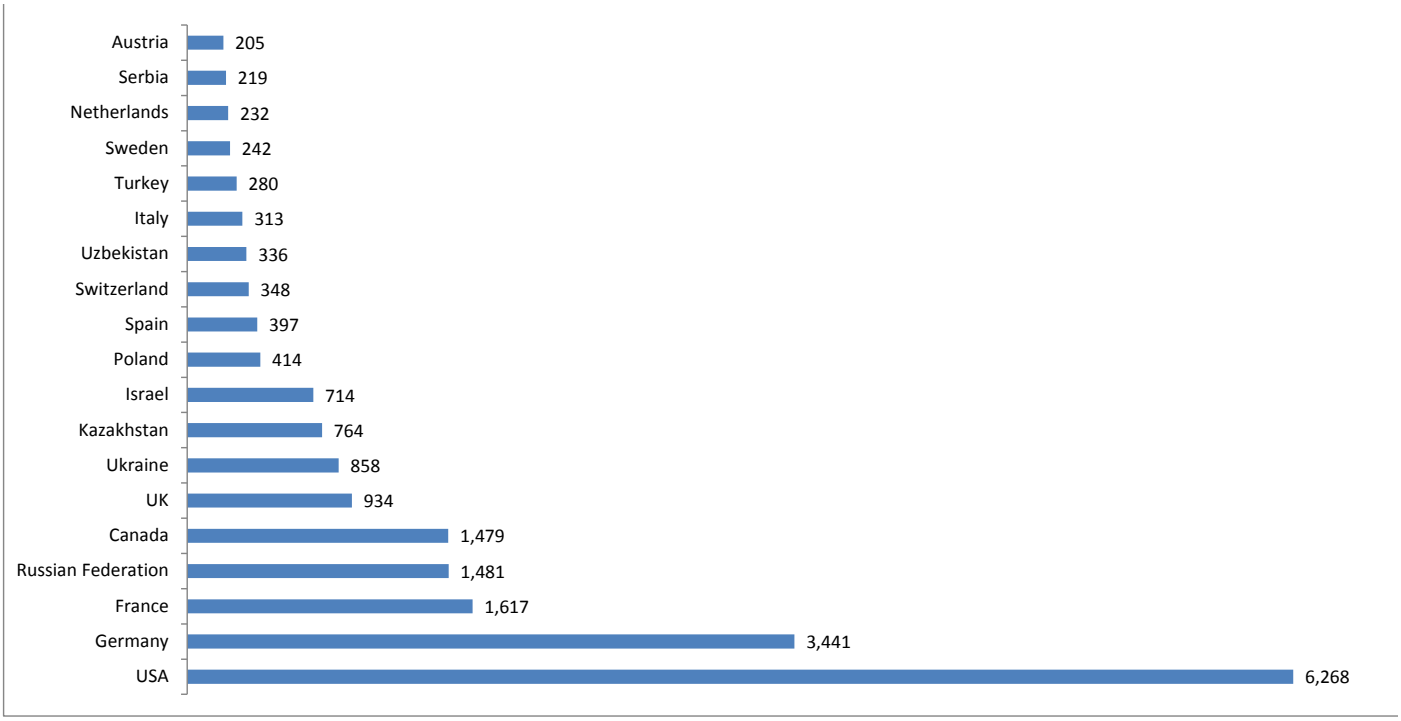
[1] United Nations, Department of Economic and Social Affairs (2015).

[2] Data from: United Nations, Department of Economic and Social Affairs (2015).

[3] The brief focuses on migrant eldercare workers. However, most of the issues referred to in the text are pertinent to all migrant care workers.

[4] Data from: United Nations, Department of Economic and Social Affairs (2015): http://www.un.org/en/development/desa/population/migration/data/estimates2/estimates15.shtml.

Figure 1
UNECE countries with the largest numbers of migrants aged 65+, at mid-year 2015 by country (stock data[5], in thousands)



Source: United Nations, Department of Economic and Social Affairs (2015). Trends in International Migrant Stock: The 2015 revision (United Nations database, POP/DB/MIG/Stock/Rev.2015).

In particular, countries of Western Europe and North America have been the destination for large flows of labour migrants since the 1950s. Many of these migrants, who were initially expected to return to their home countries, in fact remained in the receiving country and have reached old age.[6] A smaller proportion return home after retirement or they decide to spend a certain period of the year in their country of origin.

Between 1990 and 2015, some UNECE countries have seen a marked rise in the proportion of migrants aged 65 or older in total migrant population stock (Albania: from 4 to 23 per cent; Armenia: from 10 to 30 per cent).[7] To better illustrate the importance of numbers of older migrants in the UNECE countries, figures 2 and 3 present the five countries with the lowest and 15 countries with the highest proportions of migrant population aged 65 and above among the total population of that age group, and among the entire migrant population of a country, respectively.

[5] International migrant stock is the number of people born in a country other than that in which they live.

[6] White (2006).

[7] United Nations, Department of Economic and Social Affairs (2015).

Figure 2
Share of 65+ migrant stock among total 65+ population, selected UNECE countries

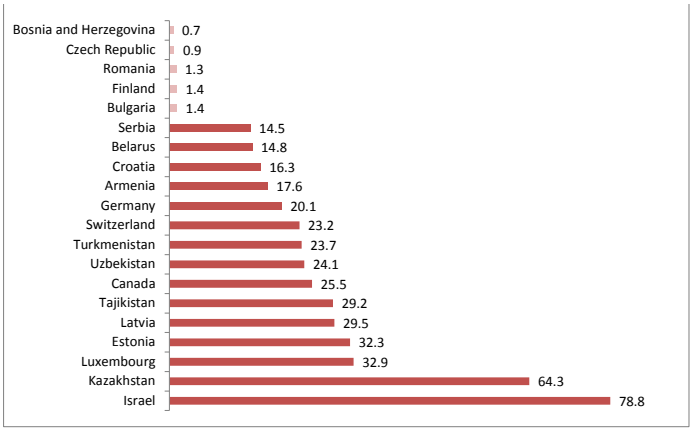
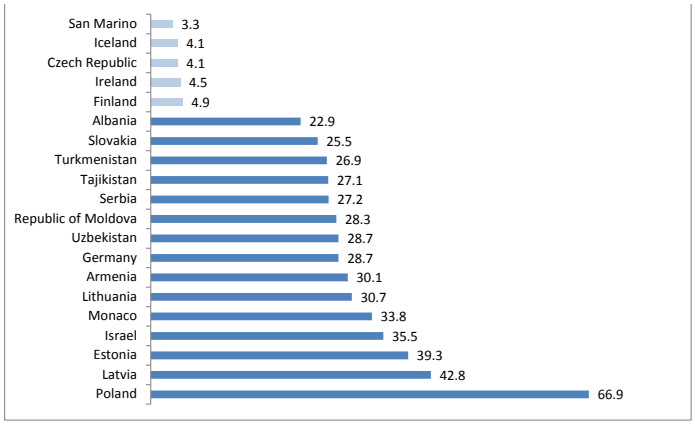


Figure 3
Share of 65+ migrant stock among total migrant stock, selected UNECE countries



Source: own calculations, data from United Nations, Department of Economic and Social Affairs (2015): Trends in International Migrant Stock: The 2015 revision (United Nations database, POP/DB/MIG/Stock/Rev.2015).

Older migrants

This brief focuses on people who migrated in the past and are now approaching older age in the receiving country, as well as people who migrate in later life. While labour migration is the most common motivation for migration at working age,[8] reasons for migration at an older age differ and include return migration of immigrants to their home country, labour migration, reunification with children or other relatives living abroad and the so-called lifestyle migration, often to countries with a warmer climate. The group of older migrants is diverse in their reasons for migration and they differ greatly by country of origin and destination, socio-economic status, education, health, abilities etc. While both migration and ageing are experienced differently by each individual, there are a number of challenges that many older migrants face, as well as problems and risks that are more prevalent among older migrants. Nevertheless, it is important to bear in mind that older migrants are a heterogeneous group, and therefore all policies suggested need to be aligned to the specific national and local context and to the particularities of the subgroups addressed.

Migrant care workers

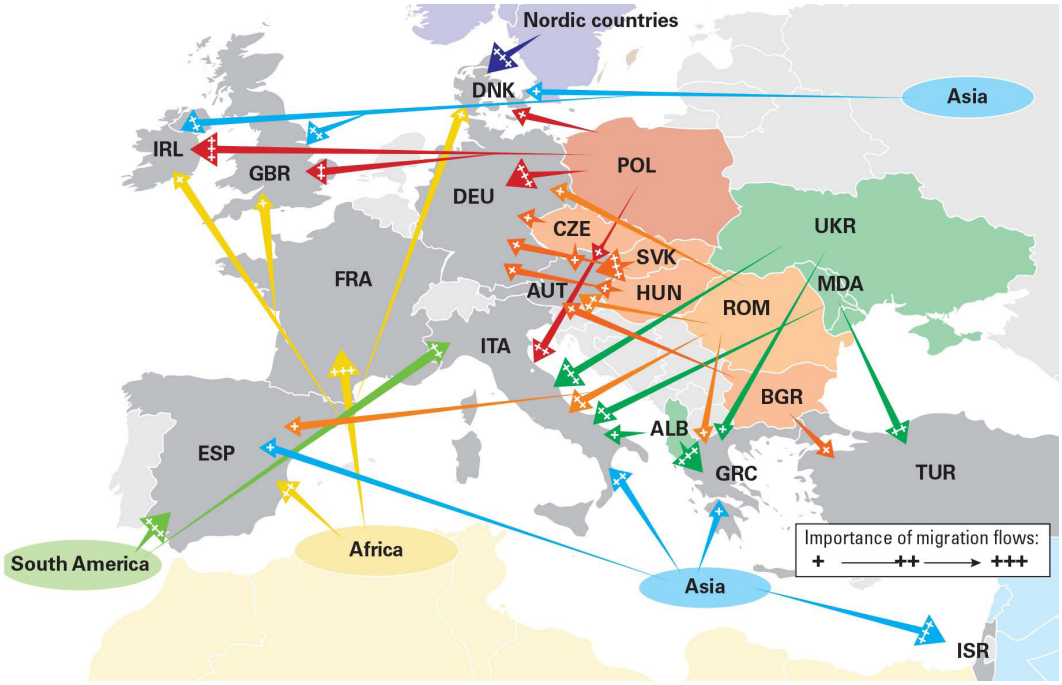
Migrant eldercare workers are a special subgroup addressed in this brief. The majority of migrant eldercare workers are middle-aged and low paid women. In Western European and North American countries, up to 70 per cent of the long-term care workforce are migrant carers and 86 per cent of this workforce are women aged 40 and above.[9]

Migration of care workers in the UNECE region typically follows patterns of geographic proximity or historical and cultural bonds between source and receiving countries (see figure 4). Circular migration is a frequent pattern among migrant care workers. Migrants stay in the receiving country for a short time, typically for employment purposes, return temporarily to their home country and repeat this cycle. Reasons for circular migration vary and may include seasonal work, visa restrictions and family obligations. Some migratory movements are characterized by a cascade or chain effect: migrant care workers move to a country to fill the local care gaps that were created because part of the local care staff migrated to another country. This is, for example, the case with Ukrainians providing care in Poland while many Polish care workers migrate to Germany and Italy. Large scale migration of care workers has substantial impacts on the source countries, referred to as the 'care drain': it can lead to significant care gaps and higher costs for the care systems of the source countries, reduced informal support for left-behind children and/or older parents and lower returns on educational investments.

[8] Eurostat, EU-LFS, 2008 module.

[9] Scheil-Adlung (2015), p.21.

Figure 4
Main countries of origin and destination of migrant care workers in Europe



Source: Rodrigues, Huber, Lamura. (eds.) (2012).

Migrant care workers are employed either in the formal care sector at institutional care facilities or by formal home care providers, or in the informal or 'grey' market, often as live-in carers in private households. Their employment setting differs across the region, depending on the country's care regime. In so-called liberal (Ireland and UK), Nordic (Denmark) and continental (Austria and Germany) care regimes, migrant care workers are more often regularly employed by formal service providers while in Southern Europe where family-based care predominates, migrant carers are more frequently employed by private households in the grey labour market.[10]

Data availability and comparability

Unfortunately, data availability on older migrants and migrant care workers is very limited and existing data often do not easily allow for cross-country comparisons. More efforts to collect quantitative and qualitative data on these groups, especially on a sub-national level, are necessary, as are efforts to harmonize the definitions, statistical instruments and collection methods employed. For the latter, inter-agency and intergovernmental coordination is required. In particular, data is missing for topics such as employment migration, international retirement migration and family-care migration. Interesting information would also come from longitudinal data concerning naturalized migrants to follow up the long-term integration process in destination countries. Data covering migrants' countries of origin, where older migrants often have strong bonds and obligations, would allow analysis of the phenomenon of transnational ageing and would provide insights into the issue of the 'care drain'.

Providing equal access to health and social care services

Migrants are at risk of having inadequate health and social care and limited access to care services. Older migrants may need these services more frequently than younger people and might be more disadvantaged as their migrant status and their age may impede access to health and social care services.

The main factors influencing older migrants' access to care are their socio-economic background, immigration status, proficiency in the local language, local law and policies regulating access to care services, care which is not sufficiently culturally sensitive or competent, and barriers resulting from stigma and marginalization.

[10] Scheil-Adlung (2015), p. 21.

Private and public healthcare systems

The main barriers to access are eligibility and affordability

UNECE countries vary widely in the ways in which their health and social care services are designed. A broad differentiation can be made between mostly public schemes and predominantly private healthcare systems. How easy it is for migrants to join the healthcare schemes varies across countries and depends largely on their immigrant and employment status but also on other factors such as nationality and age at entry. In public schemes, the main element of concern is the eligibility criteria. In some countries, a certain length of residency is required in order to access services; in others the migration status is crucial. Cost is the main barrier to accessing private insurance schemes. At a higher age, joining private insurance can be very costly due to the progressive contribution design of private insurance schemes. Affordability of insurance is therefore a key aspect of access to care services.

Language barriers can be overcome through language courses, multilingual care staff or translation and interpretation

Cultural and language barriers may also impede access to health and social care services for older migrants. Poor knowledge of the local language can lead to lower use of healthcare services, misunderstandings with care staff and ultimately to worse health outcomes.[11] Learning the local language is the most preferable option as it facilitates all aspects of life in the host country, but apart from this, multilingual care staff or translation and interpretation services are advisable.

Telephone Translation Service in Portugal

To improve integration by guaranteeing better communication between public institutions and immigrants who do not speak Portuguese, the Telephone Translation Service (TTS) was created in 2006. A team of translators, offering 52 languages for translation, function as intermediaries in contacting a variety of institutions, public and private organizations. Apart from the standard phone call costs, the service is free.

Almost 40 per cent of the service demand is related to accessing healthcare, assisting health professionals to better understand and help immigrant patients. Particularly for older immigrants, who can have more difficulty with the Portuguese language and who generally require more healthcare, this service is of great value.

The TTS is part of Portugal's one-stop-shop approach, which is a way to avoid common barriers to integration related to the many layers of institutions involved in the integration process, the lack of cooperation between government services and their dispersed locations, the diversity of procedures and complex bureaucracy.

Sources: Website: http://www.acm.gov.pt/-/servico-de-traducao-telefonica.
Information provided by the Portuguese Ministry of Employment, Solidarity and Social Security.

Culturally sensitive care takes into account differences in values, perceptions and expectations of care

Culturally sensitive care pursues a client-centred approach where care staff aim to be sensitive to the ways in which patients' values and perceptions about healthcare differ from their own. The care is adapted to the patients' value system to the greatest extent possible. The benefits of this approach are not limited to migrants but provide for the diversity of patients' value systems which can be based on ethnicity, nationality, age, religion, sex, disability, or socio-economic status. Older (migrant) women, for example, might have different care sensitivities and needs than men. Attention to sexual and reproductive health (SRH) considerations is of particular concern in this respect. In general, ensuring access to SRH services for migrants requires further attention.[12] Research suggests that health education, adapted to the cultural specificities and the language of migrants, can improve the mental health of migrants.[13]

[11] For example, see Ponce, N., Hays, R.D. and W.E. Cunningham: Linguistic Disparities in Health Care Access and Health Status among Older Adults, Journal of General Internal Medicine 21, no. 7 (2006): 786–791; Derose, K.P. and D.W. Baker: Limited English Proficiency and Latinos' Use of Physician Services, Medical Care Research and Review 57, no. 1 (2000): 76–91; Yu, S.M. et al.: Parental English Proficiency and Children's Health Services Access, American Journal of Public Health 96, no. 8 (2006): 1449–1455; and Jacobs, E.A. et al.: Limited English Proficiency and Breast and Cervical Cancer Screening in a Multiethnic Population, American Journal of Public Health 95, no. 8 (2005): 1410–1416.

[12] Keygnaert, I. et al. (2014). Sexual and reproductive health of migrants: Does the EU care? Health Policy. 114(2–3): 215–25.

[13] Reijneveld, S. A. et al. (2003). Promotion of health and physical activity improves the mental health of elderly immigrants: results of a group randomised controlled trial among Turkish immigrants in the Netherlands aged 45 and over. Journal of Epidemiology and Community Health, 57(6): 405-411.

"NASCH DOM" – a project to improve the care of Russian speaking older people with dementia in Germany

"NASCH DOM" (Russian for 'our house') is a project focussing on older Russian-speaking people in Germany who suffer from dementia. Using a participatory approach, migrant organizations in Germany are included as partners in developing culturally sensitive support of older Russian-speaking people with dementia and their relatives. A curriculum for training and qualification of representatives of migrant organizations was developed, empowering them to set up support systems at the local level. The project team continuously supports the participating organizations as practice disseminators in their local activities. Moreover, the project serves as an expert platform for the topic of migration and dementia and supports networking of experts working in the field in different areas of Germany. The model project is intended to be expanded to other topics of care and to other migrant groups.

Sources: Website: www.naschdom.de.
Information provided by the German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth.

Access to care services for vulnerable migrant groups

Access to primary care services should be facilitated for asylum seekers and undocumented migrants

Access to health and social care services can be particularly difficult for older refugees and asylum seekers. In many countries, asylum seekers are excluded from public insurance schemes for an initial period or they cannot access the full range of public services. Often special provisions are in place for them, providing access only to basic primary healthcare. There are, however, efforts to improve asylum seekers' access to health services. For instance, some municipalities in Germany have introduced a health card which allows asylum seekers to consult a doctor when needed.[14] This measure ensures good healthcare coverage among the vulnerable group of older refugees and asylum seekers and minimizes the administrative work attached to it.

Undocumented older migrants are a particularly vulnerable group who are generally excluded from insurance schemes and face barriers to access care services. Even though access to emergency care is generally open to anyone, undocumented migrants may refrain from accessing conventional healthcare for fear of being reported to the police and deported. Humanitarian aid organizations are often the only providers of care services for undocumented migrants. Doctors of the World, for example, is a global network delivering medical care with offices in many UNECE countries. They provide healthcare to vulnerable migrants and help them to overcome obstacles and barriers to access mainstream healthcare services. Policymakers can create conditions that facilitate healthcare access for undocumented immigrants by providing a legal basis for the provision of care services and medicine to undocumented immigrants under the protection of anonymity.[15]

Information and awareness raising

The provision of information to older migrants and migrant care workers is vital for the accessibility of care services

Access to health and social care services is ensured by rights and legal entitlements, by knowledge about these rights and how to claim them, as well as about the services that are available and the processes to access them. Often, migrants have limited access to information on how the local care system works, how to enter health and social care insurance schemes, or how to find the right care provider for their needs. They may struggle with paperwork and may not know where to turn for information. These problems are aggravated when people are older, have limited knowledge of the local language, lack social support networks or have a low educational level. For migrant care workers, living in a family without being able to connect with other care workers can make it difficult to learn about ways to access healthcare services. Circular migrants, such as temporary migrant care workers, have the additional problem of a short duration of stay, making it harder to familiarize themselves with the local care infrastructure. Projects such as the Carers Direct helpline (see box below) provide targeted information for these groups and aim to facilitate access to care services by improving the knowledge base.

[14] http://www.mgepa.nrw.de/gesundheit/versorgung/Gesundheitskarte-fuer-Fluechtlinge/index.php (in German).

[15] http://www.doctorsoftheworld.org.

Carers Direct in the United Kingdom

As part of their carers' information service, the government of the United Kingdom launched a free, confidential helpline in England in January 2009. A team of specially-trained advisors is available seven days a week, and a translation and interpreting service allows for advice in more than 170 languages. The service provides carers who work in England with information and advice about benefits, legal entitlements, help groups, training, housing, etc. It can put callers in touch with specialized national or local sources of help, including social care departments, respite centres, specialist charities and other carers support groups.

The helpline complements an online information service called Carers Direct, with more than 1,000 articles, videos with case studies, web tools, online blogs, forums, a Facebook page with over 7,000 carers and a Twitter account with around 3,000 followers. All information provided is developed in conjunction with carers and national care organizations. With the information, support and advice available through these services, care workers are better able to take decisions about their lives and the needs of the person they are looking after.

Sources: Website: www.nhs.uk/carersdirect.

Policies to ensure social protection and portability of pensions

Social security encompasses various programmes aimed at ensuring access to health and social care and to guarantee income security. A differentiation can be made between social insurance schemes as contributory programmes and social assistance as cash or in-kind transfers to vulnerable groups. Insurance schemes generally include retirement pensions, health insurance, and unemployment insurance. Social assistance measures are usually tax-financed benefits or services such as family allowances, maternity benefits and services provided to persons with disabilities and orphans. For migrants, it can be difficult to receive benefits from social insurance schemes to which they contributed in a different country. Pension schemes are one of the most important elements of social security for older migrants and their accessibility in case of international migration is vital.

Access to pension schemes

Accessibility can be improved by facilitating enrolment in occupational pension schemes, taking into consideration periods of care for relatives, and ensuring provision of relevant information

For many older persons in the UNECE region, pensions are the main source of income. As such they are also of crucial importance for many older migrants. There are generally three ways to build up a pension: namely via state pension schemes; occupational pension schemes for employees; and private pension plans, although not all of these are necessarily available in a given country. Pension plans and their entitlement basis differ across countries; in some countries, the pension is based on years in employment and salary, while in others, the years of residency and marital status are relevant. The design of pension schemes has a direct effect on their degree of accessibility for migrants. Residency-based schemes, as in the Netherlands, can exclude migrants who often do not have the required length of stay, while schemes based on salary and years worked are disadvantageous for informally-employed or low-paid persons. Many occupational pension schemes have threshold amounts for a pension, meaning that a person has to contribute a minimum amount in order to be entitled to benefits, which puts low-paid employees at a disadvantage. Migrants, particularly women, are more often informally employed, unemployed or in low-income jobs, and thus build up lower pensions through employment. Older migrant women are particularly vulnerable as they often have fewer years in employment because of past and current care responsibilities and have on average a much lower income than men.[16]

Access to pension schemes should be guided by the principle of non-discrimination. Accessibility for migrants can be improved by facilitating enrolment in occupational pension schemes (reviewing contribution periods and amounts). With particular regard to older (migrant) women, finding ways to take into consideration the periods when care was provided for older parents or family members with disabilities in the pension entitlements is advisable, similar to care credits that many countries already grant for childcare.[17] As the provisions of pension schemes can be complex and (especially for migrants) difficult to understand, providing clear information on available pension schemes and how to access them is another important element.

[16] Age+ (2005): On the agenda: older migrant women: facts, figures, personal stories: an inventory in five EU Countries.

[17] OECD (2015).

Portability of pensions

Pension portability ensures that pension insurance periods can be transferred to another country and contributes to financial security in older age

Along with the increase of international migration to and within the UNECE region, the number of persons with pension insurance periods in more than one country is on the rise. The international portability of pensions is therefore an aspect of key importance. Lacking or incomplete pension portability may prevent individuals and families from legalizing their status or returning to their home country, and diminishes the flexibility and efficiency of labour. Further, it may create disincentives for formal employment and may negatively affect the economic and social situation of older migrants. As pension entitlements are earned over time, the right to pensions should carry over when a certain country is left.

Many countries have concluded bilateral agreements on pension portability, typically between neighbouring countries and/or countries with significant migration flows, such as Germany and Turkey. The Republic of Moldova, for instance, has signed social security agreements with twelve European countries, regulating a number of social protection entitlements for migrants such as old age, disability and survivor pensions, benefits for temporary incapacity to work and unemployment benefits.

Several regions have supra-national or multilateral agreements, such as the European Union which guarantees pension portability across its member states. The Eurasian Economic Union (EEU) has just agreed on a draft international treaty on pension portability within between Armenia, Belarus, Kazakhstan, Kyrgyzstan, Russian Federation, and Tajikistan, which resembles the European Union model.

Pension portability: Canada, Germany-Austria-Turkey and Eurasian Economic Union

Several countries and regions show good practices related to ensuring income security and pension eligibility for people who have lived and/or worked in more than one country, by making pension rights portable. Amongst those who benefit are migrating retirees and ageing migrants.

Canada has signed 59 bilateral social security agreements with partner countries, allowing each country to recognize the social security attachment, which may include periods of residence and/or contributions that ageing migrants have made to both countries throughout their working lives. By adding together periods of coverage under the social security systems of both countries, minimum eligibility conditions can be met and one or both countries can pay prorated pension benefits directly to pensioners on the basis of that country's respective pension periods. Thus, each country pays benefits in proportion to periods of social security coverage under their respective system. In addition, the agreements strive to eliminate restrictions on the portability of benefits abroad. As a result of these agreements, approximately 200,000 individuals receive foreign pensions that are paid into Canada by other countries, whereas Canada itself pays benefits to approximately 97,000 persons living outside of Canada, and to 19,330 persons living in Canada.

Bilateral social security agreements between *Germany and Turkey*, and *Austria and Turkey* were made in, respectively, 1964 and 1966. These represent typical recruitment agreements with a broad objective area of application, including health, accident and pension insurance. Of all pensions that Germany and Austria have paid to Turkish citizens up to the year 2012, 16 per cent were transferred to Turkey by Germany and 52 per cent by Austria.[18] With regard to covering the costs of pensioners' health insurance, the country of residence covers health expenses if a pension is received from that country, whereas Austria/Germany bears the costs for pensioners with permanent residence in Turkey if the pensioners only receive an Austrian/German pension.

In the *Eurasian Economic Union* (EEU), a draft international treaty on pension provision for employees of the EEU member states was approved by the Eurasian Economic Commission Board in January 2016. At present, pensions are paid by the country of residence, regardless of where the migrant has worked. This is a disadvantageous situation for migrant recipient countries such as Russia, Kazakhstan and Belarus, whose pension funds are burdened more. The recently accepted draft treaty proposes the implementation of a regional mechanism for pension portability, based on a system of proportionality. The pension fund in the worker's country of residence will allocate and pay the pension, but will receive compensation from pension funds of the countries where the person worked. This compensation is proportional to the number of years worked abroad. The mechanism requires the creation of a system to record labour migration, length of service in different countries, and communication and offsets between pension funds in the region's countries.

Sources: Website for Canada: http://www.esdc.gc.ca/en/reports/pension/agreements.page-
Information provided by Employment and Social Development Canada.
Website for Germany/Turkey: http://www.deutscherentenversicherung.de/Nordbayern/de/Inhalt/2_Rente_Reha/01_Rente/01_Grundwissen/05_Ausland_und_Rente/Verbindungsstellen/03_Tuerkei/Tuerkei.html.
Eurasian Development Bank (2014): Pension mobility within the Eurasian Economic Union and the CIS, available online: http://www.eabr.org/e/research/centreCIS/projectsandreportsCIS/project24/.

[18] Fuchs (2015).

Portability of healthcare insurance cover

Provisions should be made to ensure continued cover of healthcare costs, and this should include long-term care

For older migrants and migrant care workers, it can be very important that they can receive healthcare benefits outside the country where they are insured, and that the costs of medical services received abroad are covered. Bilateral agreements on the portability of healthcare insurance cover[19] are less common than agreements on pension portability, and in most cases access to healthcare benefits is regulated unilaterally by national law. The variety of regulations and agreements in place is as broad as the diversity of UNECE countries. In many countries, there is only limited or no portability of healthcare insurance cover. The Social Security Administration in the US, for example, does not cover any medical costs incurred abroad. Migrants who have pension rights in the US stay insured in the US regardless of their residency and can always return for medical treatment, but cannot have this treatment elsewhere unless they pay for it themselves.

The most comprehensive framework on healthcare insurance portability is that of the European Union which corresponds to the EU framework on pension portability. For retired migrants, the European framework stipulates that their health costs will be covered by the country in which they reside, if they have pension entitlements in this country. In all other cases, healthcare insurance cover will be provided by the country whose legislation the pensioner has been subject to the longest.[20] Long-term care benefits are considered as in-cash healthcare benefits and as such are included in this portability framework.[21] These regulations apply to migrants within the EU and their families, but also to retired labour migrants from outside the EU who have earned pension entitlements in an EU country.

Portability of other social security benefits

Countries should seek to extend portability to other social security benefits

Portability of social security benefits is crucial to the financial security of an increasing number of older migrants, and it is thus important that countries aim to establish such portability. While many countries have agreements on pension portability, the portability of other social security benefits is comparatively poor. In view of increasing migration, efforts to establish portability of pensions and other benefits should be expedited. If portability agreements are already in place, it could be useful to assess the possibility of expanding them to other benefits.

As mentioned above, portability can be ensured through unilateral, bilateral and/or multilateral agreements. Best practices warrant that migrants and their dependants have no disadvantage with regard to social benefits and healthcare coverage as compared to non-migrants. Further, portability should ensure fiscal fairness for host and home countries, meaning that no financial burden should arise for one country's social security institutions while the other country benefits. It is also important to strive for administrative effectiveness in order to minimize the efforts of the institutions involved and to facilitate migrants' understanding of the regulations.[22] Where bi- or multilateral agreements on portability are missing, nation states have to regulate access to social protection unilaterally and should take into consideration the vulnerable situation of older migrants and migrant care workers.

An example of unilateral provisions for social security benefits is a Spanish programme of economic aid for refugees, including one specifically aimed at refugees older than 65 years or those with a certain degree of disability. The amount to be received is equivalent to non-contributory pension benefits. To be eligible for this aid, the refugees must be lacking any other income sufficient to cover the needs of their family. Beneficiaries can receive this aid for up to ten years in the case of older persons and five years for persons with disabilities. After this time, they are eligible for Spanish nationality.[23]

[19] This refers not only to healthcare insurances but also to other arrangements for funding healthcare benefits.

[20] See Articles 23–25 of Regulation (EC) No 883/2004.

[21] See Articles 21, 29 and 34 of Regulation (EC) No 883/2004.

[22] Holzmann et al. (2005).

[23] Information provided by the Spanish Ministry of Health, Social Policy and Equity (IMSERSO).

Social security coverage is typically lacking in informal-sector employment. Policies to formalize this employment and to facilitate the access of migrants to formal-sector employment are therefore important complementary strategies to increase social security coverage among older migrants.

Facilitating formal employment

Informal and irregular employment

The situation of migrant care workers highlights the many challenges related to informal and irregular employment. Migrant care workers often fill the gaps in elder care that have emerged as a result of ageing populations and rather unfavourable working conditions in the care sector (see also Policy Brief 7[24]). In many European countries, the employment of migrant care workers in private households is common and is facilitated by public cash allowances for care recipients. In regions with a less well-developed public care sector such as Southern Europe, migrant care workers are frequently informally employed by private households. In Italy, for example, there are an estimated 750,000 live-in migrant caregivers, the majority of whom are not formally employed.[25] This informal employment can be favoured by both employer and employee as it makes in-home care more affordable and carers may end up with a higher net income by avoiding income taxes. Yet, informally-employed migrant care workers, like other informal workers, do not enjoy the full range of labour rights, do not contribute to social protection funds and do not earn pension rights. Instead, they depend on their employers' goodwill regarding, for example, their working hours, sick leave and holidays, which leaves them in a very vulnerable position. Live-in care workers are at risk of becoming socially isolated and lonely, especially when their informal employment status results in overly long working hours. The majority of care workers are women, who are even more often underpaid and exploited than their male counterparts; the gender element is therefore especially relevant in this policy area. The low value and lack of prestige attributed to care work in many societies further worsens gender- and migrant-related inequalities.

Integrating migrants into the formal labour market helps to reduce the risks associated with informal and irregular employment

Irregular migrants who enter their destination country without permission or who overstay a temporary visa are particularly vulnerable and can easily be forced into accepting poor employment terms, frequently ending up performing informal and unregulated work.[26] Integrating migrants into the formal labour market and reducing the prevalence of undeclared work should therefore be a major policy aim in many UNECE countries. Creating legal employment opportunities for migrants can help to reduce irregular and informal work. The Russian Federation, for instance, recently introduced a policy measure to formalize the employment of migrant domestic workers. A certificate (patent) system allows foreigners with visa-free entry to Russia to work for private households. This measure addresses domestic workers primarily from CIS countries, of whom many were previously irregularly employed. Their employment can now be legalized with the certificate which gives them access to social security benefits and pension entitlements.[27]

Care work can be formalized by creating incentives for formal employment

Strategies to formalize care work include efforts to make formal care services more affordable and creating incentives for the formal employment of migrant care workers by private households. The provision of either in-kind care or strongly regulated cash-for-care ensures formal employment in the care sector and along with it equal protection for migrant carers.

[24] UNECE (2010). Towards community long-term care. UNECE Policy Brief on Ageing. no. 7.
Available at http://www.unece.org/fileadmin/DAM/pau/_docs/age/2010/Policy-Briefs/7-Policy-brief_Long-term_care.pdf.
[25] Pasquinelli, S. and Rusmini, G. (2013): Quante sono le badanti in Italia, Qualificare, 37, available at http://www.qualificare.info/home.php?id=678.
[26] Van Hooren (2012).
[27] See http://svpressa.ru/politic/article/85145/ (in Russian) for details.

Regulating migrant care work in Austria

Starting in 2007, Austria undertook important measures to regulate home care provided by live-in migrant caregivers, and made the formal employment of care workers more affordable by introducing incentives and tangible subsidies for all stakeholders. The Austrian government adopted a new law on domiciliary assistance (Federal Law Gazette 57/2008) and amended a number of other legal stipulations to facilitate formal employment and provide social security for care workers in private households, and to improve quality assurance in home care. The officially approved model for '24-hour care', as it is called in Austria, is based on care work in fortnightly shifts that requires two caregivers alternately attending to one person with care needs.

Families can apply for a subsidy to cover the increased costs related to this type of 24-hour care, making the legal employment of live-in carers – mostly middle-aged women from neighbouring countries – more affordable for private households.

The care workers themselves also contribute to social security since most of them (about 55,000) are now formally registered as self-employed and are thus enrolled in health and accident insurance as well as a pension plan. A small proportion of caregivers also contribute to unemployment insurance if they have chosen to work as formal employees of private households or non-profit organizations. Also, all pension insurance periods acquired in Austria may be, as a result of European Union regulations or thanks to bilateral agreements with the neighbouring non-EU countries, transferred to the pension benefits in the home country, if necessary.

The dynamics of the number of subsidy beneficiaries, reaching 23,000 by 2015, shows that the system is well received. This model has contributed to largely eradicating illegal employment in this sector, to enhancing caregivers´ social security and to gradually improving quality assurance in home care.

Sources: Website: www.pflegedaheim.at ; Information provided by the Austrian Federal Ministry of Social Affairs and Consumer Protection
More details in Schmidt et al. (2015); Winkelmann, Schmidt, Leichsenring (2015).

Restrictive work permits can make formal migrant care workers more vulnerable to dependency and exploitation

Migrant care workers also make up a significant share of care staff within the formal care sector, particularly in countries where the sector is characterized by poor working conditions and is thus not attractive for local citizens. In formal employment, migrant care workers can also experience dependency and exploitation. Their awareness of rights and legal entitlements and their knowledge about how to claim them is crucial – the UK's Carers Direct helpline described earlier can be seen as good practice in this area. If migrants' residency status depends on a work permit which restricts them to working in a particular sector or for a particular employer only, it can compel them to accept possibly poor working conditions.[28] A number of studies show that live-in care workers dependent on a specific work permit are more prone to face exploitation, violation of privacy and sexual harassment, while migrant workers in care homes often struggle emotionally, psychologically and physically as a result of long, irregular and unfavourable working hours.[29] Less restrictive work permits are advisable as they would allow migrants to refuse certain working conditions or to leave an abusive job without the risk of losing their right to stay in the country.

Discrimination

Another challenge migrant workers may encounter is discriminatory attitudes and even abuse in the workplace, based on age, ethnicity or culture. Migrant employees, especially visible minorities, may be treated less favourably in terms of working hours and tasks or may be discriminated against in the recruitment process.

Legal frameworks and awareness-raising to counter discrimination

Laws against discrimination provide a legal framework, but their enforcement can be difficult. Contact points for persons experiencing discrimination, such as mediators or ombudsmen, and awareness-raising campaigns, can be effective tools to fight discriminatory attitudes towards migrants in the workplace and within communities. An example of the many local initiatives that exist is the 'Anti-Rumour Campaign' launched by Barcelona City Council with the aim of enhancing knowledge of 'the other' and dispelling misconceptions and prejudices about minorities and immigrants, including those of older age.[30]

[28] This dependency on work permits is sometimes systematically exploited by employers as an employee retention strategy (Van Hooren 2012).

[29] Bourgeault et al. (2010); Shutes and Chiatti (2012).

[30] The Barcelona City Council campaign initiated in 2010 trains and engages 'anti-rumour agents' to participate in public discussions and debates, but also uses street theatre, public debates with leading local figures, videos, comic books, workshops and promotional merchandise materials. Website: http://interculturalitat.bcn.cat/bcnacciointercultural/en/anti-rumors-what-do-we-do.

Quality and standards of care

A related challenge is culturally-shaped differences in preferences, attitudes and standards of care work. Mutual understanding and agreement between care recipients and migrant caregivers on what constitutes 'good care' is crucial, but their views on this will not necessarily align.

Furthermore, a shared language is essential for good carer-patient communication. This is a common practical problem when it comes to care provided by migrants, who often lack sufficient knowledge of the local language, but also in the case of care provided to older migrants. Fortunately, many good practices exist on improving the language proficiency of migrants, educating them about the local culture and providing language support specific to care work. In addition to general integration efforts, there are useful initiatives such as Portugal's Telephone Translation Service (described above), and Luxembourg's multi-language software systems for care staff to manage patient data[31] that help to relieve language stress in carer-patient communication.

Formalizing the care sector and establishing guidelines and harmonized standards of care work contribute to quality assurance

Migrant workers contribute positively to care quality by relieving staff shortages, which would otherwise result in inadequate service, overworked staff with low morale, and high rates of burnout and turnover.[32] A study in Ireland and the United Kingdom also found that the large majority of employers believe that either the quality of care had not changed or had improved, in terms of care workers' education, training and skills, through the employment of migrant carers.[33]

However, the informal and irregular nature of much migrant care work may pose a risk for the quality and standards of care. Whereas the formal sector controls care quality, there is no proper control when care is provided informally. Establishing international guidelines and harmonizing the standards for care work helps to safeguard the quality of care, while formalizing the care sector is an important step for such guidelines and standards to benefit both care recipients and care providers.

Validation of foreign qualifications, retraining and labour mobility

Regulations on the recognition of qualifications should balance standardized and specific qualification requirements

Difficulties regarding the validation and comparison of migrant care qualifications can further add to differences in the quality of care provided by local and migrant carers. More generally for labour migrants, the validation of foreign qualifications can be a complex and lengthy process, in some cases even with a negative outcome, forcing migrants to work (initially) at a lower level or in a different sector than that for which they are qualified. International regulations concerning the mutual recognition of the qualifications of health professionals can prevent the de-skilling of migrant carers, ensure a certain level of care quality and facilitate labour mobility. Balancing standardized and specified qualification requirements ensures that context- and culture-specific needs and standards are also considered.

[31] For details see Lamura et al. (2013): 14.

[32] Redfoot and Houser (2005).

[33] See Spencer (2010).

Recognition of informal skills, Piedmont region, Italy

The regional administration of Piedmont, in collaboration with provincial governments and other local stakeholders, has started an initiative to enhance the effectiveness of home-based care provided by privately paid migrant care workers. Though not professionally trained, these informal carers have often over time acquired important skills that are also required in professional care. The official recognition/certification of such skills, training programmes, and an increase in formal employment contracts are at the centre of the initiative that has been promoted by the regional administration of Piedmont since 2008.

The programme initiators sought to create tools to identify and assess (informally acquired) skills, and to establish services to support and organize this process through certification and mentoring. In 2010, the tool was tested by means of a survey in which carers' self-reported skills were assessed. Based on the survey results a special commission could decide on further tests, including simulation, to validate the capacities declared by the carers. The results also enabled carers to be assigned for additional training at a more precise level or to orient them directly towards a final exam. After having passed this exam, participants receive a certificate of attendance to officially certify the skills of the carer.

In addition to the skills recognition component, the programme also supports local networks of services for people with home care needs. This includes information, reception and orientation training, matching demand for home care with skilled carers, and help with the administrative management of employment contracts. Lastly, the programme also includes subsidies to households for temporary replacements of carers in training.

Sources: Website: http://www.regione.piemonte.it/pariopportunita/cms/index.php/lavoro/.

In order to (re-)match migrants' skills to labour market demands and local standards and to keep their competencies up to date, it is important to invest in training opportunities. Assessing training needs of migrants systematically upon arrival can be a good way to pinpoint the demand for training courses and adjust the supply accordingly. This practice can also help to gauge the need to improve the qualifications of potential migrant elder carers.

For those migrating at older, pre-retirement age, re-employment in the host country is often challenging. In the current economic context, their employability is particularly limited. The Swedish programme of subsidized 'step-in jobs' combined with language courses for newly arrived migrants, including those in older age, is a useful example (see box).

Matching programmes and subsidised employment for new arrivals in Sweden

During the past decade, Sweden has initiated several measures to facilitate the introduction and integration of newly arrived immigrants and refugees. One of these programmes is an introduction dialogue with newly arrived immigrants, as soon as they have been granted a residence permit. In this dialogue, the immigrants' educational and working experience and training needs are evaluated. They then receive information on where in Sweden there is a demand for the skills that they have or think they could acquire. The aim is to better match individual skills, labour market needs and the supply of training courses. A pilot was introduced in parts of the country in 2009, and extended to the whole country in 2010. There are currently 55,700 migrants participating in the introduction activities of which 9 per cent are migrants over the age of 50.

Another programme introduced in July 2007 is the Entry Recruitment Incentive, resulting in so-called 'step-in-jobs', of which around 2,500 are created per month. Public or private employers who recruit unemployed, newly arrived immigrants can receive financial compensation of up to 80 per cent of the wage cost, to a maximum of SEK 800 (USD 95) per working day. The compensation applies to permanent and temporary employment and to part-time employment. A requirement is that the employment is combined with courses in the Swedish language, and that the immigrant is at least 20 years old, i.e. there is no upper age limit. The initiative thereby contributes to faster entry into the labour market and better language learning for immigrants including those in older age groups.

Sources: Swedish Ministry of Integration and Gender Equality (2009). Swedish Integration Policy. Government Offices of Sweden. Available online:
http://www.government.se/contentassets/b055a941e7a247348f1acf6ade2fd876/swedish-integration-policy-fact-sheet-in-english.

More flexible work permits allow migrants to respond to labour market needs

In addition to the possibility of fostering unfavourable working conditions, work permits tied to a particular sector or employer can limit labour migrants' mobility and ability to respond to labour market needs. More flexible work permits could solve this problem. An important initiative is the EU Single Permit Directive, which ensures a set of rights for non-EU workers legally residing in the EU. This includes rights regarding working conditions, education, diploma recognition and social security, and enables these workers to change jobs and respond to the EU's labour market needs.[34]

Promoting inclusion and participation in community life

An important part of older migrants' well-being is their level of participation and integration in the host country's society. Social, economic and political participation is the basis for equal treatment of older migrants, and ensures that their interests and needs are considered in the host country.

Migrants may encounter barriers to integration in terms of legal rights, language, education, culture, employment, criminal justice, health, living conditions, and civic participation. Well-planned policy actions and bottom-up initiatives can foster the inclusion and participation of older migrants and migrant care workers in a sustainable manner.

Language and cultural barriers

Language training should be adapted to older migrants needs to make it more accessible

Older migrants' command of the host country's language can be limited,[35] which impairs participation in all spheres of life. Language classes are not always available, easily accessible and affordable. Some older migrants may also be unwilling to participate in language classes, or their health status may not allow it. The ability to learn a new language may decline with age and memory problems can occur more often. As a consequence of low language proficiency among older migrants, they are less likely to participate in social or leisure activities and they may be more dependent on others. Accessible, affordable and flexible language training opportunities are the key in this respect. They might be adapted to older migrants by teaching at a slower pace, by paying special attention to everyday spoken language and by teaching in a more informal way. Other services that could prove helpful for older migrants include free translation and interpretation services, as discussed above.

Long and/or shifting working hours, which are common among migrant care workers, can also be difficult to combine with language classes. Their access to language classes could be improved by providing training in or close to care facilities, or by allowing for educational leave as well as offering language classes in a more flexible way to respond to working hours. Language classes should be provided at low cost or free of charge to make them affordable for all.

Integration can be fostered through intercultural education and participation of migrants in political and social life

Migrants may perceive barriers to social, cultural, economic and political integration due to different norms, values and interests in the receiving society. In general, first-generation immigrants in Europe are significantly less well politically and culturally integrated than the second generation, in part because many speak their native language at home and may follow different cultural practices than those that are common in the host country. The integration of some older migrants is further hindered if they migrated to live closer to their children and take up household or care work for them. These responsibilities may interfere with the social participation of older migrants if they feel they have to subordinate their needs to those of the family.

Intercultural education, for example through modern media like internet sites and television, may help to increase mutual understanding of the culture of immigrants and host country. Empowering migrants by giving them a voice in the political process and enabling migrants to engage with people in the receiving society also furthers the integration of migrants.

[34] Lamura et al. (2013).

[35] The American Community Survey, for example, showed that more than half of older immigrants in the United States in 2010 had limited English proficiency (http://www.migrationpolicy.org/article/senior-immigrants-united-states#11).

Integration programmes for newly arrived migrants: Estonia and Germany

Several UNECE countries have programmes for newly arrived migrants, including older migrants, that aim to facilitate their integration into all spheres of society.

In *Estonia*, the Ministry of the Interior offers a welcoming programme in English and in Russian to foreign nationals who have legally resided in Estonia for less than five years, in order to support their integration into Estonian society.

The welcoming programme consists of the following components: (1) a basic information module on the functioning of the Estonian state and European Union, the Estonian society and culture, rights and obligations of residents and on public services; (2) complementary information modules on the themes family, working and entrepreneurship, studying, research, international protection, children and young people; (3) separate training modules for children and young people under the age of 15 and for beneficiaries of international protection; and (4) a basic level Estonian language training (level A1).

Older migrants benefit from the programme by learning about the pension system, their rights regarding social welfare and healthcare and lifelong learning options.

The welcoming programme is free of charge for indiviuals. It is offered in the three biggest cities in Estonia as a pilot. All new arrivals meeting the criteria are informed about the programme by the Police and Border Guard Board of Estonia so that that there are essentially no barriers to participation in the programme.

Germany decided on a new integration law in May 2016 in response to the substantial influx of asylum seekers (about 477 thousand applications for asylum in 2015). About one per cent of all refugees in Germany are of older age, half of whom are beyond the official retirement age of 65 years.

The new law stipulates that refugees are welcome in German society and may find a new home and new work there. Refugees receive lodging and benefits from the Government and may apply for a permanent residence permit after eight years of residency provided that they can sufficiently support themselves. Another requirement is that they have to have acceptable proficiency in the German language. Individual can be exempt from these requirements for reasons of age or because of physical or mental illness. The new law is based on the motto 'Support and Demand' and authorizes German authorities to initially determine where refugees are settled to live, aiming to prevent formation of exclusively migrant neighbourhoods and to help their integration into the local communities. After five years, refugees may choose their place of residence if they are in a position to provide for themselves. Language and integration courses are provided to refugees and asylum seekers free of charge and participation is obligatory in order to receive benefits. For 2016, there is an estimated participation of about 550,000 participants for integration courses and 382,000 participants for orientation courses.

Sources: Information provided by the Estonian Ministry of the Interior and retrieved from www.settleinestonia.ee.
Information provided by the German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth.

Physical and mental health

A number of studies suggest that older migrants have on average a lower quality of life accompanied by poorer physical and mental health than the local population.[36] Research in Nothern and Western countries in Europe shows that depression more often occurs among older migrants (>50 years) than among native older people. These conditions can be both a cause and a result of limited social participation of older migrants in the receiving countries. Migrants are more at risk of experiencing late-life loneliness, as they have often left their social life behind in their country of origin and may face discrimination in their host country.[37]

[36] For Sweden: Pudaric, S., Sundquist, J. and S.E. Johansson (2003): Country of birth, instrumental activities of daily living, self-rated health and mortality: a Swedish population-based survey of people aged 55-74, Social Science and Medicine, 56(12): 2493-2503.

[37] Fokkema and Naderi (2013): Differences in late-life loneliness: a comparison between Turkish and native-born older adults in Germany; Bhugra, D.: Migration and mental health. Acta Psychiatr Scand. 2004;109(4): 243–258.

Netherlands – supporting older Muslim migrants who have questions about the purpose and meaning of life

The Platform for Islamic Organisations in Rijnmond called SPIOR offers support to older Muslim migrants who have questions about the purpose and meaning of life and who feel lonely, by connecting volunteers to older Muslim migrants. Many older migrants are confronted with loneliness, social isolation and declining health. Research indicates that many migrants have a need to speak about the purpose and meaning of life. However, some of them do not have someone to speak to; volunteers can fill that void and help to combat loneliness. Questions about the purpose and meaning of life are closely linked to the religious identity which plays an important role in the perception of the quality of life and provides support to older people.

A volunteer needs to have specific cultural and religious knowledge and has to speak the same language as the older Muslim migrant to whom they are linked, in order to talk easily about the older person's questions about life. Part of the training of volunteers is therefore to learn about the Islamic background.

The project started in Feijenoord, Rotterdam in 2015 and is ongoing.

Sources: http://www.spior.nl/ouderdom-komt-met-vragen/.

Risks of depression and loneliness can be reduced through psychological help and local support groups

Health problems can be related to precarious living and working conditions in the home country and in the new country of residence, but can also be a result of low use of healthcare services (see section 1). For older refugees, persecution and collective violence may have deeply marked their lives and may have strongly impacted their physical and mental health, contributing to greater deterioration in later years of their lives. Trauma and its many concomitants can re-emerge and take the form of various mental conditions, such as depression, anxiety, neurosis and paranoia and even physical health problems. Psychological help and local support groups where migrants can share their experiences and help each other can be effective tools to cope with traumas and allow the persons concerned to connect with others in similar situations.

Addressing undocumented migrants' right to health in national healthcare systems and policies is crucial to improving the physical and mental health of migrants. Social participation can be promoted by making use of group-based programmes that target persons who share similar experiences, through utilizing community resources such as volunteer organizations and non-governmental institutions, and by providing services based on the specific needs of the individual.

Lifelong learning

Migrants and refugees often face barriers to accessing lifelong education and opportunities for training and retraining. There are few provisions in place for older migrants, who sometimes have a very low educational level, to continue learning, as their existing skills, knowledge and professional background are often not formally valued. Lifelong learning programmes can facilitate the integration of migrants, if these programmes value the professional and educational starting point of migrants and if they are accessible to migrants of all ages.[38] Facilitating the access of older migrants to third-age universities is another way to help them integrate in the host society.

Spatial segregation

In some cities, interaction between migrants and locals is hindered by spatial segregation.[39] Both financial reasons, such as different housing budgets, and social reasons underlie this segregation. Housing conditions of migrants are often worse than housing conditions of the native-born population. A way to revitalize migrant neighbourhoods is to stress citizen involvement and to start public-private partnerships.

[38] Morrice, L. (2007). Lifelong learning and the social integration of refugees in the UK: The significance of social capital. International Journal of Lifelong Education, 26(2), 155-172.

[39] Cisneros, H.G. (2009). Twenty-first century gateways: Immigrant incorporation in suburban America; Van Kempen, R. (2005). Segregation and housing conditions of immigrants in Western European cities. Cities of Europe, Changing Contexts, Local Arrangements, and the Challenge to Urban Cohesion, pp. 190-209.

Not only do migrants have to adapt to the new culture, but the host society has to adjust and be open to migrants as well in order to ease integration. To minimize friction and conflict and to foster mutual understanding and integration, it is important to educate both migrants and the host country population about their different cultures and values. The integration of migrants is thus a two-way process, where mutual cross-cultural understanding creates the basis for favourable community relations.

Conclusions

While older migrants and migrant eldercare workers are very heterogeneous groups and each individual has a different experience of migration and ageing, several areas can be identified where actions are needed in order to ensure the integration, participation and well-being of older migrants and migrant care workers. Access to social protection and care services needs to be ensured and portability of social security benefits established where possible. The basis for this is the provision of legal entitlements, but attention needs to be paid also to other factors that may hinder access to services such as language barriers, cultural differences and lack of information. Labour market policies should be aimed at a formalization of informal work with particular regard to the care sector. For labour migrants, the validation of their qualifications, retraining and employability are of key concern. The host country also benefits from better skills matching and harmonized standards of care work. Social inclusion and participation can best be ensured at the community level and should aim to empower migrants, counter loneliness and promote participation in all spheres of society.

The relative invisibility of older migrants and migrant care workers in statistics and research needs to be tackled. Inter-agency, intergovernmental, and national effort is needed to expand the data collection and harmonize instruments and methods of collection. In particular, data is missing for sub-national and local levels and for topics related to the different reasons for migration. More data covering the migrants' countries of origin would facilitate analysis of the impacts of out-migration. Longitudinal data could provide interesting information on circular migration and return migration and could offer insights into the integration process in destination countries over time.

With increasing migration, more and more older migrants will live in the UNECE region. While this increase brings challenges that require policy responses, both the country of origin and of destination can benefit from this development. Policies addressed at older migrants share the broader objective of working towards a society for all ages. Therefore they benefit the society as a whole by accommodating social diversity and working towards equal rights of all population groups, regardless of their age, ethnicity or migrant status.

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Checklist: Migration and older age		
Main areas	**Areas of implementation**	**Key elements**
Access to care services	Health and social care	• Accessible and affordable healthcare and insurance for (undocumented) migrants and refugees • Multi-lingual care staff or translation services • Culturally sensitive care
	Awareness	• Information provision on rights to care and how to access care
Social security	Pensions	• Accessible pension schemes for migrants • Information provision on pension schemes • Consider informal care work in pension computation • International portability of pensions
	Health and social benefits	• Portability of healthcare and social benefits
Labour market	Labour market	• Integrate migrants into formal labour market • Formalize care sector • Regulate care regimes • Awareness of employee rights • Prevent age- and ethnicity-based workplace discrimination
	Quality of care	• Culture and language education for care workers • Harmonized standards for care work
	International qualifications	• Simplified validation procedures for foreign qualifications • International agreement on health workers' qualifications
	Employability	• Flexible work permits • Re-employability of older migrants
Integration	Language & culture	• Affordable, accessible and flexible language training • Inter-cultural education
	Political integration	• Political representation
	Health promotion	• Culturally and language-sensitive health education • Right to healthcare for (undocumented) migrants
	Social integration	• Group activities for people with shared experiences or interests • Prevent loneliness
	Lifelong learning	• Education and (re-)training options
	Housing	• Prevent spatial segregation of migrants and natives • Offer social housing options