

THE INTERPLAY BETWEEN INTERNATIONAL MIGRATION AND THE WELFARE STATE IN THE CONTEXT OF THE AGEING OF THE MIGRANT POPULATION¹

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Abstract. The article revisits the literature on international migration and the welfare state by focusing on the emerging population of ageing migrants. The scope is to develop a theoretical model that would allow the understanding of the inclusion of ageing migrants in the welfare state. The article enquires how do ageing migrants become included in the welfare system. Further, it narrows down and compares the Portuguese and Swiss welfare states with a focus on access to health care and pensions. The conclusion points to a heterogeneous population of ageing migrants that policies and states are not yet ready to accommodate.

Key words. *International migration, transnationalism, the welfare state, health services, pension, ageing migrants, Portugal, Switzerland*

Résumé. L'article revisite la littérature sur les migrations internationales et l'Etat social en mettant l'accent sur la population croissante des migrants vieillissants. L'objectif est de développer un modèle théorique qui permettrait de comprendre le processus d'inclusion des migrants vieillissants dans l'État-social. L'article s'interroge notamment sur comment les migrants vieillissants sont pris en compte par le système de protection sociale. Plus précisément, il compare les États-sociaux portugais et suisse avec un accent sur l'accès aux soins de santé et aux pensions de retraite. La conclusion indique l'existence d'une population hétérogène de migrants vieillissants que les politiques et les états ne sont pas encore prêts à prendre pleinement en considération.

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Rezumat. Articolul revizitează literatura de specialitate privind migrația internațională și statul bunăstării, concentrându-se asupra emergenței populației migranților în îmbătrânire. Dscopul acestei dezvoltări teoretice este acela de a dezvolta un model teoretic care ar permite înțelegerea incluziunii migranților îmbătrânire în statul bunăstării. Articolul se întreabă cum sunt incluși migranții în vîrstă în sistemul de protecție socială. Mai mult, compară statele portughez și elvețian, în privința accesului la îngrijiri medicale și la pensii. Concluzia indică o populație eterogenă de migranți în vîrstă pentru integrarea cărora statele și politicile nu sunt încă pregătite.

Cuvinte cheie. *Migrația internațională, transnationalismul, statul bunăstării, servicii de sănătate, de pensii, migranții în vîrstă, Portugalia, Elveția*

Introduction

The puzzle at the core of this article evolves out of the contrast between a fluent reality and the resilient welfare state. The welfare state has been defined through the dichotomy between an “us” – population entitled to welfare benefits – and a “them” – population exempted from welfare benefits. These two groups have evolved over time. After the Second World War, the inclusion of some categories of migrants as beneficiaries of welfare provisions was not even conceived of. Recently, in the context of increased openness of countries towards the global economy, free circulation between some countries and worker’s contributions in different welfare systems, the issue of transferability of social benefits is increasingly present in political agendas. The inertia of national welfare states made the process of transference of social benefits and pensions very long and still there are limited bilateral agreements between some states and within communities of countries. This directly affects migrants’ welfare and the social cohesion in migrants’ origin countries or at their destinations. Moreover, there are differences in welfare provisions from one country to another due to the diverse trajectories the development of the welfare state took in Europe and beyond.

This article focuses on welfare states and not welfare in general. While understanding the complementarity between public, private and third sector for welfare provisions, including these three dimensions would broaden too much the scope of the article.

Since the 1970s and even more today in the context of the financial crisis, the welfare state is under intense scrutiny. Based on socio-demographic premises that no longer mirror the social reality; the welfare state is compelled to re-invent itself. Two sets of factors make the rethinking of the national and local welfare provisions towards elderly migrants necessary: the increased movement of persons and the free movement within the European Union (EU) – with some differences among countries – and the fact that several groups of migrants are

reaching the retirement age – e.g. the post-war migrants – and some people migrate after retirement.

Much literature has been written on this article's central concepts of international migration and the welfare state. The emerging group of ageing migrants urges us to revisit it and develop a theoretical model to understand the place and the inclusion of ageing migrants in the welfare state to assure this population's well-being. The article's central question is "How do ageing migrants become included in the welfare states?" To answer this question we observe a series of characteristics that allow the access to welfare benefits. For example, if somebody has the citizenship of a certain country, that person can access some welfare benefits. The exercise becomes more complex as we map a heterogeneous population and compare its access in two welfare states.

The article is organised in three parts: first there is a discussion of the concepts of international migration and the welfare state. The literature is too rich to summarise it in a few pages. It merely attempts to capture the relevant issues relating to the group of ageing migrants, a group presented in the same part. This part outlines the theoretical model that is later used. Secondly, the article discusses ageing migrants' rights to pensions and access to health care in Portugal and Switzerland, and thirdly, it draws some conclusions.

The comparison between Portugal and Switzerland allows us to discuss different groups of migrants and welfare states. Both cases are destination countries, with the specificity that Portugal was a country of emigration, and started receiving migrants in the 1970s and 1980s. Regarding welfare, on the one hand Portugal has a relatively generous and universalistic welfare state, in spite of the benefits and minimum income being very low. On the other hand, the Swiss welfare state shows similarities both to the liberal and the continental welfare states (Trampusch 2010) and has strong regional differences. The choice to compare two European countries, one member and one non-member of the EU, was determined by the fact that it allows for more diversity with regard to the treatment of migrants. Across Europe there are a variety of social welfare systems (Esping-Andersen 1990) associated with "distinct social, economic and spatial inequalities" (Ackers and Dwyer 2004, 451). In spite of the free movement across Europe and the recognition of the rights of qualifying EU citizens, there did not occur a harmonization of the welfare policies across EU countries, the member states continuing to "differ significantly in the level and nature of social welfare provisions" (Ackers and Dwyer 2004, 452).

Theoretical discussion

International migration and transnationalism – as a particular form of international migration – have the potential of bridging across continents. Nonetheless, they have been associated sometimes with increased social divisions and inequalities between countries of origin and destination, between migrants

and non-migrants and so on (Castles and Miller 2009). The concept of social welfare at the same time unites a population and separates it from other groups.

The welfare state

Traditionally, the welfare state emerged in the framework of the nation states. Esping-Andersen (1990) distinguishes between three main models: the corporative/conservative present in countries such as Germany or France, universalistic such as the Scandinavian countries and liberal accounting for the United Kingdom and Ireland, among other countries. This prompts the question “How are the analytical categories of the welfare state relevant for capturing the integration of ageing migrants in the welfare state?” The article wants to move past Esping-Andersen’s categories. To begin with, none of the welfare states can be fully captured by one typology – probably with the exception of the Scandinavian countries. The Swiss welfare state is described in the literature as a combination between the corporatist liberal system – such as the UK and the US – and the corporatist German system. The British welfare state described as liberal has universalistic elements when looking at the provisions for ageing persons. Thus, the taxonomy of Anderson appears to refer to ideal types that do not exist as such, but are rather found as combinations in reality. The Southern European countries are put in the same group in the absence of very strong similarities (Glatzer 2005). Moreover, this typology has little relevance when one wants to focus on specific issues, such as the position of ageing migrants.

Welfare policies refer to “programs that protect against the economic risks of illness, disability, unemployment, old age, and insufficient income for other reasons.” (Glatzer and Rueschemeyer 2005, 10) There are also other broader definitions that make particular reference to the equal access to education or on the labour market. Given the focus on ageing migrants, these definitions would not appear as focused enough. More important is the reduction of economic inequalities. Drawing on this literature, the article defines the welfare state as the regime that shapes the rights and benefits someone has. And from among the variety of welfare services, the article addresses access to health care and pension rights.

Confronted with a diversity of populations, the welfare state has started a process of transformation. At the core of the welfare state is the principle of solidarity: “... a viable welfare state, which commits substantial resources to health care, income transfers, and social services, depends on achieving and maintaining a high level of solidarity among citizens and that this in turn rests on feelings of commonality among citizens” (Kymlicka and Banting 2006, 282).

An aspect that deserves particular attention has been coined by the literature as “progressive dilemma” (see Banting 2010, Goodhart 2004). Some authors argue that immigration, through its impact on ethnic diversity,

deteriorates the cohesion between citizens, which is at the base of the welfare state.

“If welfare states demand that we pay into a common fund on which we can all draw at times of need, it is important that we feel that most people have made the same effort to be self-supporting and will not take advantage. We need to be reassured that strangers, especially those from other countries, have the same idea of reciprocity as we do” (Goodhart 2004, 7).

Consequently, contemporary democracies need to find a balance between accommodating ethnic diversity and facilitating redistribution. Two negative consequences for migrants that might emerge refer to the exclusion of migrants from access to welfare provisions or the weakening of programs that are relevant for newly arrived migrants (Banting 2010). The first in particular has implications for ageing migrants. When thinking particularly at the group of the ageing, the discussion leans towards the fact that the welfare state is not sustainable economically to pay the pension of increasing cohorts that are very large as opposed to the ones that are currently entering the labour market. The dependency ratio in Europe has increased dramatically over the past decades. The ratio of older dependents – people older than 64 – to the working-age population – those ages 15-64 – has increased in the EU from 15.31 in 1960 to 25.72 in 2009 (World Bank, World Development Indicators). It creates new cleavages in society: the older against the youths – who will have no money left for their pensions. The group of ageing migrants faces even more criticism as they were always regarded as young labour, and are now becoming a part of the pension receivers.

The principle at the core of the welfare state is one of closure in relation to the outside, similar in this way to Luhmann’s concept of system (1995). To give a few examples, benefits such as unemployment or pensions are provided to those who have contributed. Other benefits are given if the person has the citizenship of that country or is a regular resident. These constitute closure principles.

International migration and the interaction with the welfare state

The impact of international migration on the welfare state is two-folded. First, international migration contributes to the ethnic diversification of the population, putting a strain on the social cohesion and requiring the rethinking of the differentiation between ‘us’ and ‘them’, dichotomy at the very essence of the welfare state. Second, international migration as already emphasised is not only the movement from country A to country B for the purpose of settlement. There are many migrants who have lived and have been active on the labour market in several countries and further there are transnational migrants living and engaging in economic, cultural and social activities in two or more countries

simultaneously. All these diverse living arrangements require pragmatic adaptations in the welfare services².

Transnationalism denotes a recurrent flow between an origin and a destination. It is “the process by which immigrants build social fields that link together their country of origin and their country of settlement” (Glick Schiller et al. 1992, 1). The impact of transnationalism on the welfare provisions for the particular case of ageing migrants depends on a series of factors: migrant’s citizenship, migrant’s status in the country of ‘official destination’³, the transferability of welfare benefits between countries, the type of medical insurance one has and the medical system at the origin and destination. Similarly, although having contributed towards the medical system an entire working life, one can lose the right to use the health system, if one does not reside in that country⁴.

To sum up, the impact of international migration on the welfare state requires a rethinking of the core of welfare states and their functioning principles; i.e. the basis of the social cohesion and redistribution. International migration can potentially erode the support of the welfare system by the majority population. The implications of the transnational character of migration remains however of a pragmatic nature. They can be addressed by practical changes – i.e. bilateral agreements, transferability of benefits and generally welfare needs across national boundaries.

Citizenship and the welfare state

Citizenship is an important variable granting access to welfare provisions. It is “the institutionalisation of generalised reciprocity and diffuse solidarity of members in a community (Faist 2001, 40). At the destination, migrants’ citizenships can be hierarchized on the base of cross-countries agreements. As Ackers and Dwyer mention, the EU is not a welfare state,

² One could add that international migration has a positive demographic impact since most migrants are young adults and they are for many years net contributors to the pension schemes. Thus, migrants help to keep the financial capacity of welfare States alive. Nevertheless, this important function of migrants is not always clearly perceived by the majority of the population in different nations-states.

³ In spite of the fact that people live transnational lives, from an administrative and legal point of view, people still have a permanent residence and in some cases a temporary one. Sometimes, people choose to maximise their revenues by registering in the country that would bring them a higher return. Also, in some countries, people do not have to register (e.g. Portugal), while in others registration is mandatory (e.g. Germany or Spain), all these depending on one’s citizenship.

⁴ For example, British citizens living in the United Kingdom, when they are on pension do not pay for their medicines. If they reside in Portugal, as EU citizens, they have access to the Portuguese health care system; nonetheless they follow the Portuguese rules, according to which medicines are paid.

nonetheless, “European citizenship [...] engages with national welfare systems and requires the Member States to deliver social rights to qualifying EU nationals who migrate” (2004, 452) given the non-discrimination principle. The article by Ackers and Dwyer focuses on mobile EU citizens. For them “social entitlement, under EU law, derives not from citizenship status per se, but rather from the quality and location of social contributions” (2004, 452).

The EU citizenship was introduced in 1993. Based on this, all the citizens of the member states are EU citizens. Their rights are however limited across the different EU countries. For example Romanian and Bulgarian citizens – last two countries to join the EU – have limited access on the labour markets of Member States. Moreover, even between other citizenships, there are differences with regard to the access to welfare benefits. These “vary considerably and depend upon their present or past relationship with the paid labour market” (Ackers and Dwyer 2004, 457). Therefore, welfare is not related only to citizenship, but also to one’s position on the labour market. This conception started with Richard Titmuss (1969) who considered “occupational welfare” as a dimension of citizenship. In other words, one can benefit of pension depending on one’s contributive career.

Important for the access to social welfare is also the status of the migrant as being in a dependent or non-dependent situation⁵. Those in a dependent situation have the right to reside in the host country and are entitled to welfare benefits based on their relation to the working migrant. In case of separation, divorce or death, they risk losing their rights (Ackers and Dwyer 2004). Thus, those in a dependent situation are in a more vulnerable situation.

A central aspect discussed by Ackers and Dwyer (2004) is the fact that some welfare provisions are attributed to citizens, providing they reside in the country of citizenship. The authors give the example of a Belgian citizen living in Portugal. When requiring assistance from the Belgian state because she had very low income, she was granted help only if she were to reside in Belgium. Similarly, British retirement migrants in southern Portugal try to maintain their main residence in the United Kingdom, if they can afford it, in order not to lose some rights, among which the access to the health system or supplementary income for the elderly. The British citizens living in southern Europe cannot benefit of other welfare provisions from the British state, apart from their pension, which can be transferred to another country. Comparably, Portuguese migrants to Switzerland lose their supplementary pension if they leave Switzerland.

Portugal and Switzerland are different with regard to their citizenship rights. Portugal is part of the EU. This requires it treats EU citizens as its own citizens. Moreover, Portugal has been a colonial power and maintained contacts to its former colonies. As a consequence, African Lusophone countries enjoy

⁵ The non-dependent migrant is usually the one with employment.

particular rights and many of the migrants from the former colonies have by now acquired citizenship. Although Switzerland is not part of the EU, it has agreements with the member states on social security transfers and other migration and labour issues. In particular the UE and Switzerland signed an Agreement on Free Movement of Persons, which took effect on the 1st of June 2002. This guarantees EU workers and their families a very similar treatment as if they were moving to another EU country.

Ageing migrants

Several migration policies have been based on assumptions that proved on the long term not to be accurate. The guest-worker programs following the Second World War considered migrants as labour force that would come to Central and Western European countries for a few years, work, live in collective houses built for them, and at the end of the contract return to the country of origin. Much of this has proved not to be as initially thought (Hansen 2003). Many of these migrants have brought their families with them, have aged in place, and some lead transnational lives (Böcker and Balkir 2012). Another assumption of European law “rests on a narrow conceptualisation of migration behaviour – of same nationality couples making one significant move and then either remaining or eventually returning” (Ackers and Dwyer 2004, 464). These examples come to contradict most of the existing migration scene in Europe, which exhibit transnational practices or multiple migrations (Gustafson 2008).

Moving beyond migration policies, there are other conceptions of migration, which again were founded on limited expectations. Confronted with the ageing of the population in Western Europe and North America, migration was considered to have a potential of revitalization: on the labour market and through taxes, and of the ageing population, given the assumption that migrants have a higher fertility rate than the nationals in the countries of destination. This together with globalization has contributed to the worldwide growth of migration (Castles and Miller 2009). The consequence however, has been that nowadays we witness the ageing of the migrant population. Additionally, more and more people choose to migrate following retirement.

The group of ageing migrants is very heterogeneous. Differentiations can be made according to their regular status at the destination, age at the time of migration, acquiring citizenship or not, national groups, socio-economic and occupational background and so on.

One differentiation from the point of view of the states and the ageing migrants' rights depending on regular status and citizenship belongs to Rodríguez et al. (2010). They 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. This

categorisation permits a longitudinal approach and an analysis of the changes through which one migrant group has passed along with the changes in policies or in their regular status. Its limitation is that it brings together the categories of ‘economic’ migrants ageing in place and international retirement migrants, groups that have significant internal differentiations.

Ackers and Dwyer (2004) show that there are noteworthy differences between ageing migrants, even when these have formal rights provided by their citizenship. They divide international retirement migrants – to be found in the fourth category in the above categorization – into five more groups. These are:

1) “Retired migrant community workers: persons who move to another Member State for work and then exercise their right to remain.

2) Returning community workers: those who move to another Member State for work and then return home on retirement.

3) Post-retirement migrants: persons who retire in the home state and then move to another EU Member State.

4) Joiners: a sub-group of the previous category who move in order to accompany or join their Community migrant children claiming rights as ascendant relatives.

5) Returning post-retirement migrants: a sub-group of category three who subsequently return home.” (Ackers and Dwyer 2004, 455)

For the discussion of the interplay between transnationalism and the welfare state in relation to the population of ageing migrants, the article uses a classification initially outlined by Warnes and his colleagues (2004) and later developed by Ciobanu (2011). This classification takes into account migration patterns and flows as well as the rights of different groups. Moreover, for this particular analysis, the taxonomy – presented in the following table – includes as variables the regular status, the place of work and contribution through taxes and the place of residence after retirement, in this way summarising the theoretical discussion and applying it to the discussion of the ageing migrant population. This table is based on an overview of the existing literature and fieldwork research in the area of greater Lisbon and the Algarve. Ten interviews with leaders of associations were conducted, and also ten interviews with ageing migrants and three workshops with stakeholders.

Table 1. Status and geographies of ageing migrants

| Group of ageing migrants | Regular status | Place of work and contribution through taxes | Place of residence when in retirement |
|---|---|--|---|
| First generation who have ‘aged in place’ | Elderly migrants with full citizenship rights, Regular residents | The origin, The destination, Both A combination of two destinations | The destination, Trips to the country of origin Transnational space |
| “0 Generation”⁶ and family reunification migrants | Elderly migrants in a dependent situation, Elderly migrants in an ‘irregular’ administrative situation | The origin | The destination, The transnational space including the origin and destination |
| Multiple migrations | Elderly migrants with full citizenship rights, Regular status | The origin, The first country of destination The country of second or more migration | The origin, Transnational livelihoods involving the country of destination and the country of origin, A second destination. |
| International retirement migrants | Regular residents | The origin, The origin and the destination | The destination, Transnational livelihoods involving the country of destination and the country of origin. |
| Aged refugees | Regular residents | The origin, The origin and the destination. | The destination, A second destination. |

The table helps understand the complex living situations ageing migrants have. One’s citizenship or administrative status, the place where one has worked and contributed towards a pension, as well as the place where one resides are

⁶ The difference between the two groups is the following. The “0 Generation” migrants sometimes stay at the destination for shorts periods of time – up to three months – with the purpose.

important variables that need to be taken into account when discussing ageing migrants' rights and entitlements to welfare benefits.

An important remark is that ageing migrants, even when they come from the same country are not a homogeneous group. In this sense, one's citizenship is not the only variable that counts. The diverse migration flows from the same countries underline the importance of differentiating among co-nationals based on administrative status and position on the labour market, among other things. The Cape Verdean migrants constitute such an example. They came to Portugal in various waves. The first came after the decolonisation, starting with the 1970s. It was mainly a labour migration. There followed other flows of persons that came through family reunification required by their children. And a third flow of migration for medical treatment⁷. All these have implications for their regular status and integration on the labour market. Similar to this is the flow of Portuguese migrants to Switzerland. There are on the one hand the labour migrants and on the other hand their ageing migrants in a dependent situation.

Because comparing all migrant groups in two countries would be too complex, the focus in this article lies on the first generation that aged in place and the '0 generation'.

Transnational practices of ageing migrants

The literature agrees that many of the ageing migrants lead transnational lives (Bolzman, 2013, Gustafson 2001, Nedelcu 2009). This does not mean that they only travel frequently between the country of origin and of destination. It captures moreover their active civic life in both locations; the fact that they have family members in the country of origin or at the destination and extensive socio-economic and cultural exchanges. There are accounts of the transnational ties developed by Turkish migrants in Germany or the Netherlands (Böcker and Balkir 2012) or the Italian and Spanish migrants in Switzerland (Bolzman et al., 2006). Most of the first generation migrants develop thus ways of life characterised by the "duality" of references and resources. They are regularly in contact with their home country and keep concrete and symbolic ties with it, while they continue at the same time their everyday life in their immigration country (Bolzman et al., 2006).

The "0 Generation" play a role of strengthening the transnational connections through language transmission and maintaining the ties of their adult children and grandchildren to the country of origin (Nedelcu 2009; Bolzman et al., 2008).

Very different groups of migrants can adopt a transnational lifestyle. There can be guest workers from Portugal to Switzerland, who after retirement would want to return to Portugal, but in order to be close to their

⁷ Portugal has an agreement with its former colonies that if a medical treatment cannot be performed there, a person can come for treatment to Portugal.

adult children end up going back and forth between the two countries. There can just as well be an ageing Romanian whose adult children live in Canada and who travels for long periods of time each year to be with his / her family (Nedelcu 2009); The same can be observed among ageing Romanian living in Switzerland. Many of them spend some part of the year in Romania (Ciobanu and Bolzman, 2014).

Proposed theoretical model

When we speak about integration, we often refer to the labour market and social or cultural integration. The argument made here is that the access to pensions and health care is also a form of integration that assures one's well-being. After having presented this complex reality of ageing migrants with heterogeneous life courses, the model capturing their integration in the welfare system includes the following dimensions. On the one hand, there are characteristics that facilitate one's inclusion in the system. These can be innate and acquired. Such characteristics are: regular status and / or citizenship, position on the labour market, belonging to a community and being able to mobilise a social network, socialization with the welfare state and mobility patterns. On the other hand, there are the strategies ageing migrants develop to become included in the welfare system. These are divided into formal and informal strategies. An example of informal strategy is the access to information through the community of belonging. There can be interactions between strategies and characteristics in that people can develop strategies to access a certain characteristic; e.g. citizenship acquisition.

There are two manifestations of the inclusion in the welfare state; as a continuum in the case of the migrants who have aged in place and fractioned in the case of the people who migrate at a later age and benefits are collected from one other or more welfare states.

Empirical analysis

This part discusses the two case studies: Portugal and Switzerland, and their welfare benefits – access to health care and pension rights – for ageing migrants. Finally, based on the empirical evidences, it problematizes ageing migrants' integration in the respective welfare systems following the above-mentioned model. For each country and welfare benefits, the parts briefly answer three questions: who is entitled to benefits, to what benefits and at which costs.

Welfare benefits for ageing migrants in Portugal

The development of the Portuguese welfare state started in the mid 1970s. The Portuguese welfare state is a generous one with almost universal coverage, although minimum pensions are low in comparison to other European countries⁸.

⁸ For a more in depth analysis of the interplay between globalization and the welfare state in the case of Portugal and Spain, please consult Glatzer, 2005.

There are large variations between formal and practical arrangements. The Portuguese system is a traditional one leaving a lot of social responsibilities on the family.

The report of the Service of Immigrants and Borders⁹ (SEF) for 2009 stated that the ageing index of the migrant population is lower than that of the Portuguese population. The group of aged foreigners, holders of a residence permit, residing on the Portuguese territory was in 2009 of 16,710 out of which, 8,280 men and 8,430 women (SEF 2009, 33) and in 2010 it was of 18,306 with 9,028 men and 9,278 women. The percentage of ageing migrants among all the foreigners residing in Portugal represented in 2009, 3.67 per cent (SEF 2009, 34) and in 2010, 4.11 per cent. The drawback of this data is that it only includes those having a valid residence permit and many visa holders are out of this computation.

The Portuguese government defines different categories of citizens. Today three main migrant categories are recognized which correspond to different statuses: 1) EU citizens and other affiliated states; Island, Lichtenstein, Norway – part of the European Economic Area (EEA) – and Switzerland; 2) Portuguese speaking countries (CPLP)¹⁰ and 3) third country nationals. Regarding rights, the Portuguese constitution¹¹ recognises the principle of equality among all citizens and guarantees to the nationals of foreign countries residing legally in Portugal all the citizenship rights. In accessing welfare benefits, besides one's citizenship, imperative is the contributive component or what Titmuss (1969) named 'occupational welfare' and the resident status. This is why it is critical to start by matching the ageing migrant groups with countries of origin and regular statuses.

Table 2. Ageing migrant groups, countries of origin and regular statuses in Portugal

| Ageing migrant groups | Countries of origin | Current regular status |
|---|---|---------------------------------|
| First generation who have 'aged in place', following decolonization processes | Cape Verde, Mozambique, Angola, Guinea Bissau and São Tomé and Príncipe (PALOP countries) | Regular and irregular residents |
| The "0 Generation" and family reunification migrants | Romania, Moldova, Ukraine, Russia, PALOP countries | Regular and irregular residents |

⁹ Serviço de Estrangeiros e Fronteiras.

¹⁰ This is a particular group made of former Portuguese colonies.

¹¹ Through the Articles 13, 15 and 63, as well as of the Article 2, Section 1 of the Law of Social Security (for a more detailed analysis see Silva, 2005).

Pensions

The old-age pension is a contributive benefit, and there is also a solidarity supplement for the elderly¹². The former is given to employed or self-employed persons who reach the retirement age and meet certain conditions or persons who have been voluntarily insured. This can be collected after the age of 65 and it is necessary that a person accumulated 15 years of paid or credited contributions. Unemployed persons are also entitled to old-age pension provided they were 57 at the beginning of their unemployment and at the same time have contributed for 15 years¹³. Pension can be collected while the person is still earning a salary. The latter form of benefit is given to pensioners of 65+, who must have resided in Portugal at least six years before having rights to this subsidy. Moreover, they must have an annual income lower than a certain amount¹⁴.

Regarding the mobility of persons within the EU, it is important to mention that the insurance record is preserved in all the countries a person lived and has been insured. All the EU member states and Iceland, Norway, Lichtenstein and Switzerland, in which a person has been insured, will pay the old-age pension when a person reaches the retirement age. This pension can be transferred in any of the EU member states or the other countries that have signed the agreement. This reference is very important for ageing migrants given that there are persons who choose to spend their retirement years in a different country than the one in which they have contributed during their lives.

Access to health care

In Portugal, the following groups have access to public health care: Portuguese nationals, nationals of other EU / EEA or Switzerland, national of a third country resident in the EU or a stateless person or a refugee, as well as their families and survivors¹⁵. In 2001 all the foreign citizens residing legally in Portugal were granted equality of treatment to the National Health Service (SNS¹⁶) services comprising of “health care, medication, and services provided by institutions that make up the SNS.” (Silva 2005, 26) In order to access the National Health Service, one needs to be registered, which presupposes to have residency in Portugal. This makes difficult the access to the medical centres because some of the ageing migrants do not have the documents allowing them to register.

¹² Complemento solidário para idosos

¹³ European Commission 2011 “Your Social Security Rights in Portugal”. Retrieved 15 November 2011 from http://ec.europa.eu/employment_social/empl_portal/SSRinEU/Your%20social%20security%20rights%20in%20Portugal_en.pdf, p. 18.

¹⁴ European Commission 2011 “Your Social Security Rights in Portugal”. Retrieved 15 November 2011 from http://ec.europa.eu/employment_social/empl_portal/SSRinEU/Your%20social%20security%20rights%20in%20Portugal_en.pdf, p. 19.

¹⁵ Idem, pp. 8 – 9.

¹⁶ Serviço Nacional de Saude

Particularly for migrants, there are some special services. In spite of rather unclear administrative arrangements, studies show that foreign citizens have access to the SNS services regardless of their nationality, economic level and legal status¹⁷. (Fonseca and Silva, 2010) In case of illness, a person has access to preventive and curative care, including consultations with general practitioners and a variety of testing and medical facilities¹⁸. Most medical assistance has a fixed user charge and persons need to cover also diagnostic tests¹⁹. If the migrants legally residing in Portugal and their family pay social security, they have the same costs for using the medical services as the Portuguese citizens. If they do not pay taxes, they would pay higher costs, but still similar to the Portuguese population. (Fonseca and Silva 2010)

The access to health care is more attached to residence. If a person chooses to leave a country, s/he loses the rights to health benefits. Within the EU and Lichtenstein, Norway and Switzerland, citizens can circulate and also are entitled to use the emergency health system if they have a European health insurance card²⁰.

Welfare benefits for ageing migrants in Switzerland

In Switzerland, like in many other European countries, occurs a rapid ageing of the migrant population. The general size of the ageing migrant population, that is 55 or more, was of 273,755 in 2009 compared to 79,446 in 1975 and to 199,244 in 2000 (OFS 2010). The number of foreigners aged 55 or more has thus grown continuously since 1975 in both absolute and percentage terms. This growth is also clearly visible among foreigners aged 65 and higher. Their proportion among the resident population increased from 4.9% in 1980 to 10.8% in 2009. Examining more specifically Spanish and Italian resident in Switzerland, they represented 3.2 per cent of the 60 – 64 years resident population in 1980, and they grew to 8.1 per cent in 2000. Those aged 65 or more increased from two per cent in 1980 to 3.5 per cent in 2000 (Bolzman, 2013). The growth of the absolute numbers of Italian and Spanish aged 65 and more is more impressive, from 17,093 in 1980 to 53,098 in 2009 (OFS 2010).

¹⁷ The irregular migrants can require a temporary card. To do so, they need to present a certificate issued by the local administration (junta de freguesia) proving their residence.

¹⁸ European Commission 2011 “Your Social Security Rights in Portugal”. Retrieved 15 November 2011 from: http://ec.europa.eu/employment_social/empl_portal/SSRinEU/Your%20social%20security%20rights%20in%20Portugal_en.pdf, pp. 8 – 9.

¹⁹ Idem. for more details.

²⁰ It is noteworthy to mention that this merely gives access to the emergency health services. Nonetheless, there are costs for using the medical facilities varying from country to country.

Foreign residents in Switzerland contribute to the social insurance scheme. The number of pensions to be paid to foreigners has increased very fast; nonetheless, the foreigners receive less than they contributed (Ruspini, 2010).

Table 3. Ageing migrant groups, countries of origin and regular statuses

| Ageing migrant groups | Countries of origin | Current regular status |
|--|---|---|
| First generation who have 'aged in place' | Italy, Portugal, Serbia, Spain, Turkey | Regular long term and provisory residents |
| The "0 Generation" and family reunification migrants | Italy, Portugal, Serbia, Spain, Romania, Turkey | Regular long term and provisory residents, Small irregular numbers. |

Pensions

The Swiss pension system is based on three pillars. The first one is made of old age and survivors' insurance (OASI) and invalidity insurance (Bolzman et al., 2004). It is financed through employment-related contributions, has a universal coverage, and provides a basic pension assumed to cover necessary living costs. It includes both nationals and foreigners who have contributed to the scheme. Benefits "vary between a minimum of 20 and a maximum of 40 per cent of the average wage" (Oesch 2008, 539). Thus, generally this pension is small. Those who have only this type of pension, can apply for a means-tested pension supplement.

The second pillar is the occupational pension, which became compulsory in 1982 (Oesch 2008) and covers old age, survivors and invalidity (Bolzman et al., 2004; Ruspini 2010). The third and last component is based on tax-deductible savings and is optional. It mainly benefits high-income groups and the self-employed. This pension system creates gaps between groups: "employees with monthly earnings below 40 per cent of the average wage (about 1360 Euro in 2003) do not contribute to an occupational pension fund. While this minimum earnings limit is generally exceeded by full-time workers, it proves too high for many part-time employees, most of whom are women" (Oesch 2008, 539). Many migrants in Switzerland do not pay the second pillar because they earn very little (Bolzman 2012). Those who work as domestics or part-time are similarly more affected.

Generally speaking, any person leaving from the immigration country in which they contributed through taxes either can have their pension transferred to the country of origin, if there are bilateral agreements between the two countries, or can recuperate some of the contributions (their own part), if there are no agreements between the countries. This is the case of Switzerland (Nguyen 2003), among other countries. Switzerland has social security agreements with several countries, but with no "southern" country with the exception of Chile and

Colombia. Thus, migrants must stay in Switzerland to benefit from old age pensions.

The ageing migrants who choose to return to the country of origin can transfer the base pension, if there are social security agreements, but not the complementary component of the pension. This has the potential to reinforce to some extent transnational practices, making migrants keep contacts in the country of migration in order to benefit of a supplementary pension.

Access to health care

Switzerland does not have a national health service; rather there are private medical insurances. The health system is complex, involving a combination of basic insurance and more liberal elements. The basic health insurance is compulsory. Its value is specific to each canton and not to one's revenue. As a consequence, regardless of how much someone gains, they get to pay more or less depending on the canton. There are several companies with whom people can make insurances. The administration is very complicated and as a consequence people are not well informed about how they can change from one insurance company to another, although it is possible. Often, migrants are in a disadvantaged situation because they do not know very well the system. Furthermore, the high costs of health insurances make it that migrants are less likely to have supplementary health insurance (Bolzman et al. 2004). This gives access to private hospitals or private attention in public hospitals and to a larger range of treatments that are expensive and not covered by the basic insurance. At a more local level, hospitals have ambulatory emergency services to provide assistance to irregular migrants on a temporary basis.

Conclusions

The welfare state needs to be seen in a broader and longitudinal manner; bound by a common history, a present and an expected future. In the case of Portugal, the colonial past has an imprint on its welfare policies through the special place the citizens from the former colonies have. This is specific to the countries with a colonial past. This differentiates Portugal and the other countries that are still relating to their former empires from more self-contained nations and welfare state like Switzerland among others.

The conclusions aim to bring together the different bits and pieces from the empirical evidence and analyse how they interact in providing ageing migrants with welfare services. This part compares the two countries and groups of migrants and later returns to the theoretical model for explaining their integration in the welfare states.

Concerning the population of ageing migrants and their welfare provisions, the conclusion begins to shed light on a new social reality that the institutions are not yet ready to accommodate. The discussion on the

progressive's dilemma (Banting 2010, Goodhart 2004) and the 'trade-off' hypothesis (Kymlicka and Banting 2006) refers to immigration policies or the closing down of borders. However, these are not entirely relevant to this article because it refers to populations that have the right to circulate or who have aged in place, in other words are already at the destination. For example the labour migrants to Portugal following the decolonization or the former guest workers in Switzerland, both groups ageing in place, have had contributive careers at the destination and are entitled to welfare benefits. This have been also the case of former refugees from Romania and Latin-American in Switzerland that have arrived as young adults and have aged in place (Ciobanu and Bolzman, 2014; Bolzman, Gakuba, Minko, 2014). While those migrants with resources develop strategies to fulfil their needs, the more vulnerable groups are left unattended.

The integration of ageing migrants in the welfare system is not dependent only on the policies described earlier. In Portugal, there is a gap between formal mechanisms and institutional practices. From the qualitative fieldwork it appeared that migrants are not always aware of their rights and entitlements. Moreover, those working in the public administration or in medical centres lack information and at times misinform people. In Switzerland, the overview of the policies portrays a very restrictive and complex system. Nonetheless, in spite of few liberties, the ones who are integrated receive adequate protection. The Swiss system is more difficult to access and it is highly regionalised; i.e. what applies to one canton does not necessarily apply to another. Also, there are significant differences from one group of migrants to the other. All these create inequalities.

In Portugal, the migrants from PALOP countries who have arrived in the first waves following the decolonisation are integrated from a formal point of view. Many are regular residents and even acquired Portuguese citizenship. Similarly, in Switzerland, the labour migrants ageing in place have a regular status. There are nonetheless heterogeneous work careers mirrored in low pensions. This makes us understand that the regular status is not the only determining variable for one's well-being, whereas contributive careers are at the core of it.

Another common characteristic for both countries is that ageing women migrants are more likely to be in a vulnerable situation. In Portugal, the women who came in the first flows of migration in the 1970s did not use to work for paid jobs, and those who worked were occupied mostly in domestic work. As a consequence they have small pensions if at all. This situation is to be found to some extent in Switzerland, where the first flows from southern Europe were mainly of young men. When women joined them, they often did part-time jobs. They have thus contributed less to the pension schemes and receive lower old age and retirement pensions. Having minimum income and only basic medical assistance, puts these populations at risk.

The second category of ageing migrants are the ones who migrated through family reunification and the so-called '0 Generation'. Both groups of migrants migrate in order to be closer to their family. The first category uses family reunification policies to enter and obtain residence in the destination country. The '0 Generation' does not necessarily use this policy. For example, as EU citizens, Romanians can travel to Portugal for three months without a visa and when in Portugal, they can apply for residence. The Moldovan or Ukrainian migrants because they are not EU citizens, need to apply for family reunification in order to travel to Portugal. Similarly, the southern European migrants migrating to Switzerland need to apply for family reunification. This group's reasons for migration can be to take care of their grandchildren, help their adult children or be closer to family and receive care. Generally, there are ageing parents who migrate later in life to follow their adult children who are migrants (Bolzman et al., 2008). In this group, the migrants in a dependent situation are the most disadvantaged, especially if they are not nationals or permanent residents of EU member States. For them the Swiss legislation does not provide a clear possibility of family reunification as such. They must use other legal channels; that is to apply for entry as a retired person of independent means, or apply on ground of extreme gravity ("humanitarian" channel). In any case, the sponsoring children's financial support is explicitly required to obtain an entry permit for their parent, the children are required to sign a statement of guarantee intended to avoid any subsequent application for non-contributory welfare benefits. Thus, families must assume the whole financial burden needed to support the older dependent person (Bolzman et al., 2008).

In the Portuguese case, there are migrants from PALOP countries that came through family reunification. Sometimes, they might fall in an irregular situation because their adult child ends up being irregular. Regarding the access to health services in Portugal, all groups have costs. Although they are entitled to use the system, sometimes, even small prices put them off.

Moving to the integration in the welfare systems there are identified different variables at stake in the two countries. In Portugal, to access health service, one needs to be registered as residing in Portugal. Whether regular or irregular, this does not impede one from accessing the health system. Regarding pensions, ageing migrants have two channels: the working-life contribution or the supplement pension. The developments on the labour market and the regular / irregular statuses one has gone through appear to be the key independent variables in accessing pension.

The situation in Switzerland is less ambivalent. One is either in or out of the system. In principle, all residents, whether regular or irregular, should have a health insurance. However, health insurances are expensive and irregular migrants cannot afford them. They are dependent on urgent ambulatory services.

With respect to pensions, three conditions are clearly required to be beneficiary: contribution, residence and bilateral social security agreements to export them.

Earlier there was made reference to transnationalism as an adaptive strategy to access the best of different welfare worlds. Nonetheless, it is important to mention that those in the particularly vulnerable situations cannot afford a transnational lifestyle, which presupposes travelling between countries and maintaining ties or / and households in different locations. Therefore, such mobility patterns benefit a limited group of ageing migrants.

The two groups that are compared in the article are highly relevant because they portray two diverse types of migration. Classically migration was from country A to country B, followed by settlement. The migrants from after the Second World War, although were not expected to settle, they followed this pattern. The welfare state needs to consider changing as more and more people have contributive careers in two or more countries. Recently, the number of persons choosing to migrate later in life is increasing. The ones migrating through family reunification or the '0 Generation' are part of this second group. The inclusion in the welfare system is very different for these two groups. For the former, it is the result of a longer period, whereas for the latter, it is fractioned. These migrants lose some rights when leaving the country of origin – i.e. the access to health services – and need bilateral agreements in order to benefit from the rights from the origin – i.e. pension transference.

Moving past Esping-Andersen's categories (1990), the analysis of the welfare policies in Portugal and Switzerland shows that the "occupational career" (Titmuss 1969) is very important. Similarly, relevant for the understanding of the inclusion of ageing migrants in the welfare states at the destination are the principles of closure of the welfare systems; history of contribution, citizenship and type of residence. The article raises awareness that the ageing migrants group is a vulnerable one. Therefore, the emerging challenges to the welfare state urge us to consider how it can be transformed.

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