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Final report
Demographic change and migration

Wenke Apt (editor)
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Executive summary

It is widely believed that migration will play a significant role in defining the future shape of Europe’s population. This short project was an attempt to review the evidence on some of the potential implications of this.

For the purpose of this report, “migration” includes any change of normal residence that involves a move over a significant distance, to a new country or within a country, so that the new location becomes his or her own “usual residence”. This includes movement into and out of Europe, movement between countries and regions within Europe, and, though largely neglected here, the movement of refugees, family members, and students. The focus of the report is on the implications of migration for an ageing society (and not migration overall).

In that, it is a short-lived and limited review of existing evidence on this specific topic. The project duration was from March to October 2017. An interdisciplinary group of researchers from Europe and Canada collected and analysed recent research evidence in four main topics and eleven countries. The objective was to bring together current knowledge and help define the scope of any further work by the Joint Programming Initiative “More years, better lives”. This final project report presents the researchers’ findings.

The potential benefits of immigration depend on the capability of host societies to implement immigration-friendly policies and forestall social tensions between minority and majority population. Research suggests that persons, who are less educated, politically affiliated to the right and dissatisfied with the economic situation, tend to have more restrictive migration attitudes. While there is mixed empirical evidence on the effects of gender, income and employment on attitudes to migration, the two key sociodemographic determinants are age and urbanisation. According to research, economic self-interest is less important than cultural concerns about the development of society overall. Equally important in opinion-making is framing by the media (perception vs. facts). However, there is a lack of knowledge about the formation of beliefs and potential alignment with factual evidence. In view of the possible increase of anti-immigrant stances in ageing societies, these knowledge gaps are of particular relevance.

Migrants in the health and social care workforce help alleviate the deficit of skilled health care workers. Among health and social care workers, intra-EU mobility exceeds extra-EU migration. The European Union only plays minor role as receiver of health workers from outside; yet, evidence on the volume and nature of mobility within the European Union is limited. There is evidence that countries with a public healthcare system can better control their recruitment strategies than countries with a strong private sector. Staff shortages in the European health and social care sector interact with complex regulations of legal residence and work permission. Often, there is a misalignment between the career aspirations of skilled immigrants and the types of jobs available to them. Further research is needed into these barriers, as well as the role of migrants in service delivery and the provision of culturally sensitive care services, as well as transnational care-migration-chains (e.g. the impact on families left behind).

Older migrants’ health patterns are very distinct from host populations. They also vary greatly between different migrant groups. While, upon arrival, migrants tend to be healthier than the average resident in the host country ("healthy migrant paradox"), empirical evidence suggests that their health and
mortality converges to that of the host country over time and generation. The reasons are manifold and include: general socioeconomic circumstances (irrespective of migrant status) like education, income, and housing conditions; migrant-specific factors (e.g. related to the social and economic integration in the host society, including the adoption of health (risk) behaviour); and differences in coping with feelings of rejection, social exclusion and discrimination (i.e. mental health). Data on these factors is relatively poor for the migrant population at large, and older migrants in particular. Hence, there is a lack of detailed analyses of the life/health situation of older migrants (especially longitudinal and comparative studies), estimations of migrants’ care demand in the future (acknowledging the interactions of health and migration), as well as research that integrates the dimensions of mental/physical health or formal/informal care (including gendered family networks, role of migrant families in old age care) and addresses cultural norms and expectations.

The pensions of migrants are a function of the design of the pension system (i.e. retirement age, portability of pension rights, earnings-related vs. universal flat rate benefits), of how this design interacts with the individual migration history (e.g. length of stay), their socio-legal status (i.e. right to work, pay taxes, receive benefits) and employment history (i.e. length, full or part-time work). During the past two decades, concerns over demographic change and lower employment rates among those of active age have led to pension reforms across most member states of the European Union. In that context, more comparative research on the effects or outcomes of different pensions systems for different migrant groups is important. In those countries with register systems, there is also scope for register-based research on pension outcomes in the country of origin and country of destination, as well as research on the effects of circular migration on pension outcomes.

Across themes and countries, the authors called for more research on specific migration groups and their motives (e.g. intra-EU migrants, circular migrants or irregular migrants), migrants’ intentions to stay and comparative outcomes of immigration (i.e. social and economic integration). In order to answer many of the open research questions, there are specific thematic data needs (e.g. on public perceptions and attitudes towards immigration, the recruitment of health and social care workers, migrants’ pensions in countries of destination and countries of origin, and migrants’ true length of stay. Beyond, there is need for new data sources, either through data linkage (e.g. of registry and survey data) or new data collections (esp. longitudinal), as well as an expansion of existing data collections and survey programmes, ideally to include all areas and life stages of migrants.

The evolving agenda of the Joint Programming Initiative “More years, better lives” identified migration as one of the priority topics. The list of research gaps and opportunities for joint actions that came out as a result of this fast-track project include opportunities for joint funding (e.g. a joint research call on demographic change and migration, possibly linked to data infrastructure measures, covering the identified research gaps), for mutual scientific learning and exchange (e.g. joint workshops to define the scope of specific research fields, such as migrant health and “other” migrants, to discuss content-related or methodological issues and bring together, formerly disjoint, research communities), and for outreach measures (e.g. large-scale conference to disseminate the results of the fast-track project addressing scientific and non-scientific stakeholders, such as other Joint Programming Initiatives, policymakers, data centres, migrant organisations, municipalities, health and care practitioners). The list may serve as groundwork for future demographic research and other activities conducive to the integration of research, policy and practice.
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6.4.1 Recent history of migration and trends

History

Within a few decades starting in the 1940s, the countries of origin of immigrants in France changed considerably. During the post-War years the previous predominance of Italian and Spanish immigration came to an end, and a phase of post-colonial immigration began. Starting in 1947, French Muslims from Algeria – as they were called back then – were allowed to settle freely throughout Metropolitan France. In the early 1950s, an additional 200,000 French Algerians joined their compatriots, who have remained in France after fighting in World War I. This trend further increased after the independence of Algeria in 1962. By the end of the 1960s, Algerians had become the main immigrant community in the country.

For years, the government continued to deal with immigration as a transitory phenomenon. The first assistance programme was initiated for Algerian immigrants at the end of the 1950s. The programme mainly consisted in constructing special housing and providing help to the single male migrant workers employed in the industrial sector. Soon after, women and children followed and began to settle in the shantytowns of the major cities. The government’s decision to demolish the shantytowns in the 1960s was the first step to relocate immigrant families into the mainstream social housing sector.

In the early 1960s, immigration from Portugal reached its peak. More than 700,000 Portuguese settled in France during this period. Family members, wives and children left back in Portugal, rapidly joined these Portuguese immigrants. At the same time, the number of immigrants from Morocco and Tunisia increased because of the close ties of both countries with France.

A sea change in immigration policy occurred in 1974, when the government suspended labour immigration. Although the idea of suspending family migration was brought up, this project was abandoned since family reunification was recognised as a right in 1976. In the following year, a law was passed to provide financial assistance to immigrants wishing to return to their countries of origin. However, the (voluntary return) policy failed as only few immigrants applied (Richard, 2004). In search for better immigration control, there was a spate of police operations to prevent illegal immigration at the time.

The restrictive measures adopted in the 1970s did not reverse the flow of immigrants. Immigration decreased, and then stabilised beginning in the mid-1970s. There continued to be a demand for migrant workers in various sectors of the economy, and some foreign citizens, especially those of former French colonies in Africa were exempt from applying for work permits. However, migration logics changed at that time. Until then, in line with the classic definition by sociologist Abdelmalek Sayad (1979), an immigrant was basically considered as a temporary and provisional workforce. In the late 1970s, the till then predominantly male labour immigration, was largely replaced by family reunification as the main immigration pattern. Asylum requests also rose significantly. Yet, the share

---

of immigrants in the overall population remained fairly stable.

**The immigrant population today**

In 2014, 11.6% of the population living in France was foreign-born (7.6 million out of 65.8 million inhabitants), a part of them French nationals who were born abroad. Immigrants, i.e. those born abroad with a foreign citizenship, represented 8.9% of the population. Foreigners without French citizenship represented 6.4% of the population (Brutel, 2015).

**Stocks:**

- **Gender composition:** In 2013, 51% of immigrants were females (compared to 44% in 1968). Among the immigrant populations from European countries, women constitute a majority (apart from the predominantly male immigration from Portugal). This is also true for immigrants from African countries, with the exception of the Maghreb region, and Turkey, where the share of women is lower, despite an increasing proportion of female immigrants since 1990.

- **Countries of origin:** Since 1975, the immigrant population became more diversified in terms of countries of origin. In 2013, 44% of the immigrant population (living in France) originated from an African country, with the largest proportion being born in a Maghreb country (i.e. 30% of the overall immigrant population). That proportion remains stable since the 1980s. Immigration from Sub-Saharan countries has been more recent and mainly from the former French colonies. Meanwhile, 36% of the immigrant population (living in France) originates from European countries, especially from Spain and Italy. That proportion decreased (from 66% in 1975), mainly due to mortality within these older immigrant generations or return migration at older ages (after retirement). Over time, European countries of origin also became more diverse, with larger proportions of immigrants born in Eastern Europe and the United Kingdom. Finally, 14% of the immigrant population in France is from Asia.

- **Current age structure:** The share of "old" immigrants and foreigners (i.e. 55 years and older) who live in France has increased steadily since 1990 (Table 1 Table 2 Socio-demographic characteristics of foreigners and immigrants (1990 to 2013)). In 2013, 25% of all foreigners and 32.3% of all immigrants (foreign and naturalized French citizens) were 55 years or older. However, the age structure varies notably by origin, which reflects the historical patterns and "generations" of immigration to France. At present, the large migrant cohorts of the 1960s and 1970s have already attained retirement age (Figure 1). Virot and Biasi (2012) show that ageing patterns differ at region level.

- **Future age structure:** Rallu presented demographic projections of the migrant population living in France aged 65 years and older (Rallu, 2014, 2017). He expects a rapid increase in the share of the older migrant population. Accordingly, over 20 years (2008 to 2028), the share of migrants among the elderly population in France is projected to increase from 8.4% to 10%. Across all countries of origin, except for "other EU" and "other countries", the increase is expected to be faster for women than for men (Rallu 2017, p.11). This is due to an increasing share of female migration (due to family-related migration), lower return...
migration rates, and differences in mortality. Especially the share of women from Algerian and Moroccan origin is projected to see a fast increase in their age structure until 2028.

Rallu concludes:

“Given the rapid increases in elderly migrant populations and their frequently low economic status and pension entitlements, there is an urgent need for data to support planners and policymakers in delivering social, health, and elderly care services in immigration countries. It will be necessary to adjust services to communicate with culturally and linguistically diverse populations and to provide for specific needs related to their socioeconomic and family situation” (Rallu, 2017).

As a consequence, Rallu furthermore highlights the need for information on the local level to better

Figure 3 Age-pyramids of migrants by country of birth, France, 2008 census


Table 2 Socio-demographic characteristics of foreigners and immigrants (1990 to 2013)

<table>
<thead>
<tr>
<th></th>
<th>1990</th>
<th>1999</th>
<th>2008</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Étrangers</td>
<td>Immigré s</td>
<td>Étrangers</td>
<td>Immigré s</td>
</tr>
<tr>
<td>Number (thousands)</td>
<td>3 661</td>
<td>4 238</td>
<td>3 338</td>
<td>4 387</td>
</tr>
<tr>
<td>Share in the overall population</td>
<td>6.3</td>
<td>7.3</td>
<td>5.5</td>
<td>7.3</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of men</td>
<td>55.1</td>
<td>52.0</td>
<td>53.0</td>
<td>50.2</td>
</tr>
<tr>
<td>Age structure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>moins de 15 ans</td>
<td>22.4</td>
<td>6.5</td>
<td>14.8</td>
<td>4.9</td>
</tr>
<tr>
<td>15 à 24 ans</td>
<td>14.3</td>
<td>11.5</td>
<td>11.3</td>
<td>9.2</td>
</tr>
<tr>
<td>25 à 54 ans</td>
<td>48.1</td>
<td>54.7</td>
<td>52.2</td>
<td>56.1</td>
</tr>
<tr>
<td>55 ans ou plus</td>
<td>15.2</td>
<td>27.3</td>
<td>21.7</td>
<td>29.9</td>
</tr>
</tbody>
</table>

Source: Insee, population census, https://www.insee.fr/fr/statistiques/2381759

Flows:

- Recent immigration inflows: In the period between 2004 and 2012, an average of 200,000 new immigrants arrived in France per year (Brutel, 2014). Between 2009 and 2012, the number of entries of European migrants increased considerably, mainly from three Southern European emigration countries with a tradition of immigration to France: These were Portugal, Spain, and Italy\(^{25}\). Immigrants from the United Kingdom and Belgium tend to move to France at older ages than other immigrants. This type of retirement immigration seems underestimated and is not adequately captured by the French census. In France, this migration pattern is usually typical for couples from Northern Europe, who belong to the affluent socio-economic class, take for example the British, who relocate to Normandy, Bretagne or the Southern regions of France\(^{26}\).

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\(^{25}\) Portugal, Spain, Great Britain, Italy and Germany made up 57% of all European immigrants and a quarter of all new immigration in 2012 (Brutel, 2014).

\(^{26}\) The family survey of 1999 estimated the proportion of immigrants aged older than 50 at 5.4% (Attias-Donfut, 2006, p. 38).
Figure 4 Age at the time of entry in France of immigrants who arrived in 2012 by origin (first quartile, median age and third quartile)

Lecture : 50 % des immigrés nés en Europe sont arrivés en France entre 19 et 39 ans (troisième quartile); 25 % sont arrivés après 39 ans et 25 % sont arrivés avant 19 ans (premier quartile).

Champ: France.
Source: Enquête annuelle de recensement de 2013.
Source: Brutel, 2014, figure available online: https://www.insee.fr/fr/statistiques/1281393#graphique-figure3

- Out-migration: Departures from France are quite poorly measured. Some estimates are, however, available. For example, Caron (2016) estimated that about a third of the immigrants that resided in France in 1975 were absent (or at least untraceable) by 1999. A recent study by Brutel (2015) showed that the number of immigrants, who left France tripled from 2006 to 2013 (95,000 departures in 2013). However, details by gender, age and origin were not available.
6.4.2 Specific phenomena in aging societies: The French “foyers”

A French specificity regarding the management of ageing migrants relates to the living conditions of non-EU migrants, who live in the “foyers Sonacotra”\(^{27}\), i.e. migrant workers hostels. These hostels were initially set up in the 1960s and 1970s to accommodate, but also to keep an eye on the male immigrant workers from Algeria (after the Algerian War). As several recent studies highlighted, this provisional accommodation turned into a permanent solution for many poor, male and single migrant workers, especially from the Maghreb and other African countries. Along with ageing, these elderly migrant workers nowadays experience several problems: These include early retirement and invalidity due to long years in harsh working conditions (e.g. in the construction sector), related health problems, bad housing conditions and poverty as a consequence of low pensions and/ or discriminated access to social security benefits (Barou, 2010; Gallou, 2006)\(^{28}\).

Although hostel residents constitute only a small minority of the overall immigrant population\(^{29}\) (Croguennec, 2012a, 2012b), this particularly vulnerable group of single male immigrants has attracted much attention in public policies. For example, the parliamentary report of 2013 addressed this issue extensively and proposed a number of measures to improve the social integration and living conditions of immigrant workers living in foyers (Gallou, 2006).

One recent policy measure was the introduction of a benefit-scheme for old age migrant workers (Aid for Familial and Social Reinsertion, Act of parliament in 2007 and implementation decree in 2016), which specifically targeted long-term residents of migrant worker hostels (foyers de travailleurs migrants and résidences sociales), particularly North African migrants (chibanis) living in poor conditions. The draft of the bill was driven by two motivations: “Firstly to give hostel residents more freedom as regards where to spend their retirement, by no longer requiring them to spend at least 6 months per year in France in order to receive old-age income support; and secondly to recognise the ‘sacrifices made by these workers for the economic development of France’” (Böcker & Hunter, 2017).

6.4.3 Availability and quality of migration data

The main data sources for migration and migrants include:

- Annually collected census data including information on foreign citizens and foreign-born immigrant population, net migration, and estimated immigration flows since 2004 (before decennial census data), which are available on a regional, departmental, and local level. Census data also serve as a basis for estimations of immigration flows (inflows and outflows), the migration balance and net migration, and demographic projections of the older population, including immigrants. Projections for the older immigrant populations in France (2008–2028) were presented in a recent paper (Rallu, 2017).

- In addition, the Ministry of the Interior publishes annual administrative statistics on the basis of annually issued residence permits (permits for one year or longer): These statistics include

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\(^{27}\) SONACOTRA: Société nationale de construction de logements pour les travailleurs algériens.

\(^{28}\) See also: Studies conducted by Fasild/CNAV and Insee on the issue of aging of single immigrant men living in immigrant worker hostels (Gallou, 2005, 2006, 2009); Studies on living conditions of older migrants in Sonacotra migrant hostels (Bernardot, 1999, 2008; Bernardot, Bolzman, Fibbi, & Guillon, 2001; Hmed, 2008, 2009).


\(^{29}\) In 2008, nearly 67,000 immigrants aged 55 and older lived in collective housing (including above all immigrant workers’ hostels). It was impossible to distinguish the number of residents living in specialized care homes (EHPAD = établissements d’hébergement pour personnes âgées dépendantes) and those living in migrant worker hostels, available estimations of migrants living in hostels estimated the number of hostel residents between 35,000 and 45,000 (Croguennec 2012, cited in Plard et al. 2015, p. 36).
only foreign nationals (i.e. newcomers) from countries outside the European Union and European Economic Area, whose citizens are required to hold a residence permit for long-term stays. The data also include different categories of migrants (not necessarily immigrants in a definitive sense), such as migrants for humanitarian reasons, students, or various kinds of temporary seasonal workers or high-skilled professionals. Information on residence permits are centralised in the AGDREF database (d’Albis, Boubtane & Grieve, 2015). The statistical service (DSED30) of the Ministry of the Interior publishes data series of annually admitted residence permits, by type of permit and migrants countries of countries of origin of migrants.

- General representative surveys provide data on immigrant employment status, socio-economic situation and standards of living (e.g. income, poverty, etc.), as well as housing conditions. The most prominent sources are the Labour force survey, the Family and housing survey, and the Gender and Generations survey. The main limitation of these data is that immigrants are not over-sampled, so that their number is limited. Possibilities of disaggregated analyses by origin (or by other variables) are thus possible only for the largest groups of immigrants, typically from the Maghreb or Southern Europe. The options for empirical analysis are even more limited when only migrants are taken into account.

- Special surveys on immigrants. Several surveys are dedicated to questions of integration and discrimination among immigrants and their children. These include the “MGIS” (= Mobilité géographique et insertion sociale, 1994) and “TeO” (Trajectoires et origins, 2008), while “TeO2” is expected for 2019. They are based on samples large enough to allow for detailed analyses by country of origin. Their main limitation is that older migrants are excluded: Only immigrants aged 18-59 years are included in the samples. Furthermore, hostels are not included in the “TeO” surveys either. Another survey called “ELIPA” (= Enquête Longitudinale sur l’Intégration des Primo-Arrivants, 2010 - ongoing) focused on new immigrants, among which, however, old migrants are again poorly represented. Only one survey so far focused on the topic of ageing and living conditions of elderly migrants in France: It is called “PRI” (Passage à la retraite des immigrés – 2002-2003). It was the first representative survey on the elderly immigrant population (aged 45-70 years) living in Metropolitan France, and it addressed several questions:

- Personal experience of work-to-retirement transition (e.g. migration and work biographies, professional and social mobility, access to retirement pensions/ welfare benefits)
- Role of family relations for elderly migrants (e.g. frequency of contacts and inter-generational co-residence, family care and financial support, inter-generational transfers)
- Role of social relations and activities (i.e. membership in associations, cultural activities, language, media use)
- Living standards and property (e.g. patrimony)
- Place of residence for retirement and transnational social ties with countries of origin (e.g. migrations and life between France and countries of origin, project and motivations for staying in France or returning to country of origin, choice of place of burial)
- Health conditions of older immigrants (e.g. self-rated health) and access to care services
- Life-course studies. Unfortunately, no longitudinal survey exists today that specifically targets immigrants in France. Two useful data sources should, however, be mentioned: The “EDP” (Permanent demographic sample) was established in 1967. It comprises information from the official publications of the registry office for births, marriages and deaths since

30 Département des statistiques, des études et de la documentation
1968, along with census information from the years 1968, 1975, 1982, 1990, and 1999, as well as information from the new annual census surveys. The sample corresponds broadly to a survey of 1% of the population in France; immigrants are not over-represented. The second useful source for life-course analyses is the longitudinal European panel survey SHARE (since 2004).

g) Furthermore, numerous studies on the health and living conditions of elderly immigrants, often differentiated by region and specific immigrant groups (e.g. African migrants, Maghreb, Portuguese, South-East Asian), have been carried out (Plard, Martineau, & Fleuret, 2015).

NB 1: Specific data sources are described in the appendix.

NB 2: Most data sources can be accessed through the research network Réseau Quetelet[^1].

### 6.4.4 Aging migrants

Several articles review the literature and research on the topic of ageing and immigrant populations in France (Jaeger and Madoui, 2015; Madoui, 2015, 2016), some with a focus on the health and/or housing situation of elderly migrants (Plard et al., 2015). The present review of research that has been conducted in France on the ageing of immigrants (see bibliography) suggests a lack of research and public awareness by public authorities until the 1990s. Interestingly, the first studies were conducted on the initiative of social associations and public social organisations like the Fonds d’action sociale (FAS), e.g. Noiriel, Guichard, & Lechien (1992) and Migrations Santé Rhône-Alpes (1993). An academic conference organised by social fund FAS addressed the topic of ageing and immigration already in 1999 (see the special issue “Vieillir en émigration” of the journal Migrations société, 2000). Since the year 2000, research on the issue developed remarkably: Several surveys have addressed the issue of social, economic and health conditions of older immigrants. In 2002-2003, the first major survey was conducted by the National Old-Age Insurance Fund (Caisse nationale d’assurance vieillesse, Cnav) and by the national statistics institute INSEE (Institut national de la statistique et des études économiques) with the survey “Passage à la retraite des immigrés” (Attias-Donfut, 2006, 2016). In the 2010s, several official reports addressed the topic of ageing immigrants and political challenges of ageing immigrants (Jaeger & Jovelin, 2016). Moreover, a parliamentary report presented the results of a parliamentary information mission about elderly immigrants from non-EU origin countries (Jacquat & Bachelay, 2013).

[^1]: http://www.reseau-quetelet.cnrs.fr/spip/?lang=en
Residence patterns and pension entitlements of older migrants

Rallu (2017, p. 2f) presented some findings on the living situation of older migrants:

- Non-European older migrant woman live less frequently in one-person households than the national average. Male migrants under 85 years live more frequently in residential institutions, particularly in migrant worker hostels, and have little or infrequent contact with relatives. This isolation has adverse health and social effects.
- Older migrants, mostly former labourers with insecure employment status, low wages or multiple temporary work contracts, tend to have lower pension entitlements and are at risk of poverty. Many non-EU migrant men receive pensions lower than the national average. This is even more often the case for older non-EU migrant women. Furthermore, only 60-77% of this population receive a pension. Thus, many older migrant couples rely on only one pension. Among those living alone or in residential institutions, 11-21% of women and 5-12% of men have no pension and live only from social benefits (compared to national averages of 4,4% for women and 2,5% for men).

Studies on health condition and health care for migrants

The conference proceedings of a conference held in May 2014 “L’état socio-sanitaire des personnes agées immigrés” provides an overview on current research older migrants’ health condition and access to healthcare services (Moubaraki & Riard, 2016). It also presents quantitative and qualitative evidence from a study on social and health conditions of elderly immigrants (ibid, p. 243ff). Khlat and Guillot (2017) review studies and surveys on migrant health in France.

Care services for ageing immigrant populations

Studies usually point to the lack of adapted services for older migrants. The already cited parliamentary report mentions some initiatives on local level (Jacquet & Bachelay, 2013, p. 152ff):

- A joint initiative of Plan PAPA (Préservation de l’autonomie des personnes agées), CNAV and CNAMTS pursue the development of social mediation or health care services for inhabitants of migrant worker hostels (e.g. by means of social workers or volunteers from associations).
- Projects financed by the European Integration Fund aim at local community services to improve home care and domestic services for elderly living in migrant workers hostels.
- There are various local community projects to enhance social participation and integration of hostel residents, e.g. in Montreuil (Jacquet & Bachelay, 2013, p. 156-157); progressive transformation of former migrant worker hostels into social residences and adaptation of housing to needs of elderly migrants (e.g. autonomous apartments).

33 The study has been carried out by “Migrations Santé France”. It was conducted during 2013 in several French regions (Provence-Alpes-Cote d’Azur, Rhône-Alpes, Languedoc-Roussillon, Île-de-France, Loire-Atlantique), 300 interviews (274 questionnaires) among persons aged between 55-93 years, the majority of interviewees were immigrants of Maghreb and Sub-Saharan African origin (see presentation of Mohamed El Moubarak, director of Migrations Santé France, (Moubaraki & Riard, 2016, p. 244f).
34 See also : Hamel and Moisy, 2013
6.4.5 Knowledge gaps and research opportunities

A large part of the research on ageing migrants in France focuses on male migrants living in hostels. Much less is known about old migrants living in ordinary households, be they isolated (men or women living on their own), living in a couple or with their adult children or family members. The role of gendered family networks in old age care is a topic that needs to be explored. Neither is there much research on ageing of immigrant women (for a recent study on elderly immigrant women and their familial network, see Gallou, 2017). There is a lack of data that would allow for an analysis of their living conditions: As outlined above, the only survey to study older migrants (PRI) was carried out in 2003 (Attias-Donfut, 2006).

Other surveys of migrants do not cover old migrants (e.g. the older migrants in “TeO” are only up to 59 years old), and sample sizes of older migrants are not large enough in general surveys. It is, therefore, practically impossible to establish whether existing social, health (care) services and accommodation infrastructures are in accordance with their needs.

Moreover, access of immigrants to “mainstream” old-age care homes and services has been rarely studied and data are missing (Plard et al. 2015, p. 35). More generally, housing conditions of older migrants would need to be further studied, especially to identify the conditions that would facilitate transitions towards more adapted housing.

References


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