

## Review paper

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## Migrations in ageing society: consequences for the family, selected challenges for social policy

### Abstract

Labour migration of people at productive age is a common practice in Western countries based on capitalist economy and parliamentary democracy. Post-accession migration from Poland is a mass phenomenon nowadays, having a double impact on the situation of the oldest family members: they face the need to undertake new versions of old traditional roles or – on the other hand – they are left alone, often in deteriorating health conditions and without assistance in everyday routines. The aim of this analysis is to provide recommendations for social policy on possible solutions supporting and supplementing the care offered for old persons in the situation of migration of their adult children. The analysis is based on the existing data and reports. Recommendations proposed in the article are directly and indirectly related to forms of care which should be provided to older adults. Aid and assistance are viewed as a chain of

interrelated processes; for example, higher digital competences of older adults would allow them to communicate with their families abroad and would help them to be independent in shopping or fixing financial and administrative affairs, as they could do this online.

**Keywords:** population ageing, older persons, international migration, Poland

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## Introduction

Spatial mobility of people at productive age, mainly for financial reasons, is a common practice in Western countries based on capitalist economy and parliamentary democracy. Poland belongs to the countries where those trends are relatively new, but as it has encountered a profound demographic change, this has brought a negative impact on Polish families. The article focuses on how external migration influences life of older adults. In terms of ageing, Poland is among leading countries in which the aging process runs rapidly. According to the prognosis of Statistics Poland, until 2050 one would observe negative demographic trends – the number of citizens aged 0–14 and 15–64 will have decreased and the number of persons aged 65+ will have risen (GUS, 2014). Provided that the current trends sustain, Poland will be the second – after Slovakia – oldest nation in Europe, according to the demographic estimates by the year 2050 (Kijak & Szarota, 2013).

Post-accession migration from Poland is a mass phenomenon nowadays, having an impact on the situation of the oldest family members, as they face the need to undertake new versions of old traditional roles (new dimension of the grandparent role as a substitutional parent). Moreover, earning departures from the country of adult children cause loneliness of seniors and raise problems of care support for the parents ageing, and often suffering from chronic conditions. As the authors of the *Raport na temat sytuacji osób starszych w Polsce* write, “(...) additional factor influencing the changeability of caring potential of family over seniors are migrations. The consequence of migration of younger persons is not only the decrease in aid provided by the family but also increase in loneliness of older persons” (Błądowski, Szatur-Jaworska, Szweda-Lewandowska, & Kubicki, 2012, p. 116). On the other hand, older adults become active participants of the migration processes as they go abroad to provide financial support for the rest of the family that stays in Poland, or they do so to provide care for their grandchildren that have already migrated or were born abroad (Kawczyńska-Butrym, 2014). The analysis of needs of seniors who stay in Poland suggests the lack of satisfying solutions on the level of social policy and institutional support that would fill the gap created due to economic migration of the

Poles. The main assumption of the paper is that the need for assistance in everyday and household activities increases with age, as the health condition deteriorates. Unfortunately, this need is satisfied only to some degree, leaving many older adults without help either from their families or from institutions. The lack of help from the family (especially children and grandchildren) may be the result of different factors such as duty overload of adult children or the lack of will to take care of older parents/grandparents. In this paper we want to focus on the migration of children and grandchildren as one of the reasons for the deprivation of old persons of care and aid. In such cases institutional support is not efficient. The aim of the analysis presented in the article is to provide recommendations on possible solutions supporting and supplementing the forms of care provided by the migrants toward their ageing parents from abroad. The analysis is based on the existing data and it will include issues concerning the type of support in daily routines the seniors facing the migration of their adult children actually need, how it can be provided for them as well as issues concerning the health condition of older adults.

## **Social and health situation of older adults in Poland in the light of migration and demographic processes**

### **Silver population: trends and prognosis**

The growing number of old people, which is the effect of the improvement of economic, health, and living conditions, is the global experience. However, in many countries, including Poland, it is accompanied with intensifying negative demographic trends (decrease in the birth rate, low or negative natural growth). One can observe 'double ageing', which means the increasing number of the oldest old. Polish seniors usually live in single (one-person) households and their number increases with a person's age. Apart from the decreasing size of households, one can observe feminisation of households, which is the effect of longer life expectancy of females (see Table 1). The proportion of older adults (aged 65 and more) in the overall Polish population amounted to 17% in 2017 (World Bank, n.d.), and according to Statistics Poland, this indicator will rise from 18.9% in 2020 to 32.7% in 2050 (GUS, 2014).

Prolonging of life is accompanied by the decrease in the fertility rate. According to Statistics Poland, the number of Polish population aged 0–14 will have decreased by about more than 77,000, of those aged 15–64 will have decreased by about 1,686,000 and of those aged 65 and more will have increased by about 896,000 by the year 2050 (GUS, 2014). The Ageing Index (the number of people aged 65 and

more per 1,000 persons aged 0–14) will increase from 1,271 in 2020 to 2,693 in 2050 (GUS, 2014). Generational support indicators inform us about seniors' future. In the prognosis cited, the potential support ratio<sup>1</sup> shows a downward trend, while the parent support ratio<sup>2</sup> will be increasing by the year 2050 (GUS, 2014).

**Table 1. Demographic structure of older adults in Poland in 2017**

Age group	Total	As % of total	Males	Males as % of total	Females	Females as % of total
65–69	2,353,970	37.2	1,050,367	44.6	1,303,603	55.4
70–74	1,438,296	22.7	602,593	41.9	835,703	58.1
75–79	1,085,556	17.2	410,114	37.8	675,442	62.2
80–84	672,028	10.6	294,101	56.2	577,927	43.8
85–89	534,873	8.5	158,010	29.5	376,863	70.5
90–94	194,012	3.1	46,899	24.2	147,113	75.8
95 and more	41,512	0.7	8,864	21.3	32,666	78.7

Source: own elaboration based on GUS (2018).

Another factor accelerating demographic ageing are migration processes – both internal (from rural to urban areas) and external migrations (beyond state boundaries). Migration can lead to depopulation in the regional, local aspect (internal migrations) as well as in the national aspect (external migrations). The ones to migrate are usually young adults, which leads to overrepresentation of older persons staying in place. Depopulation of the Lodz voivodeship together with its unfavorable age structure, which represents faster – comparing to other Polish regions – ageing of the Lodz voivodeship are, among others, the effect of migrations (internal and external). A similar situation can be observed in the Opole voivodeship, where its unfavorable age structure is the result of the flow of citizens to Germany that started in the 70s of the 20<sup>th</sup> century.

According to the population census of 2011, more than 2 million Poles had stayed abroad for longer than 3 months at the moment of the census and almost 78% had stayed there for more than 12 months (Kostrzewa, 2015). Therefore, every tenth household in Poland had at least one migrant. An interesting fact is that almost 48% of the households were those in which all the family members were abroad (of which 45% were single households), and remaining 52% of them had only part of the family abroad. Most of them were the households where 1 person went abroad (92%); 2 persons went abroad from 6% of the households, 3 persons went abroad from

<sup>1</sup> Indicates the number of people aged 15–64 per 100 persons aged 65 and more.

<sup>2</sup> Indicates the number of people aged 85 and more per 100 persons aged 50–64 years.

1.5% of them, 4 persons – from 0.5% and 5 persons and more went abroad from 0.3% of the households. There were 6.7% of families out of the total number of families in Poland with members staying temporarily abroad. Part of the families went abroad with their children or their children were born abroad. Most of the parents migrated with their children from the following voivodeships: Subcarpathian, Lesser Poland, Silesian, Lower Silesian and Pomeranian (Kostrzewa, 2015).

Many families (or parents) decide to leave their children in Poland while migrating to another country. According to the population census mentioned above, there were almost 100,000 of such children, of which 20,000 were children aged 0–6, more than 25,000 were children aged 7–13, 14,500 aged 14–16 and 40,000 were the oldest children, aged 17–24 (Kostrzewa, 2015). In the case of 3.4% of families with children left in Poland, both of the parents were abroad. 9.5% were lonely mothers with children who stayed abroad (2.2% were lonely fathers with children who had migrated and left their child or children in Poland). In such cases the care over children was provided by grandparents.

### **Demand for care among older adults resulting from their health condition**

Prolonging of life increases the risk of dependency. Together with age, the health condition among older adults decreases and one can observe the state of multiple morbidities, which is the co-occurrence of two or more chronic disorders. According to Statistics Poland (2016), Polish people aged 60 and more most frequently suffer from hypertension (52.6% of the total group of 60+), lower back pain (41.7%) and arthritis (39.7%). Eurostat (2020) shows that self-perceived long-standing limitations in usual activities due to health problems decrease with age (Table 2). Most of the elderly suffer from some degree of limitations in daily routines – 25.3% of people aged 65–74, 36.7% of those aged 74–84, and 43.7% of those aged 85 and more reported to have had such problems. Severe long-standing limitations were declared by 4.6%, 10.9%, and 22.3%, respectively. The data set from 2014 shows that people aged 65 and more reported to have had seeing, hearing, and walking difficulties, increasing with age and with the level of activity limitation (Table 3). The most problematic was physical limitation related with walking.

Those findings support the formerly mentioned data from the survey by Statistics Poland (GUS, 2011). The study revealed that every fourth person aged 70–79 and almost every third aged 80 and more could not see the print in newspapers or saw it with difficulties. 6.2% of people aged 70–79 and 16.6% aged 80 and more hardly understood or did not understand at all the conversation conducted among several persons. As a result, problems with seeing and hearing, especially among the oldest

old, can be the cause of their dependency. Limitations in mobility parts of the body threaten independency of the elderly to a greater extent. In the group of seniors aged 80 and more, 40% could not carry a heavier bag (even over a short distance), every fourth person could neither bend down their bodies and go down on their knees, nor go up or down the stairs over the distance of one floor. Moreover, every fifth senior could not walk a distance of 500 meters on one's own.

**Table 2. Self-perceived long-standing limitations in usual activities due to health problems by age in Poland in 2019 (in %)**

Degree of limitations	Age		
	65–74	74–84	85 and more
Some	25.3	36.7	43.7
Severe	4.6	10.9	22.3
None	70.2	52.5	34.1

Source: own elaboration based on Eurostat (2020).

**Table 3. Physical and sensory functional limitations by age and level of activity limitation in 2014 (in %)**

Type of functional limitation	Level of activity limitation and age					
	Moderate		Limited		Severe	
	65–74	75 and more	65–74	75 and more	65–74	75 and more
Seeing	41.6	50.9	50.6	61.6	9.0	10.7
Hearing	28.7	41.4	33.4	54.1	4.7	12.7
Walking	43.7	50.1	60.4	80.0	16.8	29.9

Source: own elaboration based on Eurostat (2020).

Another indicator for the demand for care services is the ability of self service, which means an ability to perform daily routines related to physiological needs on one's own as well as household activities. According to Eurostat (2020), in 2014, 53.4% of people aged 65–74 did not need help with personal care activities, 29.5% did not get enough of it and only 17.1% claimed they had enough assistance. In the group of people aged 75 and more, 48.1% reported the lack of assistance, 34.2% received enough of it and only 17.9% did not need support. In relation to the need of help in household activities, 34.2% of persons aged 65–74 and only 17.9% of those aged more than 75 declared no need for such assistance. Satisfaction with the amount of help was declared by 31.2% and 34.2%, respectively, while the lack of assistance was experienced by 34.6% of the younger group and almost half of the older group (47.9%) (Table 4).

**Table 4. Need for help with personal care activities and household activities by age in 2014 (in % of the age group)**

Need of assistance	Age group	
	65–74	75 and more
Personal care activities		
No need for assistance	53.4	33.0
Get enough assistance	17.1	18.8
Lack of assistance	29.5	48.1
Household activities		
No need for assistance	34.2	17.9
Get enough assistance	31.2	34.2
Lack of assistance	34.6	47.9

Source: own elaboration based on Eurostat (2020).

Moreover, the demand for such assistance increases with the degree of activity limitation (Eurostat, 2020). Already gained limitation involves higher demand for assisting services in relation to personal activities as well as to household activities (Table 5). Unfortunately, those needs are left unsatisfied in the light of the analysed data – the lack of assistance in everyday personal activities was declared by 23.7% of persons aged 65–74 with a moderate degree of limitations and 49.5% with a severe degree of limitations. The indicators relating to people aged 75 and more show that needs for assistance in personal care activities of 32.4% of persons with a moderate degree of limitations and of 64% with a severe degree of limitations were not met. When considering needs for help in household activities, one would see that they were not satisfied for 32.2% of people aged 65–74 and 40.6% of people aged more than that with a moderate degree of limitations. Those with a severe degree of limitations show a darker image of the situation – 56.4% of people aged 65–74 and 69.1% those aged 75 and more said their needs were not met (Table 5).

Some light on the help provided can be shed by the data from the SHARE project,<sup>3</sup> but it has to be noticed that one cannot extract data related only to the need of support in the situation of migration. Almost 16% of the respondents declared to be given personal or practical support from someone from the outside of one's household. This aid is provided every day or less frequent. Almost 11% was given constant, everyday support from the member of one's household. The report shows that the need for

<sup>3</sup> Survey of Health, Ageing and Retirement in Europe (SHARE) is an international, multidisciplinary project, directed on the main areas of life, such as family situation, health or material situation of people aged 50+. It has been conducted in Europe since 2004. Poland joined the project in 2006.

care and support increases with age and with the decline in the health condition (Abramowska-Kmon, Kalbarczyk-Stęclik, Kotowska, & Nicińska, 2014).

**Table 5. Need for help with personal care activities and household activities by age and level of activity limitation in 2014 (as the % of the age group)**

Age group	Level of activity limitation			
	Moderate		Severe	
	65–74	75 and more	65–74	75 and more
Need for help with personal care activities				
No need for assistance	60.5	48.0	27.9	16.2
Get enough assistance	15.8	19.6	22.6	19.8
Lack of assistance	23.7	32.4	49.5	64.0
Need for help with household activities				
No need for assistance	36.4	21.1	17.4	5.2
Get enough assistance	31.4	38.3	26.3	25.7
Lack of assistance	32.2	40.6	56.4	69.1

Source: own elaboration based on Eurostat (2020).

The review of the selected data presented above shows that the need for help increases with age. Moreover, there is a real need for such assistance, which is not always met. This raises questions about the network of informal and formal care dedicated to older adults, about the amount, the structure, the frequency of such aid. According to one of the studies, actions undertaken on behalf of seniors should focus on three areas (Urbaniak, 2018):

- Supporting seniors' independence as long as possible;
- Providing support for non-formal caregivers;
- Providing institutional support in a situation of the lack of non-formal caregivers.

According to the state social policy: "(...) it is crucial to undertake actions to create a complex system of support for dependent old persons, which would provide a variety of forms of care for them as well as support for their caregivers. That aid should be based, among others, on the access to a wide range of institutional care and caring benefits provided by professional caregivers in the place of life of an old person" (Uchwała nr 161 Rady Ministrów z dnia 26 października 2018 r.).

Studies show that the main burden of care for an old dependent person falls on informal caregivers – spouses and children (Abramowska-Kmon et al., 2014). In the case of losing a partner and migration of children, seniors are deprived of basic help and their needs are left unsatisfied. Provided care and support should take into account the time factor (whether there is needed temporal or constant help), the structural factor (who can provide such help in the most efficient way



– public institutions, social economy entities, volunteers), and the functional factor related to the content of the aid (what type of aid is needed – instrumental, material, informational, spiritual, emotional).

## Changes in older adults' lives caused by migration

Demographic trends depicted above and the migration process cause older adults to face the following phenomena:

- 'Elderly orphans' – they are ageing parents, left behind, who become socially-isolated (King & Vullnetari 2006);
- New family roles – 'flying grandparents', foster parents;
- Care drain – part of migrants leaving the country in order to work as an assistant of an older adult, neglecting, at the same time, their own old parents, who very often are dependent and in the need for care; often the only amendments are improvements of the financial situation of the senior who is left behind in the country (Hochschild, 2003);
- Emotional aspect – older adults who are deprived of contacts with their children and grandchildren often feel lonely and abandoned. Loneliness influences negatively their health (Ong, Uchino, & Wethington, 2016).

This typology shows consequences of the migration processes and sheds light on the new activities and new demands concerning the oldest Poles. Some of the issues will be elaborated on more thoroughly below.

## Changes in grandparents' roles

Financial migration of adult children of older adults leads to changes in the roles of grandmother and grandfather, which can be played in different manners. Kempnińska (2015) evokes the concept by Tyszkowa (1991, after: Kempnińska, 2015), who distinguished five styles of the role performance: foster parents, supporting grandparents, forced grandparents, holiday grandparents, vacation grandparents.

1. A foster parent – grandparents take the role of parents, becoming fully responsible for the family. In the light of migration trends, the performance of this role is becoming the experience shared by more and more seniors who take the role of caregivers for their grandchildren.
2. Supporting grandmother/grandfather – these are typical styles which can be found in many Polish homes, where parents work and grandparents help in care over children and in housekeeping.

3. Forced grandparents – an increase in social and professional activity among old persons causes them to engage in aid, care, and upbringing of their grandchildren less willingly, and if they do so, the range of their duties in that style of role performance is decreased.
4. Holiday grandparents – they do not have (for different reasons that can lie on the seniors' as well as adult children's side) a longstanding relationship with their grandchildren but only an occasional one, related to different ceremonies and celebrations. Due to that, they do not have an opportunity to build stronger bonds with grandchildren, either. Seniors living far away from their children and grandchildren do not participate actively in their lives and thus, they cannot fully engage in their traditional roles as grandparents.
5. Vacation grandparents – most frequently they live far away from their children and their contact with the family is limited. Usually, it is reduced to contacts with their grandchildren in the vacation season.

Roles 1–3 are very demanding and cannot be performed by every grandparent due to his or her health condition or other activities they have. Roles 4 and 5 are less demanding but can cause some emotional deprivation. Another role, not mentioned in the typology above, is the role of 'flying grandmothers'. They are seniors who temporarily go abroad to their children to take care of their grandchildren (Nowakowska, 2016). It is usually related to the double role older adults play and it is more often the experience of females, which leads them to psychical and physical exhaustion. The double experience mentioned above relates to the so-called 'sandwich generation' – women undertake double caring roles – the first one, over their grandchildren who either are abroad ('flying grandmas') or whose parents migrated (foster parents) and over their own parents who are in advanced age and are highly dependent (Nowakowska, 2016). A Dutch study concerning migration shows that the decision of older adults about moving closer to their children is more frequently influenced by the birth of grandchildren than by the deteriorating condition of their own health. The bigger distance from children and grandchildren, the higher possibility of moving of a senior closer to them. Researchers claim that deteriorating health of seniors is not the leading reason for moving, due to high quality care in the Netherlands. It has to be underlined that in the study there participated persons aged up to 79 and in the view of the researchers, serious health problems start after the age of 80 (van Diepen & Mulder, 2009). Somewhat a different conclusion comes from researchers who have been studying intergenerational solidarity in France and Bulgaria (Heylen, Mortelmans, Hermans, & Boudiny, 2012). The study concerned internal migrations, but the results can be helpful in analysing the impact of external migrations on parents who stay in the country. Despite the cultural differences and dissimilarities in healthcare

systems, the researchers came to a conclusion that – in relation to the French as well as the Bulgarian families – the bigger distance between adult children and parents, the lesser direct help offered to parents and vice versa – the smaller the distance, the bigger aid. The authors conclude that living closer is a sign of intergenerational solidarity.

Part of the researchers claim that migration is one of the factors that leads to disruption in the process of role performance of older adults. Migration of their adult children and their families causes old persons to be taken away their roles of mothers, fathers and grandparents, and thus they become marginalised and forced to perform ‘a role without a role’ (Gaweł, Madej-Babula, & Urlińska, 2014). Nevertheless, it is worth noting that such a situation can also take place due to the moving of adult children to another city and/or their very intense work. That can lead to the loosening of contacts with seniors and make the family roles harder to perform. On the other side, seniors can perform either transnational or distant grandparents’ roles. Relations in a family in which part of their members have gone abroad are the result of the relationships that were present before the migration. If a family was not integrated before and the relationships among adult children, grandchildren and grandparents were not frequent and close, migration could additionally loosen them. On the contrary, if the relationships were tight and frequent, such a family is motivated to maintain the contact and to help seniors to perform their roles, despite the migration.

Moreover, the following factors influence whether and how older adults perform their family roles (Kempińska, 2015):

- a) Family structure – in the case of numerous grandchildren the grandparents’ roles become rived and if – due to any circumstances – family lacks one of the parents, this role can become stronger;
- b) Age and sex of grandchildren – it influences the frequency of contacts with grandparents. Grandfathers have better relationships with their grandsons, while grandmothers – with their granddaughters;
- c) Age, physical capableness, education, personality and attitude of older adults;
- d) Professional activity or its lack among seniors;
- e) Proximity of living of older adults;
- f) Relationships with adult children – the parents of grandchildren.

## Changes in the family contacts

Another change appears in the form of contacts between older adults and migrating family members. One can talk about two aspects of migration. The first one is the material aspect. Usually, economic migration improves the situation of migrants as well as their families, including older family members. The study conducted by

Kramkowska (2016) shows a remarkable outcome of migration on the material support of seniors, which includes not only financial support (social benefit), but one can say about practical (personal assistants) and informational support as well as in the form of material, tangible goods.

The second aspect is emotional. Due to audiovisual technologies, communication between physically separated family members becomes not only possible but it gives them an opportunity to fully express their emotions to each other. The study done by Luo, Hawkey, Waite and Cacioppo (2012) shows that loneliness increases the risk of mortality among older adults and it affects depressive symptoms and functional limitations.

## Changes in forms of support

The research conducted in eight European countries shows that subjective perception of the quality of life in the case of seniors is more dependent on their health condition than on the level of their income. Thus, providing older parents only with economic support might not be a sufficient form of aid and cannot be the sole sign of intergenerational solidarity (Bonsang, 2006). Sending bigger money transfers cannot replace other forms of aid in the situation of migration. The Polish research shows that financial migration of children contributes to giving lesser practical support to their parents, but differences in the range and the level of support between families with migrating children and those who live close are not very big. The lack of practical support from the migrant children is compensated for, to some degree, by the support provided by other family members as well as, more and more frequently, by non-relatives. In the view of the authors, social policy should be directed at strengthening of non-formal support for older adults, for example financial support of neighborhood aid (Conkova & King, 2019).

Migration of younger family members can lead to depreciation of the basic needs of an older adult, which are: the need for safety, the need for usefulness, the need for integration, the need for appreciation and the need for support (Gaweł, Madej-Babula, & Urlińska, 2014). Thus, migration is seen as a difficult incident for seniors and encumbering those who are left in the country with the responsibility of taking care of ageing parents. Moreover, the elderly, so far focused on family relationships and role performance within it, are not used to mutual support within neighborhood or within their age groups. It is caused by the focus on the family of their own with a simultaneous distrust toward local and social actions, which leads to the lack of environmental integration of seniors (Gaweł, Madej-Babula, & Urlińska, 2014).

One has to underline, however, that the use of the term ‘Euro-orphanhood’ in relation to seniors whose adult children migrate as well as in relation to children whose parents migrate is not entitled. Various studies, part of which has been cited above, show that either in relation to old persons or to children, migration of an adult child/children or a parent/parents in most cases is not equal to abandonment. Migrants provide support for their children and ageing parents in many ways. One has to underline that very often the decision of migration was dictated by the need to provide financial resources for those who stayed in the country. Thus, it fits in the culturally determined script of the obligation for the provision of care and aid for the family members who need it. Moreover, the term ‘Euro-orphanhood’ is stigmatising and creates negative stereotypes of the migrants and their families in the society. Its abuse can lead to lowering the self-esteem either of children or of seniors and due to that can influence negatively their well-being and the quality and intensity of relationships within society.

Conclusions which arise from the study done by Lisak (2012) among the Poles living in Ireland are as follows:

- a) Despite the huge physical distance, most of the respondents meet their parents several times a year for a certain period of time either in Poland or in Ireland;
- b) Women from an older generation are engaged in the pre- and postnatal care of their adult daughters;
- c) Parents of migrants offer a holiday and caring home base for their grandchildren from abroad;
- d) Grandparents support the Polish linguistic and cultural education of their grandchildren;
- e) In relation to parents that need support, the aid from migrants is provided, mainly financial and material (some of them even considered returning to take care of their dependent parents).

## **Models of care and support for older adults in the situation of migration**

Social policy, including senior, health, and migration policies are shaped – among others – within the frames of public policy. Public policy is a “more or less structured set of means and resources, which are used to influence the development on a certain area of social life as well as to solve problems in a planned or desired manner” (Bekkers, Fenger, & Scholten, 2017, p. 9). Additionally, public policy can be defined as “every conscious action – including conscious abandonment – of those entities or

actors who are covered by the range of the term ‘government’ (understood narrowly or broadly)” (Dye, 2014, p. 3, after: Szarfenberg, 2016, p. 48). Social policy can be implemented by private and third sector entities, whereas the narrow meaning of ‘government’ covers the Council of Ministers with the Prime Minister. It can be broadened to the governing party in the legislative power (Szarfenberg, 2016). Public policy is implemented in the following phases: agenda setting, policy creation, decision making in relation to policy, policy implementation and policy evaluation. Public policies can be analysed taking into account their frames, that is:

1. The manner of social definition of the public policy subject – it contains assumptions relating to causes of a phenomenon which is the subject of the policy as well as means that are possible to use toward it. The frame regulates whether a phenomenon is defined as a problem, a challenge, or a chance.
2. The manner of organisation of public policy management – it defines policy aims, target groups, strategies in relation to certain issues, creation and implementation of solutions, actors of certain public policy, and relations between local, regional, national, and international levels (Pawlak, 2018).

Economic migration is often depicted as a problem in the public debate – one underlines the ‘brain drain’ and ‘care drain’, as well as the fact that migration is responsible for ‘Euro-orphanhood’ (which is presently used toward older adults whose children have migrated). Migration is depicted in categories of the moral panic. In contrast, it is rarely described as a challenge or a chance for more accurate solutions for care provision and social support of the elderly, which would take into account the latest trends (including family changes relating to demographic and cultural determinants).

Saraceno and Keck (2010) distinguished three care regimes (taking into account care provided to children and older adults) performed by society, which include providing aid as well as providing financial and material support. Models will be presented with a reference to the relationships between adult children and old parents:

1. The deeply-rooted and considered as obvious family model means that in the performance of intergenerational tasks institutional support of the family is feeble. Children have a legal obligation to support their parents in their old age (in Central and Eastern Europe);
2. Supported from the outside, this family model means such aid which is provided to caregivers, mainly in the form of money transfers and tax credits. Personal care is still mainly performed by the members of the closest family but there is a possibility of achieving institutional help in the form of a personal assistant (the Anglo-Saxon model);
3. The outside family model – every person who needs help has an individual universal right to get care from state institutions. In this model there is no legal

obligation of aid performance provided by the family for old family members (Nordic countries) (Saraceno & Keck, 2010).

In the body of literature one can find four basic types of configuration of care in relation to an older adult (Rosińska, Jaźwińska, Kiełkowska, Kloc-Nowak, & Radziwinowiczówna, 2018):

1. Ad hoc aid – it takes place in a situation when there is no or there are a few actors loosely involved in care and their actions in the field of satisfying the needs of a senior are not coordinated. An example can be the pandemic situation, when isolated seniors were given ad hoc aid from volunteers during the first wave of COVID-19.
2. The main caregiver (institutional or informal) – there is one or a few actors involved in aid and their actions are intense, the care provided is long-term and time consuming. Such an actor can be a family assistant (the most frequent case) or institution (e.g., care facility). In Poland, this system is developing in relation to family assistants. In terms of institutional aid, it can be a social service institution.
3. Loose network of aid – many various persons support an older adult, but it is done rarely, not regularly and it is a short-term action. It can involve neighbours and relatives who support an older adult occasionally (doing some shopping, providing transport to a medical facility).
4. Tight network of aid – there are several actors involved in aid and their engagement is meaningful in terms of time consumption, intensity, and long-term perspective. This usually takes the form of informal support provided by the closest family. As it was mentioned above, the family is the most frequent provider of a regular care and aid to older adults.

Arber and Ginn (1991, after: Krzyżowski & Mucha, 2012) proposed the following structure of caregivers, taking into account the character of the provider (formal or informal):

- a) Paid home care;
- b) Care provided by a partner;
- c) Care provided by another household member (usually by an adult child);
- d) Care provided by a relative living outside a household (usually by an adult daughter);
- e) Care provided by the local community – neighbours and friends;
- f) Care provided by the state in the form of assisted living;
- g) Care provided by the state in the form of care facilities.

A similar list of main aid providers can be found in the study by PolSenior (Błądowski, 2012):

- a) Family members;
- b) A caregiver from the Social Welfare Centre;

- c) Neighbours and friends;
- d) A person living with a supported person;
- e) A person living separately from the supported person;
- f) Another person.

It can be concluded that the main type of aid is informal not institutional help, provided by the family, relatives or neighbours, which again confirms what was mentioned above. This reflection raises a question about the cause of that situation – is institutional support and care so inefficient or does this ‘attachment’ to informal personal care result from the family tradition?

Based on the study among the Polish migrants in Iceland, Krzyżowski and Mucha (2012) distinguish five dominant sets of practices implemented in the migrants’ care over their older parents left behind in the country:

1. Personal help which is performed indirectly through the family and friends’ networks;
2. Practical household aid which usually is a type of *ad hoc* aid (e.g., calling a plumber in case of a leaking tap);
3. Help in settling official matters (and processing documents);
4. Financial aid – it usually is related to taking care of grandchildren that are left in the country provided by their grandparents. If old parents cannot return the same and they are in the need of being supported, adult children usually divide caring duties among themselves. Thus, migrants financially support their parents or siblings who take care of the parents on behalf of the migrants. According to the study of the National Polish Bank (NBP, 2018), financial transfers from migrants amounted to 3.9 billion zlotys in the second quarter of 2018. The highest amounts of money came from Germany and Great Britain;
5. Emotional support which is the most prevalent form of aid.

Other strategies of support of old parents that are listed by Krzyżowski and Mucha (2012) include: purchasing household equipment that simplifies the life of seniors, purchasing medications, setting specialist medical procedures, financing house renovation and purchasing such equipment as television sets, computers, clothes, finding a temporary job in the country of migration for the children of the sibling that takes care of their old parents, inviting them on holidays.

In Poland these are women who are expected to perform the caring function in the family. Economic migration does not exempt them from that obligation either in relation to their children or to their older and often sick family members. The study titled *The Polish female migrants and their families – a study of care deficit* which considered women working in Norway shows that in the situation of migration a long-distance model of care over an old family member is being



performed (financial, emotional support, payments for medical services and/or institutional support) and the delegation of tasks and duties is observed (mainly they are distributed among other family members). Less frequently, it is coordination of the caring duties and aid that is performed personally (on the occasion of arrivals to Poland (Czapka, 2016)).

The study on Italian migrants to Australia, whose parents have stayed in Italy shows that, despite the distance, Italian families try to keep together and provide various types of support. Older parents, who at the beginning were skeptical about the migration plans of their children, become convinced that despite the distance, children provide them with financial, material and emotional support. Aid in everyday activities is possible when children visit their parents (which takes place regularly, for example once a year). Emotional support is provided through different communicators. Older adults are tied to traditional forms like letters, but the new forms of communication (video chats, text messages) become a supplement to those traditional ones. If a parent becomes seriously ill and needs constant assistance, one can be sure that his or her child will come back for some time, to fulfil this obligation. This study also shows another interesting conclusion. Due to the fast development of forms of distant communication and with the rise of the opportunity to move quickly from one place to another, social expectations towards family members' assistance are changing. Since a migrant has more opportunities to participate in different ways in the life of the family that have stayed in the country, he or she is expected to do that. Another thing is that emotional and sometimes even financial support is transferred from the parents to their children dealing with the troubles of being a migrant (Baldassar, 2007).

Moreover, as Winięcka (2016) notices in her article on entities supporting old parents in the situation of their children's migration, there is no available data to provide answers to the questions about the number of seniors who really need support in the situation of migration of their children and about the type and the range of aid that is needed. Equally important is an answer to the question how many old persons really expect support – there are seniors who appreciate being independent more than being provided support. Without such data it is hard to build an institutional system of care and support for seniors, which would be complement to the system of family care. As it was presented above, some limitations in everyday activities were reported by 25.3% of persons aged 65–74, 23.7% of those aged 75–84 and almost 44% of people aged 85 and more. Severe limitations were perceived by 4.6%, 10.9% and 22.3%, respectively (Eurostat 2020). The need for assistance and support increases with age, as serious limitations in everyday routines occur. According to the 2014 Eurostat data, 29.5% of people aged 65–74 and 48.1% people aged 75 and more reported

the lack of assistance in personal care activities. In relation to household activities, the lack of assistance was declared by 34.6% and 47.9%, respectively. However, the data related to the need of assistance in the situation of migration solely cannot be extracted, one can suppose that among those who reported the lack of support, there is a group affected by their children's migration.

It is well known that the first and the most important is the caring role of the family, but one has to remember that in the case of people living alone equally or even more important becomes a caring function of their neighbours and friends (23% of people living alone takes advantage of that type of support) (Błądowski et al., 2012).

If the main obligation of taking care reposes on the family, what should be done if the family is absent and their main functions and tasks cannot be performed? There should be a support system either in the area of social policy or health policy. Many seniors are dependent, with a different degree of limitation and disability. Providing support for them is not only the problem of migrants, but the issue for adult children who live and work in Poland but due to duty overload (work and their own family) are not able to provide sufficient support for their ageing parents.

## Recommendations for social policy in relation to elderly parents of migrant children

Social policy towards seniors is included in several governmental documents: *Social Policy for Older Adults 2030. Security – Participation – Solidarity*,<sup>4</sup> *Long-Term Strategy for the State Development. Poland 2030. The Third Wave of Modernity*,<sup>5</sup> *Strategy of Development of Human Capital 2020*,<sup>6</sup> *Act on Older Adults (Ustawa z dnia 11 września 2015 r. o osobach starszych)*,<sup>7</sup> *Act on Social Services (Ustawa o pomocy społecznej z dnia 12 marca 2004 r.)*.<sup>8</sup> Additionally, legal support addressed to seniors is given by detailed acts, domain documents and programs, for example *Act on Solidarity Fund for Support of Older Adults (Ustawa o Solidarnościowym Funduszu Wsparcia Osób Niepełnosprawnych z dnia 23 października 2018 r.)*, *Accessibility Plus*

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<sup>4</sup> Council of Ministers Act, 26.10.2018. Monitor Polski 2018, poz. 1169

<sup>5</sup> Council of Ministers Act 05.02.2013 Monitor Polski 2013, poz. 121 with the specific aim 11: An increase of social developmental capital through promotion of social and civil participation.

<sup>6</sup> Council of Ministers Act 18.06.2013 "Monitor Polski" 2013, item 640 with the detailed aim 2: Prolonging of professional activity and providing of better quality of functioning of older adults.

<sup>7</sup> Act on Older Adults 11.09.2015, Journal of Laws 2015, item 1705 with further changes.

<sup>8</sup> Journal of Laws 2019, item 1507 with the detailed regulations on tasks of the social services regarding older adults.

*Programme 2018–2025*,<sup>9</sup> *Social Activity of Older Adults Programme*, ASOS,<sup>10</sup> *Senior+ Programme*.<sup>11</sup> They address universal and particular issues of older adults' lives – from social inclusion of seniors, their active participation in all areas of life, to care and assisting services for those who experience certain limitations and thus cannot conduct an independent life. An interesting programme is called Care 75+,<sup>12</sup> which – since 2019 – has been conducted in a broader formula, directed not only to seniors living alone, but also to those who stay with their families. This programme could be the answer to the needs of older adults who are deprived of care and assistance due to the migration of their children.

Solutions offered by the programmes, documents and strategies mentioned above are crucial in supporting and including older adults in social life, but they seem to be inefficient, which can be evidenced by the development of the social economy sector. Entities of the social economy (usually called the non-profit sector) become more and more important players in creating and implementing solutions that are fitted for the certain needs of the elderly.

Inefficacy of governmental solutions may be the effect of the political cycle and project cycle – some authors point out that many solutions for older adults are offered *ad hoc* or they are designed for project purposes and as the project ends, the activity ends, leaving older adults without any sustained, added value of the project. Another problem that is addressed under institutional and non-governmental programmes is that they do not reach those who are in real need or they approach always the same individuals (Szarota, 2010; Jurek, 2015; Wieczorkowska, 2020).

Analyses of the mentioned documents and strategies suggest that there is huge space for creation and implementation of solutions satisfying the needs of older adults who face migration of their children but it is still a kind of 'the niche' which is not adequately addressed, thus certain recommendations are proposed to direct social policy at this issue.

Recommendations listed below were elaborated on based on the body of literature and available studies, part of which are ideas presented in the papers cited in this study. They relate mainly to the migrating families who face the problem of care

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<sup>9</sup> The programme is designed to improve accessibility to public space, products, and services for older adults through the elimination of physical, informative, legal, and social barriers.

<sup>10</sup> It is a complex programme, whose main aim is the improvement of the quality and the level of life of older adults through social participation.

<sup>11</sup> Formerly Senior-Wigor. The programme is addressed to local government units and its aim is the increase of active participation of older adults in social life. Under this programme, the network of Senior+ Daily Homes and Senior+ Clubs has been implemented.

<sup>12</sup> The strategic aim of this programme is improvement of access to assisting services, including specific care services for persons aged 75+. Until 2019, the programme was addressed to lone persons.

provision for their ageing parents, nevertheless, some of them being universal and relating to the non-migrating families with seniors. Those recommendations concern policies on different levels including national, regional, and local, as well as to various types of entities (institutional, private, third sector).

1. **Initiation of the debate about the situation of old family members facing the migration of their children (and grandchildren).** Most studies and papers focus on the impact of migration on younger family members (children), showing the emotional and psychological impact of the lack of parental control over them. A little is known about old parents who live alone without the help of children. Migration is considered to be a strategy of coping with the need for providing the means to maintain the family, including provision of financial means for ageing parents – means for professional care or private medical services. But the question arises whether it is enough. And what about the emotional and psychological impact of separation on the mental and physical health of ageing parents? Those questions need to be answered to implement efficient solutions to meet real needs of those people.
2. **Collecting detailed demographic data related to the scale and structure of the needs of old parents facing the migration of their children.** It is crucial to estimate how many seniors need support, what their real family, health, and financial situation is. This would enable to create a complex support system and to address it to those who are in real need for that. To provide it, cooperation with the social welfare centres and family support centres is needed as they collect that type of data.
3. **Determination of the role of individual entities of social policy in shaping and implementing solutions designed for seniors.** Taking into account the shrinking of the family, its atomisation and intensifying migration processes, one has to determine what tasks in relation to older lone persons should be implemented with the participation of public administration, what should be the role of local government entities, non-governmental organisations, voluntary service (especially of lone seniors) and the market of goods and services (Błądowski, Szatur-Jaworska, Szweda-Lewandowska, & Kubicki, 2012). Those solutions should be aimed at the change of the social model of coping with provision of security of dependent persons from the one based solely on family to the family model supported from the outside. Poland lacks complex solutions in that area which would be performed on different levels of management.
4. **Creation of a complex system of protecting and caring benefits provided in the place of living of the dependent person.** Arguments in favour of that idea are as follows: weakening the caring function of the family caused by its shrinking, worsening the intergenerational relationships (between the old and the young),

and increased tendency for economic migration; prolonged life expectancy in conditions of the lost independence and more frequently – comparing to previous periods – the presence of the more than one dependent person in the family or household; use of more and more professional equipment in care, which requires proper preparation of the non-formal caregivers and thus, limits the number of persons who could provide such care; increasingly higher direct costs of care incurred by the family and high alternative costs (Błędowski et al., 2012).

5. **Developing a system of older adults' assistants.** Their task would be, among others, coordination of care over a dependent senior without the necessity of placing them in the care facility. Presently, the Medical University of Lodz pursues a project titled *EDUMED\_SENIOR* – a new Bachelor's degree course in coordinated care for the elderly, tailored for the needs of the Lodzkie Region, described in the Regional Innovation Strategy LORIS 2030 (POWR.03.01.00–00-N129/16754). The main aim of the project, which is planned to finish in 2020, is, among others, to improve competences of 36 students of the Health Science Faculty of the Medical University of Lodz in the area of the managed senior care through the completion of a new Bachelor's degree course. The project is addressed to high school graduates as well as to social service workers. The task of developing a system of seniors' assistants should be pursued by local government institutions, as it is easier to estimate the demand for the services on the local level and efficiently manage such work.
6. **Developing a network of assisted living facilities.** Their idea is based on maintenance of the independence of persons with various types of limitations with a simultaneous deinstitutionalisation. An assisted living facility is an alternative to the stay in a nursing home or care and treatment institution. It can take two forms: the present flat/house of an older adult, which is being monitored by an interdisciplinary team, or a flat/house which is adjusted to the needs and limitations of a senior to which a person moves in (it is also monitored by a team of various specialists).
7. **Digital education of older adults.** Digital competences are an increasingly important element of everyday activities of contemporary citizens, and they are a key element supporting relations among the members of migrant families. Technologies enable unlimited contacts (e-mails, social media, Messenger, Skype, WhatsApp), but they involve not only the possession of a computer or a mobile phone (smartphone) but also the ability to use those facilities.<sup>13</sup> Supporting

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<sup>13</sup> According to the data provided by Eurostat in 2018, only 31% of Polish individuals aged 65–74 used a computer, 35% had access to the Internet (<https://ec.europa.eu/eurostat/web/digital-economy-and-society/data/database>).

seniors from migrant families through computer courses designed for them could improve intergenerational relations.

8. **Active ageing.** Properly selected forms of inclusion, maintaining and supporting older adults within the mainstream of social life can bring two types of benefits: 1) seniors obtain skills and competences that would break limits restraining them from visiting their children and grandchildren (language courses), 2) they would act against loneliness of seniors, enabling them to arrange their free time (time that is left as there is no need to take care of seniors' grandchildren) and to build relations within their generation (strengthening the bonding capital<sup>14</sup>).

## Conclusion

External and internal economic migrations are a common phenomenon and – within the frames of globalisation – are rather inevitable. Searching for ‘a better life’ (in the material or environmental dimension) for oneself and/or one’s family is much easier nowadays due to a variety of means of transportation. Communication technologies make the distance and separation from the family easier to bear. However, not all the problems related to migration have found successful solutions. Many migrants have to deal with provision of support to their children and/or older adults (often dependent) that have been left behind in the country of origin. In relation to migrants’ children, one can find many reports and publications, but with reference to the situation of older adults, the existing body of work is much poorer and the number of solutions that have been implemented and have brought expected results is not satisfying. The issue of the provision of support and care to older adults is much broader than the situation of migration, as it results from the global processes of population ageing. However, in the general discussion about demographic ageing, the question of older adults left alone due to their children’s migration is usually omitted. This was the reason to focus on that issue. Due to migration, one cannot rely on informal caregivers to such an extent as it was before. That is why the aim of the article was to elaborate – on the grounds of the existing body of work and the recent data – on the recommendations which could be the first step to the discussion and deeper analysis of the issue and thus would enable systemic solutions to be implemented.

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<sup>14</sup> Bonding capital is inclusive capital. It is called the capital of ties, it strengthens the group inside. Bridging capital is intergenerational capital, exclusive, strengthening relationships among different groups.

Effective solutions for older adults facing migration of their children need to be supported by adequately addressing the problem and involvement into the debate of decision makers as well as formal and informal care providers. Such a debate must be grounded on reliable and thorough data, which should be systematically collected. Data should cover the amount, type and frequency of aid that is really needed, as well as the preferred type of provider. The structure and role of certain providers should be elaborated on in order to find weaknesses and potential of certain entities. Older adults should be supported in their place of living as long as possible through a system of assisted living facilities, formal assistants, and other protecting and caring benefits. The issue of provision of qualified human resources seems to be one of the major issues in relation to migration, but one has to underline it is a much broader problem resulting from the demographic ageing. The lack of sufficient number of qualified caregivers can be compensated for – to some extent – by digital and technological solutions. However, in Poland it seems to be rather a future scenario, but in the view of the demographic trends it may be one of the most promising ones. Digital solutions involve competences and skills of their users. Older adults are often sceptical about new technologies and, what is more problematic, they do not see the need to use them. This is a real obstacle in the digital education of that group. In the situation of migration new technologies can compensate for separation. That is why there should be a regular educational platform for older adults supporting them with digital skills. Last but not least is the idea of active living, which should be treated as a multidimensional, multidisciplinary solution offered to older adults. Active ageing involves, among others, sustained education, starting before a person gets old, offering them tools to design their social environment and supporting them in being active as long as possible, despite limitations.

All of these recommendations involve cooperation of different entities (public and private), care providers (formal and informal) as well as older adults on the national and local level and are based on interdisciplinary and systematic cooperation. We believe that by addressing the issue of consequences of migration on older adults we will bring the attention of policy makers to that important matter.

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