

## Ageing migrants in Portugal: methodological discussion and empirical evidence

Ruxandra Oana Ciobanu\*

**Abstract** The article aims to circumscribe and define an emerging group relevant for research and policy making. For a long time, the buzzword has been the ageing of the countries of Western Europe and North America, and to address this issue these countries attracted migrants. Over the past years we have been facing the ageing of the migrant population itself. Moreover, some people reaching retirement also migrate. In order to study this population and to address its needs, it is necessary to pin it down. The research methodology is based on qualitative fieldwork research. The article discusses the relevance of studying this population, its diversity and vulnerabilities, all in relation to different methodological issues.

**Keywords** ageing migrants, Portugal, taxonomy, health, vulnerability, methodology.

**Resumo** Este artigo visa circunscrever e definir um grupo emergente relevante em termos de pesquisa e de elaboração de políticas. Durante muito tempo, o tema da moda foi o envelhecimento dos países da Europa Ocidental e da América do Norte, e para resolver este problema esses países atraíram imigrantes. Nos últimos anos enfrentamos o envelhecimento da própria população migrante. Além disso, algumas pessoas migram após atingirem a reforma. Para estudar essa população e também para atender às suas necessidades, é necessário caracterizá-la. A metodologia qualitativa utilizada no estudo de que aqui se dá conta foi a pesquisa de terreno. O artigo discute a relevância de se estudar esta população, a sua diversidade e vulnerabilidades, tendo em conta diferentes questões metodológicas.

**Palavras-chave** migrantes idosos, Portugal, taxonomia, saúde, vulnerabilidade, metodologia.

\* Researcher at CESNOVA, Faculty of Social Sciences and Humanities, New University of Lisbon / Investigadora no CESNOVA, Faculdade de Ciências Sociais e Humanas, Universidade Nova de Lisboa (oana.ciobanu@fcsh.unl.pt).

## ■ Ageing migrants in Portugal: methodological discussion and empirical evidence

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### From migrants for ageing societies to ageing migrants<sup>1</sup>

This article aims to problematize the topic of ageing migrants in Portugal and raise awareness on what is needed to better understand this emerging population. Two arguments that complement each other and are both informed by the qualitative fieldwork research conducted in Portugal are presented.<sup>2</sup> On the one hand, there are methodological issues that need to be clarified and agreed upon in order to conduct comparative research. On the other hand there are the empirical evidences regarding ageing migrants in Portugal, with a focus on this groups' vulnerabilities.

Three issues related to the ageing of the population in general and its interplay with international migration are worth mentioning. First, regarding demographic ageing, it is known that migration may slow down the pace of ageing but does not avoid it. Also, demographers envisage the end of "lowest low fertility". According to Goldstein and colleagues (2009), the number of countries with Total Fertility Rates (TFR) below 1.3 fell from 21 in 2003 to five in 2008. This is being achieved by the combination of fertility timing effects and economic, policy, and social factors. Although the current economic downturn, may suppress TFRs in the short term, it is expected that "*formerly lowest-low fertility countries should continue to see further increase in fertility as the transitory effects of shifts to later motherhood become less and less important.*" (Goldstein et al., 2009: 1)

Second, regarding the interplay between ageing and welfare provisions, it is important to differentiate between formal rights and actual practices of migrants. From this point of view, ageing migrants can be divided into several categories from some of the least advantaged to others that have equal rights with citizens (Dwyer and Papadimitriou, 2006). Presenting migrants' vulnerabilities, the article shows that in spite of having rights, some migrants might not know their rights and / or how to access the welfare provisions.

Thirdly, a very recent and important issue present in the political debate is the extension of the retirement age. This has implications for the definition of ageing and for the age categories used for data collection. According to the OECD, retirement ages, after falling for decades, have started rising beginning in 2000.

*"[...] the Czech Republic, Greece, Hungary and Turkey have all recently announced increases in the normal pension age to 65. And some countries have set out plans for phased increases in pension age beyond age 65: Australia and Germany to 67, and the*

*United Kingdom (UK) to 68. Denmark will increase pension age to 67 and then link it to life expectancy. Along with Norway, Iceland and the U.S. This brings to seven the number of OECD countries that already have, or plan to have normal pension ages above 65" (OECD, 2009: 1).*

The article articulates empirical evidences with methodological issues. It starts by legitimizing, defining and presenting the size of the population of ageing migrants. It moves on to explore this group's diversity in the Portuguese case, documents their vulnerabilities and finally points to some data needed to better grasp this group.

The article presents different aspects regarding the vulnerability of ageing migrants. This discussion is relevant even in a number dedicated to active ageing because vulnerabilities impede ageing migrants from being more active. The understanding of their limitations, allows the adoption of policies that can better accommodate and respond to ageing migrants' needs.

Throughout Europe, until the 1970s immigration was mainly for labour purposes, which explains that for a long time the image of the migrant was that of "a young man, active and often single" (Attias-Donfut, 2006: 2). Thus, the migrants played a role in reinvigorating the labour markets. In this line of argument, the United Nations (UN) has referred to "replacement migration", meaning that migrants help Western Societies and North America deal with the demographic ageing of societies. But this understanding has been recently challenged as evidences show that the post-second World War and post-decolonization migrants are reaching the retirement age.

The issue of ageing has been long discussed by researchers, civil society and politicians. Recently the topic of ageing migrants has penetrated the debates. "*The number of older migrants in Europe (and other developed world regions) will grow substantially during the coming half-century*" (Warnes et al., 2004: 308) requiring more research and responses from civil society and policy makers. It is important to distinguish between the ageing migrants and the ageing population at large. Still, we do not know enough about the different problems these groups face and their role in the community. Addressing the needs of ageing migrants may be a new challenge for public policies and NGO's on all territorial levels, ranging from the neighbourhood level to the European arena and the transnational spaces. This is the case of many of the immigrants in Portugal who have ties to Africa or the Portuguese emigrants who have ties to North and South America and elsewhere in Europe.

### *Research Methodology*

The research methodology that allowed gathering the data for the present article consisted of fieldwork research from 2010 to 2011 in the area of the Greater Lisbon and a brief visit in the Algarve. There were ten semi-structured interviews conducted

with leaders of migrant associations, two focus groups with ageing migrants from Cape Verde and interviews and informal discussions with ageing migrants (50+) from different countries (Cape Verde, Moldova, Romania and the UK). Following this, three workshops were organised that were held within the framework of the Forum on Migrations of the Calouste Gulbenkian Foundation in Lisbon in 2010 and 2011. The three workshops were: 1) Ageing migrants in Portugal; Evidences from migrant associations, 2) Estimating the population of ageing migrants based on official data and 3) The impact of the migrants' ageing on the welfare state and responses at the local and national level. The first workshop brought together leaders of (migrant) associations, local authorities and medical personnel. The second workshop brought together demographers, scientists and representatives of the institutions responsible for the data collection. The third workshop brought together researchers, leaders of (migrant) associations, local authorities, trade union leaders and representatives of the local administrations. These meetings were integrated in the analysis as expert group discussions.

### *Delimitating the field*

When discussing the issue of ageing migrants, both concepts need to be clearly defined in order to best grasp the group and allow for comparative studies. First, the concept of 'ageing' is rather blurry as one might argue that ageing starts at birth. Some of the literature takes as a reference the age at retirement. As shown, the age at retirement differs from country to country, making international comparative studies difficult. The UN presents data on the age group '60+', the OECD groups the population '65+' and the survey SHARE<sup>3</sup> collects data for the group '50+'. All these differences in data collection hamper the research on ageing in general and particularly on ageing migrants. Therefore, it is needed an international agreement to favour comparative studies. A particularly important issue in relation to the age is the way the question is asked in questionnaires. Collecting the year of birth makes the later analysis and the demographic analysis of cohorts easier.

The changes in economy and medicine could shape the lifestyle of ageing persons today (Waite, 2009). Life expectancy is increasing and the health and quality of life at an advanced age is better. All these make the elderly a population group more likely to be actively involved in various undertakings (see the Report of the project "Active Ageing of Migrant Elders Across Europe", 2009); whether through actual work or through volunteering and informal care provisions or intergenerational transfers. As a consequence of this, it is important to explore the active participation and contribution ageing migrants bring to society in the country of origin, at the destination or in the emerging transnational spaces. Thus it is also relevant to differentiate between age categories due to the different needs people at different ages have and the way they can contribute. The three groups would be: the young old from 60 – 70 year old; the old ones from 70 – 80; the older old above 80.

Second, the article problematizes the concept of 'migrant' for the particular group of ageing migrants and more broadly for the data collection. With regard to the group of ageing migrants, some representatives of Portuguese associations questioned if the people who arrived in Portugal in the 1970s at an early age and have aged in Portugal are migrants<sup>4</sup>. In other words, does a person actually stop being a migrant and when does this occur? Many of those who arrived in Portugal in the 1970s received then Portuguese citizenship or have later on acquired it and enjoy equal rights with nationals. Moreover, these persons have lived most of their life in Portugal, have had children in Portugal, and aged in Portugal. This particular issue, made others enquire if the status of migrant still applies to these persons.

However, one would just as legitimately enquire if these people want to 'loose' their prior cultural identity and be considered Portuguese. In this sense, Mr. M. (General Confederation of the Portuguese Workers – CGTP<sup>5</sup>, Gulbenkian workshop 3) a national of Angola, told us that many Angolans chose to leave Portugal and migrate to the UK because they wanted to be identified as Angolans and not as Portuguese. However, this is rather linked to a broader discussion of cultural and political identity, which does not have its place here.

A very relevant discussion for methodological purposes refers to the definition of someone as an international migrant. There are several ways of defining migrants according to which data is also collected on this issue. The article focuses just on two of these definitions. On the one hand, there is the collection of data based on place of birth. In other words, an international migrant is someone who resides in a country other than the country of birth. The OECD and United Nations Population Unit use this definition in the data collection and systematisation. On the other hand, there is the definition of international migrants by legal nationality. By asking questions on nationality and not on place of birth, a person who was an international migrant for a certain number of years becomes a national/citizen. In the study of rights, the characteristic of national/non-national is very significant marking the equal, partial or very limited access to welfare benefits. For the understanding of more refined aspects such as everyday practices, the role of the family, political and civic participation, the knowledge of one's migration background proves also of importance.

The ageing of the migrant population is today evidence. There are various categories of ageing migrants and different countries are confronted with different categories. The case of Portugal is even more interesting given that, over the years, Portugal has been both an emigration and immigration country. This article has two objectives: first to give a general overview of the ageing migrant population in Portugal acknowledging the heterogeneity of this group. Second, it aims to pin down this population in relation to their sources of income, living arrangements, health issues and reflections on return.

### *The size of the population*

In spite of being obvious, the process of the migrant population's ageing is not well documented in studies done by demographers and statisticians. In the following paragraphs, the article will try to give an image of what is the size of this population. To do so, the first question to ask is 'What data is out there?'

At the international level, OECD, Eurostat and UN provide some of the most used statistics portals and databases. However, data on migration and ageing is rather scarce. These databases are limited to descriptive statistics: numbers of foreign-born / foreign citizens, age and gender groups, levels of education and so on. This data does not provide information on health, needs of the population, time-use and other variables allowing for a more refined analysis. The Survey of Health, Ageing and Retirement in Europe (SHARE) provides such data, however on a limited number of countries.

Eurostat provides data not only for the European Union (EU) Member States and Candidate Countries but for the European Free Trade Association and other countries as well. It offers information for a large range of demographic indicators, including statistics on populations at national and regional level (census tables, population estimates and projections) as well as for various demographic factors (births, deaths, marriages and divorces, immigration and emigration) influencing the size, the structure and the specific characteristics of these populations.

Both the data of OECD and Eurostat comes from the national institutes of statistics in the various countries and other institutions at the national level. Consequently, this data has not necessarily been harmonised at international level.

To estimate the size of the phenomenon the article briefly refers to some statistics from around the year 2000. The total number of foreign-born persons above the age of 65 in OECD countries<sup>6</sup> was of 10,545,460<sup>7</sup> around the year 2000. Out of these, there were 6,074,249 women and 4,471,211 men. The total number of foreign-born residing in OECD countries was of 75,715,865. This means that the foreign-born ages 65+ constituted fourteen per cent of the total of foreign-born residing in OECD countries. The European countries in the OECD database were adding up to a total of 4,945,900 foreign-born persons over 65. Out of these, 2,106,463 were men and 2,839,437 women.

The National Institute of Statistics (INE) in Portugal provides figures on: foreign population with resident status, foreign population that requested resident status and labour force population. The age category that appears in the INE statistics is '65+'. For researchers it would be most relevant to have data also by place of birth / foreign born and also differentiated by age categories.

In Portugal, the Service of Foreigners and Frontiers<sup>8</sup> (SEF) is very important in the data gathering on international migration. It publishes a yearly Report on Immigration, Frontiers and Asylum. It disseminates data on the foreign population residing in Portugal. The problem is that it only includes those having a valid residence permit, leaving many visa holders out of this computation. According to the report for 2009, the ageing index of the migrant population is lower than that of the Portuguese population. The report mentions that the group of ageing foreigners, holders of a residence permit, residing on Portuguese territory is of 16,710. out of which 8,280 are men and 8,430 are women (SEF, 2009: 33). This represents only 3.67 per cent of all the foreigners residing in Portugal (SEF, 2009: 34). The data for 2010 is of 18,306 with 9,028 men and 9,278 women (SEF, 2010: 22). In only one year, the growth rate<sup>9</sup> of the ageing migrant population is of 9.55 per cent.

### **Ageing migrants categories in Portugal**

Ageing migrants are not one homogeneous category; contrarily it is a very heterogeneous population. Different categories can be built depending on different criteria and research aims. This article uses as criteria the flow of migration, the relation between the international migrant and the country of destination and gender.

#### *The flow of migration*

In 2004, Warnes and his colleagues wrote an article pinning down the diversity of older migrants in Europe. The present classification builds on their work and refines the discussion while focusing on the Portuguese case. The categories are anchored in the fieldwork research and an overview of the migration literature on Portugal. Taking as a reference the flow of migration, there can be identified the following categories. They are not exclusive and there is overlapping between categories.

The first category brings together the large group of persons who arrived after the decolonization. There were people from the former Portuguese colonies (Cape Verde, Mozambique, Guinea Bissau, São Tome and Príncipe and Angola) who migrated to Portugal after receiving their independence in 1974. When one goes deeper in the fieldwork, the migrants from the PALOP countries do not form a homogeneous group either. There are different sub-groups within this category. There are distinctions between the ones who migrated from Africa to flee the war and civil unrest and those who migrated looking for a job in Portugal. One should also bear in mind the different hierarchies that exist among them. These hierarchies emerged during the colonisation period when Cape Verdeans acted as bureaucratic representatives of the Portuguese empire in the other colonies. Also, there was a migration for studies from some of the PALOP countries<sup>10</sup>. Furthermore, from Cape Verde there are ties between the people depending on the islands they are from. In spite of having migra-

ted almost 40 years ago, the connection to the place of origin is still strong. During the focus group and the other interviews conducted in Cova da Moura<sup>11</sup>, when asked where they are from, people referred to Cape Verde, but also the Island Fogo, Santiago, São Vicente or Santo Antão.

A second category refers to those who experienced multiple migrations. In this category enter two sub-groups. First there are the so-called “twice migrants” who migrated to a country in their youth, and afterwards migrated again to a second country. This term was initially used to name migrants of Indian ancestry coming to Europe (Portugal and the UK) after East African countries (Mozambique, Uganda, Tanzania and others) gained independence. Second, there are the Portuguese labour migrants from after the Second World War to France, Germany or Switzerland who after retirement choose to return. There are also the Portuguese emigrants to Venezuela or Canada. The migrants in this category often lead transnational<sup>12</sup> lives, as they go back and forth to visit their children and grandchildren who settled in their former country of destination or they parents settled abroad.

A third category refers to those who became migrants only recently to help their children who are labour migrants or just to be closer to their family. This is called the “0 Generation” (Nedelcu, 2009). They migrate to take care of their grandchildren and also in order to be closer to their adult children. This is the case of grandparents from Romania, Ukraine, Moldova or Cape Verde who are helping their children and sometimes work to supplement the family’s income.

A forth group captures the so-called “sunset migration” (King *et al.*, 2000) or retirement migration. This refers to those who become migrants after retirement. In this category are to be found mainly persons from Germany, the Netherlands, the Scandinavian countries or the UK who have migrated to Southern Europe, initially Italy and France, and later Spain and Portugal, and recently Turkey. In Portugal alone, the migrants from the UK have been the most representative groups of migrants from the EU until 2008 (SEF, 2009: 37).

The fifth group refers to the migration for medical purposes. In this group migrants from the PALOP countries that have agreements with Portugal enabling their citizens to use the Portuguese medical services in cases where they cannot receive treatment for their disease in the country of origin can be identified. The leader of the São Tomé and Príncipe Association told us that among the migrants for medical purposes there are ageing persons, but there are also many children and adults.

A migration strategy that applies to several categories of migrants is family reunification. This is used by the Moldovans and Ukrainians who need a visa to enter Portugal and also by persons from PALOP countries who have family members in Portugal and upon arrival also use sometimes the Portuguese medical system.

### *The relation to the state*

There can be differentiated categories of ageing migrants depending on their country of origin and their status at the destination, i.e., regular/irregular status or citizenship. Rodríguez *et al.* (2010) distinguish between four groups of ageing migrants: 1) elderly migrants with full citizenship rights, 2) elderly migrants in a dependent situation, 3) elderly migrants in an 'irregular' administrative situation and 4) 'economic' migrants ageing in place and international retirement migrants. The benefit of this categorisation is that it allows a longitudinal approach and to look at the changes through which migrant group one has passed through along the changes in policies. Simultaneously, this categorisation seems to leave out the experience of interacting with authorities as well as knowing one's rights. For example, it puts in the same group the economic migrants ageing in place and the international retirement migrants. Legally, both groups have a regular status and are entitled to similar rights. Nonetheless, the fieldwork research pointed to the fact that the international retirement migrants know their rights very well, when they lack information they either use an association of the British landowners that provides them with knowledge or clarifies issues on the Portuguese legislation or makes use of a lawyer or an accountant. At the other end are the migrants from the PALOP, who, according to an interview with a leader of an association from the neighbourhood Talude, do not know their rights. Moreover, sometimes, they are frail and old and their adult children cannot afford to take a day off from work in order to bring their parents to a doctor. To sum up, having the same rights does not mean that people behave in a similar manner.

Another aspect is that people might be regular for a while; however they might fall in an irregular situation later on. These categories are not permanent. Sometimes people because of bureaucratic difficulties or because they do not know the system, they do not renew their documents. Due to the fact that they can get by in this situation, they end up postponing, thus perpetuating ending up in a situation of vulnerability (Ms. M., The Cape-Verdean Association in Setubal, Gulbenkian workshop 1). Such details are very important for a more refined analysis and understanding of people's behaviour.

### *Gender*

The fieldwork research showed that a very important variable that one needs to take into account is gender. The literature on migration already points to differences between men and women in the migration decision, remittances patterns and use. There are some flows which are clearly feminised – such as the domestic migration from Latin America to Europe (Henshall Momsetl; 1999, Lutz, 2008), the migration of nurses from the Philippines to the United States (US) (Hondagneu-Sotelo, 2003) and so on. Also, there are the flows to Central and Western Europe following the Second World War, which were of mainly men from Southern Europe and North Africa (Sayad,

1999). Moreover, at the destination, there are clear differences between men and women with regard to their integration in the labour market and the possibilities to have regular employment associated later on with a pension.

The interviews with leaders of migrant associations show that men appear to have been more likely to work with a contract than women. For example in the first waves of migration, following the 1970s decolonisation, women were more likely to stay home, take care of the children, and work in the household and the land around the house while men were working formally. Mr. C. (leader of the Sports and Cultural Association from the neighbourhood Pedreira dos Húngaros<sup>13</sup>, Oeiras, from Cape Verde) told us that women used to work less for a wage in the generation of those who arrived to Portugal in the late 1970s or 1980s. Many women worked and are still working in the domestic care sector, which is rather informal. Thus they were less likely to have contributed through taxes towards a pension or contributed very little. This accounts for the fact that women are more likely not to have pensions now at an advanced age, in spite of having a longer life expectancy. Thus, they are generally in a more vulnerable situation. This makes it more likely for women to work until an advanced age, fact confirmed also by the president of an association from Cova da Moura.

Ms. S., leader of the Association for Recreation and Improvement in the neighbourhood Talude<sup>14</sup> (AMRT), showed us a different facet of the migration from Cape Verdeans. Most of the ageing persons come to live in Talude through family reunification requested by their children. They don't come to work. The women usually come for two reasons: because they are widowers or the husband has more than one family and stays in Cape Verde with one of the other families. These women are in a dependent situation.

### *The heterogeneity of national groups*

One of the limitations of the research on ageing migrants is that it focuses on national groups; e.g. the British in the Algarve or the Cape Verdeans in Portugal, while both groups reveal significant internal differentiations. Within the group of the British international retirement migrants to Portugal, there are many who are well off and some who are still working to supplement their income. When it comes to the Cape Verdeans, there are various flows of migrants from the former Portuguese colony. Depending on the flows of migration, these have had different participations on the Portuguese labour market, knowledge of Portuguese and different rights in Portugal; in other words, possibilities to integrate.

Furthermore, the very group of PALOP countries is heterogeneous. While there are some similarities, these are surpassed by differences. Ms. N. (The Association Prosaudesc, Gulbenkian workshop 1) explained that Cape Verde established more agreements with Portugal to protect its citizens abroad, while this is not the case

of migrants from São Tomé and Príncipe and Guinea Bissau. Also, the migrants from PALOP countries have different levels of education and reasons to migrate. For example, Mr. L. (member of the local administration – eleito local – Cacém, Sintra, Gulbenkian workshop 1) underlined that many Mozambicans came to Portugal to study. Research needs to take into account all these differences.

## **A qualitative account of ageing migrants' life in Portugal**

This part discusses some issues related to the vulnerability of ageing migrants: sources of income, housing and general livelihood of ageing migrants, the ways they address health issues and the issue of return. Besides presenting the different groups, this part looks beyond at the similarities and differences among the groups.

### *Which are ageing migrants' income sources?*

Generally, the ageing migrants can have three sources of income: a pension, salaries or social benefits. Ms. S. (AMRT) presented us with the situation of Cape Verdeans in relation to retirement pensions, distinguishing three categories of people who have worked in Portugal and have pensions. There is the case of men who worked for the Portuguese colonial government who receive their retirement pension. For the people who came through family reunification, their children ask for an elderly supplement (*complemento solidário para idosos*), especially in the cases of women, who do not have a pension from Cape Verde because traditionally in Cape Verde they did not work [for a wage] outside of the house and if they happened to do so, they worked in the informal market (*rebidantes*).

Ms. C., from the association Aguinenso, told us that some people from Guinea Bissau who aged in Portugal have been unemployed for years. They have lost their jobs and it has become difficult to find new jobs because of their age. They usually did not work enough time<sup>15</sup> to have a retirement pension, so they live from a social pension (*rendimento social de inserção*) and from money they get from the other persons in the household, a couple of euros now and then.

One of the reasons the elderly from Guinea Bissau came to Portugal was to claim retirement pensions because they fought in the independence wars in the Portuguese army. In many cases people have war injuries. Only nationals are eligible for these pensions, so people stay in Portugal for the time needed to acquire nationality<sup>16</sup>. By the time they receive their pensions, they have been in Portugal for longer than six year and they rarely return to Guinea Bissau. They know they will not have the same medical assistance they have here (Ms. C., Aguinenso).

In the case of the Romanian and Moldovan migrants to Portugal, the situation is quite different. There are some citizens of these countries who came to Portugal to work in the 1990s or 2000s and have aged in place. Some still work until they are not able to do so anymore and plan to return to Romania or Moldova. Some have already returned to Romania – an example being the parents of a respondent who were in their late 50s at the time of return. Also the ones who came to Portugal to be closer to their family or to help their adult children raise the grandchildren are in majority women. They have the pension from the country of origin, but this is too little to live off of it. Consequently, they have jobs usually as domestic workers.

The British constitutes a population that it is generally portrayed by the literature as enjoying good weather and having extended holidays. On the contrary, the short visit to the Algarve for the purpose of this research introduced me to two British families whose members are still working or have recently stopped working. Mrs. J. and her husband who are young migrants to the Algarve in their 50s both work during the summer in the tourism industry and she also works as a domestic now and then. Mrs. S.'s husband worked for a British removal company until he had brain surgery and could not work anymore.

#### *Where and how do ageing migrants live?*

It goes without saying that due to the heterogeneity of ageing migrants, this group is spread. First, when looking at Lisbon, the migrants are to be found in the city centres as well as in the outskirts of the city. This depends in some cases on the time when migrants came to Portugal and their economic integration in the labour market in terms of both the places where they worked and economic status.

Some of the migrants who arrived after the de-colonisation process live in migrant neighbourhoods such as Cova da Moura, Talude, some parts of Oeiras and so on. The first two neighbourhoods started as illegal occupations and housing developments. People built their houses without permission from the town hall. When we went to Cova da Moura, many of the respondents accentuated that they had good sanitary conditions. Nonetheless, there are stringent problems with regard to the infrastructure: the streets are not straight, there is not a neighbourhood plan and there is a need for better water supply, electricity, sewers and so on.

Over the years, there have been re-housing projects done without the necessary social and economic infrastructure; e.g. post office, health care centre and others, or these stopped functioning once the re-housing process was finished many times for economic reasons. This could have contributed also to the isolation of some neighbourhoods and of their inhabitants accordingly. In the case of poor migrant neighbourhoods such as the ones mentioned above and others, it would be relevant to explore in the future if the youngest generations are moving more towards the city and the

ageing are left alone in these areas. This would potentially create problems such as the marginalisation of ageing migrants.

However, knowing where there are agglomerations of ageing migrants would be important in order to place medical centres, day centres and better infrastructures – given that it is harder for ageing persons to be mobile.

When we asked information about homes for the ageing, there was a general agreement that ageing persons would not go to a home, but they would be taken care of in the family. The ageing migrants sometimes use day centres. From the leader of the Sports and Cultural Association from the neighbourhood Pedreira dos Húngaros we found out that there are old Cape Verdeans who go to day centres, spend the day there, have lunch and also take dinner home and are taken care of. In Talude, the president of the AMRT told us that some older people get support in their own houses from religious institutions like *Sagrado Coração*.

The ageing migrants from Eastern Europe also share houses with their adult children and are spread throughout Lisbon. The group of ageing migrants from Northern Europe are clustered mainly in the Algarve. Although the group of international retirement migrants is also mixed, bringing together people with different economic situations, the housing conditions are still generally good.

#### *How do ageing migrants address their health problems?*

The use of medical services depends highly on the migrant's status in Portugal, the knowledge of the health system and how to access it. The Portuguese health system is quite open and accessible. Anyone who is registered with the authorities in Portugal can use the local medical centres (Fonseca and Silva, 2010; Silva, 2005). The people from the former colonies, because they either have always worked in Portugal or came by means of family reunification, they have access to health as any national. However, as throughout Europe, there are long waiting lists for specialist doctors. Also, due to the lack of doctors, many ageing migrants as well as many Portuguese do not have a family doctor.

Portugal constitutes a particular case in Europe when it comes to the health provisions and the migrant population. Portugal has agreements with regard to health assistance with its former colonies called *junta médica*. This entitles people from the countries that were part of the Portuguese empire to travel to Portugal in order to get medical assistance if it is not available in their country. As it was mentioned in an interview people from different age groups equally benefit from these agreements.

There is also the case of ageing persons who come to Portugal to visit their adult children for a few months and also receive at this time medical treatment. Angolan

seniors are such an example. They come sometimes to Portugal to their children and also get medical treatment (Ms. R, president and psychologist, and Ms. L., psychologist, the Angolan Association of Residents in the Municipality of Odivelas – ARACODI<sup>17</sup>)

In cases when people don't have to stay in the hospital, they stay in the house of neighbours (*patrícios*, people from the same *tabanca*, village). People are obliged to welcome a *patrício* in their homes at any time. (Ms. C., Aguienso) This underlines the strong sense of community people maintain even when they are abroad.

Relating to health services, the ageing persons use the health centre of their area of residence. The people from Cova da Moura mentioned that they usually go to the Medical Centre in Buraca. There is also a programme – *Programa de Apoio a Doentes Estrangeiros* (PADE) – of the *Alto Comissariado para a Imigração e Diálogo Intercultural* (ACIDI) addressing particularly ill foreigners. Elderly people who need medical care rarely participate, because they would have to live in a special house during the treatment. They would rather stay in their own houses. Usually people from the community help the elderly when they are sick or even with the everyday needs such as buying or cooking food. (Ms. C., Association of Guinean Social Solidarity – Aguienso<sup>18</sup>)

People do not know their rights. Also, in the workshop some people underlined that the institutions are not ready to deal with ageing persons and particularly migrants. First, people do not know where they can go or if they should even try. And if someone went once to an office or to a doctor and was treated harshly, they do not return and may end up in a situation of vulnerability. Ms. S. [AMRT, Gulbenkian workshop 1] accompanied an ageing person to a medical center and she herself did not understand what was explained. She says that these people do not even speak Portuguese well, which adds to their vulnerability and lack of security.

Ms. M. (The Cape-Verdean Association in Setubal, Gulbenkian workshop 1) underlines that some people end up in situations of irregularity because they did not renew their documents. In a small environment they have managed, but when they face a medical problem and they go to ask for the help of the association it is uncovered that they are not entitled to free medical treatment.

Ms. N. (The Association Prosaudesc, Gulbenkian workshop 1) gave an example of the lack of knowledge that inhibits people to access medical services. If someone aged 65+ has a *complemento de idoso*, they receive a document from the Social Security exempting them from the consultation fee (*taxa moderadora*) and the tests costs. But if they do not know this, they need to pay over 30 Euros for a consultation and also the cost for additional tests. All these are complicated and people end up not using the health services.

With regard to the Romanians, they usually get an European Health Card upon departure from Romania and they can use it in Portugal. Based on this card, they can only use the emergency services in hospitals. In the case of those who are contributing through taxes, they can use the medical system like nationals.

The case of the British migrants is very important to be discussed when it comes to the health sector. Many of them have not contributed to the Portuguese welfare system. Being part of the EU, they are entitled to use the Portuguese health system. In the first expert discussion, a participant from the Netherlands said that some of the ageing migrants (from the Netherlands) would return home in case of health problems. The interview we conducted in the Algarve showed the contrary, that even when facing serious health problems, some migrants stay in Portugal. Mrs. S.'s husband had a brain tumour and he had the surgery in Faro.

Depending on the financial possibilities of the different ageing migrants from the UK, some of them do a private medical insurance at the beginning of their residence in Portugal. This was also the case of Mrs. S. (F, 60, UK) and her husband (64). Later on, however, they have given up their private insurance because of the high costs. They also mentioned that in the Algarve there are many British doctors, however they are expensive. The problem for the British in using the Portuguese health system is their lack of language knowledge.

#### *What are ageing migrants' reflections on returning?*

The discussing of returning enters the debate on vulnerability for two reasons; on the one hand, migrants consider returning because they have too small pensions, which would be sufficient to live in the country of origin, thus to avoid vulnerability. On the other hand, migrants might choose not to return because they would not have the medical assistance they do in Portugal, in other words, they would be vulnerable if they return and cannot be treated.

In general, in the migration literature, the return remains a myth. Most migrants leave the country of origin thinking that at some point they will return. Nonetheless, as literature (Sayad, 1999) shows, they rarely do. Mr. C. (Sports and Cultural Association from the neighbourhood Pedreira dos Húngaros) told us that the plan of many Cape Verdeans who came to Portugal beginning in the 1970s was to work and make money for a year, send money home to build a house and improve his life and his family's life, and after return to Cape Verde. However, this was rarely the case. Even now that they are 50 or 60 years old, many Cape Verdeans say they want to return to Cape Verde. But in reality, they don't have the financial means to do so, and stay (Ms. S., AMRT).

In the case of the people from Guinea Bissau, there are many people who come to Portugal to receive the pensions they are entitled to – as mentioned before. While

they are waiting for the pension, the family comes to join them. Even if life in Portugal is not as they imagined, as Ms. C (Aguinense) told us, there is a feeling of shame in returning without money. So people continue living in Portugal.

In the case of the migrants from São Tomé and Príncipe, there is some return migration. This does not occur towards São Tomé and Príncipe, but moreover to Angola. Some people had migrated from Angola to Portugal, and some left their families in Angola and because they maintained these ties choose to return (Mr. D., São Tomé and Príncipe Association).

Return migration is a complex issue and depends on many variables. Having houses in Portugal and not any more in Cape Verde or elsewhere makes it less likely to return. The presence of the family in Portugal makes migrants not want to return to the country of origin. There would not be anyone there from their nuclear family to take care of them. Also, at an advanced age, many migrants think about the possibility of getting a better medical treatment and in Portugal they can receive such assistance. This was mentioned as an important deterrent for return by many respondents. The return to the country of origin remains though a romantic reflection.

One of the problems when reaching retirement for many migrants is that they have paid little contributions towards a pension or they did not even pay contributions due to the precarious work and type of contracts. As a consequence, they reach retirement with very small pensions. Because there are agreements and the pensions are transferable in the case of the PALOP countries, some people choose to return. As Ms. M. (The Cape-Verdean Association in Setúbal, Gulbenkian workshop 1) said, "*in Cape Verde, someone who has 200 Euro per month is senhor*". Nonetheless, there are cases when people have lost contacts to their family in Cape Verde. The role of the association is in these situations to re-establish bridges in order to help ageing migrants return.

## **Conclusions and future lines of data collection and research**

To sum up, the reality of the ageing migrants is very diverse. This was merely an overview of this population in the Portuguese context, which aims to incite for more research. The article presented the ageing migrants and the situation of vulnerability. Such studies are relevant in order to address some of the problems the population is facing. Another facet would be to discuss the active ageing of this population and their various contributions.

The topic of ageing migrants is a young topic, mainly due to the recent increase in this particular population. There is an emerging body of literature looking at various aspects with regard to this population. Qualitative data has many benefits. For the

present study it allowed us to point to limitations of the concepts and the way to measure them and accordingly refine the data collection. Nonetheless, in order to understand patterns and the long-term implications of ageing on the welfare systems, it is important to collect quantitative data. To address any topic, researchers need institutions to collect data, treat and disseminate data on ageing migrants. This is also the case in Portugal. The deficit of data limits the research analysis and the potential to put forward policy recommendations.

There are particularly three types of statistics that are very relevant in the study of ageing migrants. First, data on the health, care needs and services that the ageing migrants use. The day centres as well as the houses for ageing persons (*centro do dia / lar*) would be able to collect and systematize data on some of these issues. The problem is that many of these institutions are private and cannot be required to collect or to provide data.

Second, a scarcely captured population in the data are the retirement migrants. In Spain there has been conducted a large survey on this population (Rodríguez *et al.*, 2010). The retirement migrants in Portugal are hardly studied and most often are regarded as tourists. On the contrary, this population lives in Portugal; some are working or have worked in Portugal, pay taxes and also make use of the public services.

Third, a particular type of data that is useful to capture the contributions of the ageing migrants and would allow calculating even the economic benefits that ageing migrants can potentially bring through the provisions of informal care, housework and so on is obtained through time-use surveys. This would be a valuable instrument in studying active ageing. In Portugal, there was such a survey in 1999, but there was no follow-up.

Also, there is a need for national and international comparisons. There is little understanding of patterns, similarities and differences within and across countries. Multiple comparisons should be done: first among the different sub-groups of ageing migrants in one country and across countries. This would allow going beyond simplistic taxonomies based on ethnicity, and understating the impact of the context from the destination on the vulnerability or wellbeing of ageing migrants. Second, comparisons between ageing migrants and ageing nationals should be conducted. As some of the participants in the expert discussions have argued, large parts of the ageing nationals live in vulnerable situations as well.

## Notes

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<sup>3</sup> SHARE is the Survey of Health, Ageing and Retirement in Europe, more information can be found at: <http://www.share-project.org/>, 18.10.2011.

<sup>4</sup> In a strict conceptual way, according to the definition of the UN, a migrant is "any person who lives temporarily or permanently in a country where he or she was not born, and has acquired some significant social ties to this country" (UNESCO glossary, <http://www.unesco.org/new/en/social-and-human-sciences/themes/social-transformations/international-migration/glossary/migrant/>, 21.10.2011).

<sup>5</sup> Confederação Geral dos Trabalhadores Portugueses

<sup>6</sup> The OECD countries for 2000 were: Australia, Austria, Belgium, Canada, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Japan, Luxembourg, Mexico, Netherlands, New Zealand, Norway, Poland, Portugal, Slovak Republic, Spain, Sweden, Switzerland, Turkey, the UK and US. Until November 2010 more countries joined and now there are 33 members. These are: Chile, Iceland, Israel, Korea and Slovenia.

<sup>7</sup> The data is from the Censuses around the year 2000.

<sup>8</sup> Serviço de Estrangeiros e Fronteiras

<sup>9</sup> This is calculated as  $(V \text{ present} - V \text{ past}) / V \text{ past} * 100$ .

<sup>10</sup> PALOP is the abbreviation for African countries of Portuguese language. These are Angola, Cape Verde, Guinea Bissau, Mozambique and São Tomé and Príncipe.

<sup>11</sup> Cova da Moura is a neighbourhood in the outskirts of Lisbon. It is mainly inhabited by migrants from Cape Verde although there are also, in smaller numbers, migrants from Angola, Mozambique, Guinea Bissau, Eastern Europe and Northern Portugal.

<sup>12</sup> The term "transnationalism" names the practices of people that cross borders and unite the origin to the destination. The people who have a house in both places, who keep in touch with their kin and friends, send home remittances or are very active in the home community and living to a certain extent in both the origin and the destination.

<sup>13</sup> Associação Desportiva e Cultural da Pedreira dos Húngaros.

<sup>14</sup> Talude is an irregular neighbourhood inhabited almost mainly by Cape Verdeans (only one Pakistani family and two Brazilian families).

<sup>15</sup> In Portugal, to benefit from a pension it is necessary to have contributed for 15 years.

<sup>16</sup> The time needed to have resided in Portuguese territory is of at least six years (<http://eudo-citizenship.eu/NationalDB/docs/POR%20Law%2037%2081%20as%20consolidated%20by%20Law%202%2006%20%28English%29.pdf>, date consulted 01.12.2011).

<sup>17</sup> Associação dos Residentes Angolanos no Concelho de Odivelas.

<sup>18</sup> Associação de Guineense de Solidariedade Social – Aguinense.

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