3. A risk cartography of ageing

*Living longer is a triumph, but living better is a challenge.*

– Nicola Robins, Age U.K.

Populations are ageing. Often considered a natural or biological process, more people growing old, or ageing more generally, may be thought of as a societal accomplishment. In the words of Ulrich Beck, ageing is a triumph of modernization (2009). Beck describes a particular paradox of certain triumphs of modernity, which he calls ‘self-inflicted insecurities’ that are ‘affluence-induced’ (2009, p. 50; p. 199). One may interpret the issue of ageing populations in a similar vain. Basic, modern principles and policies (such as advanced healthcare for all) are triumphs that also undermine core institutions of society (a stable pension system), producing insecurity as well as risks. The pension and healthcare systems may become overburdened. Who will take care of the aged?

Beck only touches on ageing, mainly writing instead about the threat of the potential environmental destruction associated with climate change, among other outcomes of affluence. Indeed, modernity produces particular kinds of insecurities or ‘world risks’. They are potential catastrophes in waiting. They are anticipated, but they are different from risks of old, connected to fate or acts of God. They are also different from risks that may be calculated, however crudely, for the purposes of creating insurance policies. This new category of world risks is no longer considered calculable or controllable, at least insofar as insurance provides a sense that the risk is anticipated and can be covered.

The world risks are novel in space and time. They spread or expand space by exceeding the responsibility of the individual, the group, the institution, and the nation-state. Climate change, together with other risks in the category – terrorist attacks and global financial market meltdown Beck also addresses – are multi-state, multi-actor, but they are also appear resistant to modelling. So too with ageing. Pension schemes are intertwined with markets that transcend the nation-state. Moreover the new risks have long latency periods, accruing potentially over generations, with consequences well beyond today into some unknown future. They are not so much events (such as an earthquake), but rather ‘unknown unknowns’ that undermine the nation-state’s ‘ontological security’ (Beck, 2009, p. 40).
Certain risks may be considered democratic or rather evenly distributed insofar as a natural catastrophe does not acknowledge the different status of people. Beck, however, makes a clear distinction between those states that produce risks (decision-makers) and those that are victims of it (victim states). Thus, world risk society must deal with the decoupling of location and the responsibility for social decision-making. A decision made by a state about a factory operating in one country may affect the existence of residents in another country. It is implied in Beck’s work that the distinction between decision-maker states and victim states exists in practice, with the former being largely developed countries with advanced economies, and the latter the rest of the world.

According to Beck, there are two ways of approaching the radically unequal distribution of vulnerability across national borders. He makes a distinction between two opposite models of global risk inequality: reciprocity and hierarchy. A reciprocal model means that the benefits and harms of decisions involving risks are distributed equally. In the hierarchical model of global risk inequality, there are states that produce risks and threats, and those that are the victims of them. To Beck the key question concerns how parochial the scope of the risk assessment is. The term ‘methodological nationalism’ is employed to describe the idea that society is organized, analysed and delimited by nation-states, and global risks are made non-existent in the sense that questions and assumptions exclude the side effects for others outside of them.

The distinctions apply to the issue of ageing and health, where the rise in the number of elderly people in developed countries implies an increase in the number of people who require care. This state of affairs not only calls for a restructuring of the welfare system on the level of the nation-state (which is occurring, as we have seen, with the raising of the retirement age), but also creates a shortage of healthcare as well as care workers. As a result, developed countries actively turn to international recruitment. As healthcare and care workers migrate to developed countries for reasons to be discussed, the source countries may be left with far fewer doctors, nurses, and care workers than is recommended by the World Health Organization’s minimum standards (Hamilton and Yau, 2004).

In their noteworthy piece on the ‘global tug-of-war’ for healthcare workers, Kimberly Hamilton and Jennifer Yau of the Migration Policy Institute, a Washington, DC, think tank, open with the observation that ‘in the not too distant past, discussions involving “health” and “migration” would likely have focused on the physical and mental condition of immigrants, or, perhaps, the incidence of communicable diseases in a refugee camp’ (2004, n. pag.).
Now it also concerns worker migration, an issue that became particularly acute with the rise of the incidence of HIV/AIDS in sub-Saharan Africa. As they remark, nowadays the connection between health and migration ‘can just as readily be illustrated by a hospital in AIDS-stricken Malawi, which has only 30 nurses, 26 of whom have plans to leave the country’ (n. pag.). Such statements ground Beck’s argument about the relationship between the decision-maker and victim states, and make poignant the observation that the logic of methodological nationalism would render less visible the effects on Malawi of care worker shortages in the west. When discussing healthcare and ageing, do decision-maker states tend to treat the problem of care, and the solution of workers emigrating to it as a national problem, and not so much a situation in the source state? The mapping below grapples with that question.

Beck puts forward a second model of transnational actor-networks for defining and distributing risks. The unit of investigation is no longer national societies but regional spaces and transnational constellations. This model has a regional outlook and may result in ‘global assemblages’ as respondents to risks, comprised of inter-governmental and non-governmental organizations, governments, academics, experts, consultants, and so forth. Indeed, when on 6 September 2010 the European Commission (2010) proposed to designate 2012 as the European Year for Active Ageing and Solidarity Between Generations it embraced ageing as a European issue, employing a regional, if not transnational, outlook.

While the initiative on its face does not seem controversial, an article by the Slovenian newspaper Slovenski Godbenik criticises the EU’s project for ignoring the culture of member states and for Europeanizing the issue (Pavliha, 2012). This concern brings us to Beck’s response to methodological nationalism, which, in theory, would adequately deal with not only the unequal distribution of vulnerabilities but also regional and national inputs. In order to engage with the more complex picture of ageing involving worker migration, the issue could be redefined as a cosmopolitan one, where those nations affected are also a part of the decision-making. The cosmopolitan outlook acknowledges that local problems may have their causes and solutions on the other side of the world (or on the other side of Europe).

In the following we map the ageing issue in Europe and beyond in a world risk cartographic framework. We begin with mapping the European Year of Active Ageing itself, or at least the risks and matters of concern of the members of the European Year’s online platform, called the AGE Platform Europe, the group of non-governmental organizations whose motto is ‘Towards an Age-Friendly EU’. The NGOs involved in the AGE Platform
Europe approach the debates on the risks posed by an ageing population in differing fashions and with distinctive claims to knowledge. The purpose of the risk mapping is to render visible the connections between the matters of concerns of the organizations, and their locations. More specifically we take up the Slovenian newspaper’s claim, and ask, Is the issue of ageing being Europeanized, and if so by which countries in particular? Which are the decision-makers, or at least those who employ the issue language of the powerful? Are there ageing issue blocs and specific country alignments? Are there isolated issues, and, if so, whose are they?

In the mapping we couple online debate-mapping techniques with risk cartography developed by Gerald Beck and Cordula Kropp (Rogers, 2004; 2010; Beck and Kropp, 2010). In online debate mapping, generally, issue-related data are captured from those web sources that do the issue, and also represent it broadly. In the risk cartography approach, an operationalization of Ulrich Beck’s conceptualization of the world risk society, the general starting point is to map the ‘main types of entities in a controversy’, including the protagonists, matters of concern, statements as well as things (Beck and Kropp, 2010, p. 10). Here the basic (online) data set is the content of the news reports found on AGE Platform Europe’s website, in the section, ‘Age in the News’. In addition, two entire special issues of the European Parliament Magazine focused on the topic of ageing also are added, as the publication is frequently referenced in ‘Age in the News’ (Parliament Magazine, 2011a; 2011b). The risk cartography technique is applied. Thus, each of the entries ranging from June 2008 to February 2012 (the date range of the archives) are read and analysed in an effort to identify, in every individual posting, the four entities in the controversy. For example, accessibility to technology for the elderly (a matter of concern) has such protagonists as Vodafone Foundation and the European Disability Forum, and is organized around the statement, ‘Not everyone has the same opportunity to make the most of smartphone applications’ (see Figure 14). Among the connected things are the smartphone applications themselves as well as training. The mapping proceeds by plotting actors’ associations and ties, and shared as well as isolated issue agendas, including their locations.

The different entities extracted from the source texts and plotted in the risk mapping retain the actor’s own language, and are categorized with a light touch. Latour argues that analysts tend to place their own larger explanatory categories over those furnished by the actors they seek to study. From a stance of social cartography such marshalling is problematic for it relies on the ‘well-known repertoire’ of social explanation, as discussed above: ‘we have to resist pretending that actors have only a language while
the analyst possesses the meta-language in which the first is embedded’ (Latour, 2005, p. 49). Therefore, the analyst is advised to employ an infra-language instead, ‘whose role is simply to help them become more attentive to the actor’s own fully developed meta-language, a reflexive account of what they are saying’ (Latour, 2005, p. 49). Here the strategy to elaborate an infra-language follows risk cartographic practice: the entities (protagonists, matters of concern, statements, and things) are labelled as such and no further explanatory categories extraneous to the actor’s accounts are brought into the analysis. The results are plotted graphically (mapped), so as to show and visibly assess actors’ ties and shared or contrasting conceptions of risks concerning the elderly, together with the solutions the parties put forward. What follows now is a description of the results, as well as the actual maps resulting from the risk cartography.

The map shows there is institutional dominance. For example, in terms of the protagonists, Anne-Sophie Parent, the secretary general of AGE Platform Europe, has a much higher than average number of connections, both to statements as well as to things. The organization’s and her high level of visibility and activity compared to other protagonists derives from their overall engagement in this issue space. Apart from Parent, Thomas Mann (vice-chair of the parliament’s Employment and Social Affairs Committee), Martin Kastler (the parliament’s Rapporteur on the European Year for Active Ageing), and László Andor (European Employment, Social Affairs and Inclusion Commissioner) are the other, most connected protagonists organizing the debate around welfare and employment, showing a transnational, institutionalized dominance of the central matters of concern. The data also display isolated, nationally tied protagonists, where one example is a smattering of actors calling for collective redress legislation in the EU (similar to a class action lawsuit in the U.S.), where groups can collectively bring suit. It connects to the larger topic of whether the fundamental institutions of Europe are being undermined by ageing, and, if so, how to seek redress.

As was mentioned before, it is clear from the data visualization that the most prevalent risk identified through the news related to AGE Platform members is the manner in which ageing is straining the welfare state. Indeed, it is mentioned in nearly half of the news postings. There is a clear cluster of shared protagonists and statements between the matters of concern, ageing affects welfare, and ageing affects employment, the most interconnected matters on the map. In those concerns, statement sharing among protagonists is also in evidence, as specific statistics used to base arguments around the welfare and employment debate are frequently employed. For example, the number of Europeans of working age
The diagram shows the relationships between protagonists, statements, and things in the context of an ageing Europe. The diagram is color-coded to represent different aspects:

- **Protagonists**: Thomas Mann, VC of Parliament’s Employment and Social Affairs Committee; Anne Sophie Parmentier, Secretary General of AGE Platform Europe; Martin Kastler, Parliament’s rapporteur on active ageing.

- **Statements**: Various statements addressing issues such as pension reform, economic reforms, and health and social services.

- **Things**: Different things impacted by the ageing population, including workforce participation, healthcare, and social services.

- **AGE Platform Europe**: An organization that promotes the interests of older people in the EU.

The diagram illustrates how the ageing population is affecting various aspects of life, including economic reforms, pension schemes, and social services, and how these are being addressed through interventions and policies. It highlights the challenges and opportunities presented by an ageing Europe and the need for integrated approaches to tackle these issues.
will decline by nearly 21 million by 2030; the number of children under the age of 14 will drop by 34 million by 2050; and by 2060 every third European will be above the age of 65.

The map shows that the statements are varied but elicit concern for a lack of flexible EU legislation to tackle the shifting population demographics and for the culture of extreme budget cuts and their effects. They have a disproportionate impact on older (and retired) people, and may have unknown effects (in Beck’s sense) as a larger and larger percentage of the population is elderly. Here population predictions from 2060 are cited. A primary suggestion as a solution or ‘thing’ by the protagonists is to mitigate the risk is to raise the working age, but there are also calls for greater training and engagement of the elderly to sustain their working life naturally, as well as to encourage their volunteering, and organizations to accept older volunteers (the subject matter of the previous European issue year in 2011). These solutions also link to another matter of concern, raised by several protagonists, having to do with technology. There is a decline in the ability of the elderly to engage with new technology, which has social and financial engagement effects. The statements made by protagonists, including the sole, private one Vodafone (albeit through its foundation), highlights restrictions such as the inability of the elderly to use smartphones, thereby disconnecting themselves from contemporary social contact, and also making daily life more expensive, given that cheaper goods are supposedly available online (and may be delivered to the door). Mapping is successful here in that it shows the range of threats posed and how certain ‘things’ (training as well as a smartphone) may alleviate tension wrought by the decline in finances to support the elderly. It also shows corporate interest at work.

There are more isolated issues, each connected with the larger question of the risks ageing brings to modern European institutions. These include elder discrimination in the labour market, and specifically of older women, the world’s largest proportion of whom live in Europe. (Mention of women’s issues recalls the specifically Polish matters of concern.) Other isolated issues include the need for healthy ageing, the impact of ageing on family policies, the difficulties of implementing local approaches to policies on ageing, and the absence of collective redress legislation within the EU, as mentioned. What these matters of concern have in common is a focus on the failure of European institutions and policies to address ageing issues, both nationally and transnationally, rather than the actual effects of ageing on the institutions of modernity. In line with Beck’s more conceptual calls, here appeals are made for a stronger collaboration through a transnational assemblage.
3.1 Age U.K.’s hyperlinking behaviour

One of the actors linked to marginal concerns on the map discussed above is Age U.K., the British non-governmental member of the AGE Platform Europe. At the same time, we found that to address the concerns, appeals are made for transnational cooperation. We are interested in analysing the connections of Age U.K. with national and international groups, be they governmental, civil society, academic, or otherwise. To what extent does it organize a cross-European or transnational network, or is it as isolated as its issues? How would one begin to map that? Here a hyperlink analysis is performed, using the Navicrawler tool, and the organizations linked from the Age U.K. site are geolocated with the GeoIP tool. The Navicrawler, a Firefox add-on, collects sites’ outlinks in a semi-automated fashion, and the GeoIP tool looks up the hosting locations of the websites (via their IP addresses). The analysis concerns the links made from Age U.K. to other organizations, and those organizations’ locations.

All the U.K. members are retrieved from the AGE Platform Europe website, and only those 14 with a website listed are retained for further study. In order to find their immediate neighbours, these sites are crawled with Navicrawler, resulting in a list of 376 websites. After exporting the data from Navicrawler, the results are visualized in Gephi, the open-source network analysis tool, originating from the same developers as Navicrawler. After using the GeoIP look-up, we inserted into Gephi the country of each node, and employed a force-based algorithm for graph drawing (ForceAtlas 2), with the attraction force of the graph distributed along outbound links in order to push the hubs of the network to the periphery and put the authorities in a more central position. All nodes in this directed graph are coloured, based on their geolocation and the edges between the nodes display the colour of the node that the edge directs to. So, if an American website links to a U.K. site, then the colour of the edge will be the colour representing the U.K. category in the graph (see Figures 15a and 15b).

The star shapes of the graphs are to be expected since analysis started with 14 websites and only sought the outlinks from those sites. The colour of the nodes and their immediate neighbours are of interest for the research question concerns the extent to which the U.K. organizations are cross-European in the sense that they recognize a cross-section of European organizations by linking to them. The graph is rather homogenous; there is not a wide variety of colours represented. In order to better understand just how homogenous it is, we also made a chart: the top three nations, with nearly 90 per cent of the links received, are the United Kingdom,
United States, and Ireland. What is surprising is the countries that are *not* represented. The map shows a distribution of countries linked to by U.K. organizations, whereby national (or domestic) linking stands out as does its light recognition of Western and Northern Europe as well as Australia and North America. Out of the picture, so to speak, is the rest of the world. Large swathes of territory remain vacant.

Countries affected by the ageing of the U.K. population (such as lesser developed African and Asian countries) through the migration of care workers (for example) are also absent. That is, mapping may be about the countries that are not on the map as much as those that are. Having found in the short sub-study that the (hyperlink) network around the topic of ageing for Age U.K. is neither a regional (EU-wide) nor a cosmopolitan one, we would like to pursue further Beck’s distinction between decision-maker and non-decision-maker states, inquiring into the extent to which lesser developed countries are involved in the (U.K.) ageing issue.

### 3.2 Care worker migration as ageing issue (in the U.K. and beyond) and the quest for the cosmopolitan moment

The quest for the cosmopolitan moment is how we describe a further risk mapping undertaken on care worker migration to the United Kingdom. How to map the extent to which the divide between decision-makers and victim states is bridged through both recognition of each other as well as a global (policymaking) assemblage involved in the settlement of the issue? Before attempting such a mapping, we require a country list, and therefore begin with a brief description of British immigration trends, where India and Poland (followed by Slovakia, and increasingly Eastern European countries, generally) have been top source countries in the past decade, according to one data source available on immigration (and emigration), the International Passenger Survey, a sample of passenger flows in and out of U.K. airports, sea ports and the Channel Tunnel (Salt, 2010). Over the past two decades, there has been a year-to-year net increase of immigrants; annually more have immigrated to the U.K. than emigrated from it. According to the Migration Policy Institute (the Washington, DC, think tank), the U.K. attracts immigrants at a high rate (though not as high as the U.S.), with some 4.5 million in total from 1997 to 2006 (Somerville and Sumption, 2009). With 2.9 million people emigrating from Britain in that decade, migration has netted approximately 1.6 million people for the population. Immigrants move to the U.K. mainly for economic betterment, to be reunited with their
families, to study abroad, to flee political persecution or disasters, or some combination, according to the Institute. Most would like to work.

In 2008 immigrant workers comprised 12 per cent of the U.K.’s working population, which is twice as many as two decades previously. In terms of the kinds of jobs that immigrants take up in the U.K., they are concentrated particularly in low-skilled and high-skilled areas, with wealthier countries providing workers for white-collar positions (corporate migration, so to speak) and less advanced economies for service jobs, including the social care sector. It is a trenchant distinction for certain newcomers, as immigrants from Eastern Europe, in particular, tend to ‘downscale’ their type of employment upon entering the British workforce.

Of those sectors where high-skilled immigrant employment is rising markedly are computer software and healthcare. Social care workers, including home carers, social workers and nursing assistants, are considered low-skilled, in governmental definitional terms. Like in healthcare, and perhaps even more so, there is a call for social care workers especially from abroad. Not only are there more older people to be cared for. The Migration Observatory at Oxford also relates that there is a difficulty attracting British workers to the social care sector, especially given the low pay (GBP 6.45 median hourly wage in 2009), making the sector reliant on foreign-born workers from both within the EU and outside of it. In London some 60 per cent of social care workers is foreign, including many from Poland, the Philippines, Zimbabwe, India and Nigeria (Shutes, 2011). One of the more startling, recent statistics for a risk cartography mapping is that more than 75 per cent of British social care workers come from outside the EU; the vast majority is women, leading to what the same researchers have called ‘gendered assumptions’ about the type of work (Shutes, 2011, p. 5). Collectively, the social care sector is a low-wage, foreign female employment opportunity, increasingly attracting immigrant workers.

To us the question concerns the extent to which the problem is a British one (where methodological nationalism is applied), or also one of care worker drain in other countries (among other issues). One scenario is that social care sector shortages could be considered a worldwide phenomenon, where there is a need for training home-grown home carers everywhere. Another scenario is that those countries with care workers (willing to leave) are being recruited in those countries with the greatest shortages, no matter the consequences for the source lands. In the event, since 2008 British governmental policy has had a points system, which favours high-skilled over low-skilled immigrants, thus reducing the number of migrant care workers from consideration and employment. It is a case where arguably methodological nationalism actually may reduce care worker drain, at least temporarily.
3.3 Migration of healthcare and social care workers and the impacts on victim states

According to the issue fact sheet provided by the World Health Organization (WHO), worldwide there are about 60 million health workers who are immigrants, having moved for reasons of salary, career opportunities, living conditions at home, among others (2010). In the U.K., according to the findings of a survey of internationally recruited nurses, there are major differences in motivation depending on the country of origin (Buchan et al., 2006). For example, nurses from Australia, New Zealand, and the U.S. said the move to the U.K. mainly was connected with travel and 'experiencing a different way of life' (Buchan et al., 2006, p. 4). The U.K. survey also found that two-thirds of the nurses had a recruitment agency involved in their relocation, and nearly half was considering moving again.

As discussed above, for many countries there is a serious threat of healthcare worker loss. As one journalist explained, in reaction to a 2005 study on 'the metrics of the physician brain drain', 'the last place on earth hardly any doctor wants to be is a small out of the way place in Africa' (Mullan, 2005; Wilson, 2005). (It also accounts for the significance of such organizations as Doctors without Borders, which attempt to provide some relief to healthcare worker shortages.) According to the WHO, migration from lower wage countries is often stepwise. Healthcare workers tend to move from poorer to richer climes within a country, and then to higher income countries. In responding to what is sometimes termed the 'medical carousel', the WHO has put forward policy guidelines to stem the flow of care workers from places of acute need to higher income countries, including national training of healthcare workers, and moral sensitivity to the situation in source countries. Nevertheless shortages persist in many countries, the U.K. included, and international recruitment is one means to address them.

There is a growing literature not only on healthcare worker migration but increasingly also on social care worker movement (Moriarty et al., 2012). In discussing the shortages of workers and the spur to recruitment, studies emphasize the widening demographic of elderly people in the U.K., the concomitant demand for social care, the low pay associated with the sector, together with the aforementioned gendered assumptions (Shutes, 2011). Similar to the findings made by Buchan and colleagues on internationally recruited nurses, recent survey work on social care worker migration to the U.K. has found Commonwealth countries supplying the preponderance, including Australia, New Zealand, Canada, South Africa, India, and Pakistan, as well as growing numbers of African and Caribbean workers.
(Moriarty et al., 2012). There have been explicit calls for cross-national research into migration patterns and impacts, and invitations to appreciate the complexities of the needs of the countries of origin, which include the availability of care in the source countries but also the remittances families receive from their care workers living abroad (Jones and Truell, 2012). For instance, a study of overseas Philippine healthcare workers made the case that the amount of remittances compensates for the economic loss of worker migration, however much particular surgical procedures are thought to be delayed in the country because of the drain (Bach, 2003). There are other interlocking issues, such as the state of the economy together with labour market pressures, that contribute to the care worker migration issue. For example, the U.K. government has placed a limit on workers entering the country, especially lesser skilled ones. As said, in contrast to healthcare workers, social care workers are considered lesser skilled, thereby limiting their recruitment (Shutes, 2011).

Here it is particularly clear that the consequences of an ageing population have ceased being a nation-state issue, certainly when the nation is not able to provide the necessary care for its elderly population and it turns to international recruitment. How do source countries cope? In certain cases, there has been adaptation to brain drain. The Philippines, India and Cuba have embraced it, so to speak, putting into place infrastructure to train healthcare workers for export (Hamilton and Yau, 2004). In other cases, the outflow of healthcare workers may be calculated, and destination countries compensate source countries. For many countries without such systems in place or without such foresight, migration, however small, can cause system malfunction. Losing a few workers could put countries beneath the minimum standards recommended by various bodies. For example, the WHO’s ‘Health for All’ standard recommends a minimum of 20 physicians per 100,000 people. In sub-Saharan Africa there is 1 per 8,000 people (Mills et al., 2008). There do not appear to be similar schemes to stem the outflow of care workers.

In any case, that developed countries actively recruit care workers from developing countries in order to sustain their welfare system and meet the demands of a rapidly ageing population is an example of global issues with local vulnerabilities, as Ulrich Beck has described it. Here the mapping concerns sensitivities of upstreams to downstreams and vice versa. Is the issue of an ageing population creating what Beck describes as a distinction between decision-makers and victim states? Are decision-makers relying on so-called methodological nationalism, thereby only considering their own backyards? Are there instances (or traces) of global assemblages which form not only to raise awareness but also actively address the world risk (in
Beck’s terms)? Here we turn to places usually described as source countries, and the recruitment of their workers.

A 2008 discussion piece in *The Lancet*, the British medical journal, is entitled, ‘Should Active Recruitment of Health Workers from Sub-Saharan Africa Be Viewed as a Crime?’ (Mills et al.). The case made for such a viewpoint relies on a projection that the ratio of healthcare workers (broadly conceived) to populations, already at dire levels, would worsen severely, should recruitment continue, resulting in a further deterioration of healthcare there. Moreover, the authors critique issue-awareness models, professional codes of practice and other voluntary standards, which they feel have been ineffectual in slowing the outflows of workers. Particular attention is drawn not only to the situation on the ground in African countries but also to the recruitment benefits elsewhere, including the savings made by the U.K. in recruiting over training their own health workers. Recruitment practices themselves (by companies such as RiteAid and Shoppers Drug Mart) are the subject of some attention, for the countries in question already have too few workers in the sector (Attaran and Walker, 2008). Recruitment strategies involve advertising in national newspapers and journals, recruitment workshops, personal emails or text messaging to health workers, and dedicated websites. Offers of employment are accompanied by legal assistance with immigration, guaranteed earnings, and moving expenses (Mills et al., 2008, p. 685).

The policy approaches to the issue of health worker migration in source countries include the regulation of recruitment, and specific worker retention schemes, which may be undermined by independent action on the part of the private sector or conflicting public sector activities, such as certain agencies encouraging migration and others seeking to stem it. Destination countries may put into place regulation to limit recruitment from countries that have enormous shortages and make other efforts to improve retention within the sector without relying on migrant workers. They also may make bilateral agreements with certain countries, as the U.K. has done with China, India and the Philippines. In terms of codes of practices, the U.K., together with the health ministers from all Commonwealth countries, put together the Commonwealth Code of Practice for the International Recruitment of Health Workers (2003), which calls upon the countries to balance the responsibilities of workers to the countries in which they have been educated, and their right to move for (better) work. There are also international as well as national codes of practice, where in each case they provide moral imperatives (respect source country needs), together with a respect for individual rights (people may seek employment). It should be
pointed out that research into the effectiveness of the U.K. (national) code of practice has found that it coincided with, if not contributed to, a decline in healthcare worker migration to the U.K., in two countries in focus in the study, Ghana and Kenya (Buchan et al., 2009). However great the impact, the national code itself, together with the Commonwealth Code, are signs of Beck’s cosmopolitan moment.

3.4 Care worker migration to the U.K.: A risk cartography

Nation-states’ efforts to redraw the distinction between decision-maker and victim state may be highlighted in making bilateral agreements, promoting training through short-term visas (as opposed to work visas), compensating source countries for losses incurred by healthcare worker migration, and facilitating the migration of healthcare professionals to countries with health worker shortages such as Botswana, Kenya, South Africa, and Zimbabwe (Bach, 2003; Hamilton and Yau, 2004; Shutes, 2011). These efforts should be viewed in light of the fact that the ageing of the European population can no longer be considered a local concern, but instead a phenomenon with global consequences affecting especially those countries that have become sources of healthcare and care personnel – an issue that has been referred to as ‘brain drain’, ‘human capital flight’, ‘brain poaching’, and ‘brain circulation’; ‘care drain’ refers more specifically to care worker migration and the so-called intimate labour performed in caring for the aged and infirm (Bettio et al., 2006). ‘Brain circulation’, a newer term, refers to the return of those educated abroad (Saxenian, 2005).

When inquiring into the uptake of these issues by those actors involved with ageing in the British context and into the discussions taking place around it online, we found that even though there is recognition of care workers as victims in the ageing space, the issue of care drain remains literally a footnote in the larger debate surrounding other associated issues. Moreover, despite being a geographically-based problem, care drain is often framed as placeless.

Using as starting points the websites of the 14 British organizations participating in Age U.K., in the previous section we mapped a hyperlink network of 376 webpages linked to the issue of ageing. It was described as being mainly limited to websites hosted in the U.K. and U.S., meaning that the network did not include websites geolocated to the places most often described in the literature about care worker migration as experiencing care drain (e.g., Eastern Europe). And if the acknowledgment of the victim’s
voice is in Beck’s terms a step towards cosmopolitanism, at first glance this network is wanting. In order to pursue the question of recognition further, a technique is deployed that tests the uptake of the terms ‘care drain’ as well as ‘brain drain’ in the network of websites. The objective is to determine if the terms resonate at all there, and if they are used to speak of source places and their care workers. In terms of methodology this project represents an inquiry into how to locate and study indications of so-called cosmopolitan behaviour by a set of actors online.

As mentioned previously, care drain refers to the specific displacement of care workers (considered low-skilled under British legislation) from their home countries, where their expertise is needed. Brain drain refers to the larger issue of a country’s skilled personnel, including health professionals, migrating elsewhere. The terms are chosen for the analysis here, because in them is embedded a cosmopolitan outlook. They also allow us to delimit an issue space around care workers and the consequences of their migration, and to create a sample that is specific to the topic. In this issue mapping, we are interested in uptake, a simple metric that refers to the acceptance or adoption of particular language or terminology, which can be used as an indication of the degree of recognition of a specific issue by a set of actors. Focusing on the term care drain also touches on issuefication, a label used to describe the processes by which a matter becomes an issue by the formats employed (including terminological innovation) so that they become public and circulate in media, including professional literature (and webpages). The frequency with which the term is used can provide a means to describe its success through adoption. To provide more body to the analysis we also examine the uptake of brain drain and enquire into whether reference is made in the context of its use to care worker migration. The websites that comprise the network are queried for the two terms using the Lippmannian Device, which outputs the frequency of mentions of each term on those websites, the usage of the keywords in context, and the discrete links in which they are featured. Care drain is present on 17 websites out of 376 (on a total of 76 webpages), and brain drain on 92 websites (and more than 1,500 webpages), but no Age U.K. member organizations mention care drain, and only 4 brain drain, albeit in the context of healthcare and not care worker migration (see Figure 16). This is somewhat telling for the issue appears not to be directly recognized or discussed, at least in these terms, by the leading (umbrella) actor in the issue space. Put more starkly, migrating care workers and their issues do not appear to be represented; those matters of concern that do register, however meagrely, are associated with higher skilled migrants who operate in the healthcare system. The
Fig. 16: Do the issues of care drain and brain drain resonate within the U.K. ageing network? Research protocol diagram. The link analysis performed on the 14 organizations linked to by Age U.K. lead to an extended network of 376 websites. With the objective of describing this network’s recognition of the issues associated with the migration of care and health personnel, the terms ["brain drain"] and ["care drain"] are queried for their frequency of mentions in the set of 376 websites, using the Lippmannian Device. The uptake of the term ‘brain drain’, often used to describe the migration of high-skilled health workers, is the largest, with 92 out of 376 websites including it. On the other hand, the term ‘care drain’, employed to frame the migration of low-skilled and informal care personnel, is recognized to a lesser degree, with only 17 websites mentioning it. Lastly, in order to test if the issue of care drain is more often discussed in relation to specific places that are considered sources of care workers, the subset of 17 websites is queried for the combination of ["care drain" "place name"], where the place name is one of those places often mentioned in the literature on care workers. The 376 websites are not listed. The query was made on 2 September 2013.
results of the brain drain query also bear out the fact that the effects on the source country of care worker migration are underappreciated.

The analysis is also concerned with the consequences of care drain as well as the new victims of ageing, in Beck’s sense. Seventeen websites from the extended Age U.K. hyperlink network, one degree removed from the seeds, discuss care drain.6 Most are policy-oriented, academic and research institutions; governmental websites and service providers (including care homes and hospitals that mediate or participate in the migration of care workers) are absent. The low number of governmental websites is somewhat surprising, given the official regulations in place for the recruitment of migrant personnel and thereby the government’s seemingly cosmopolitan stance. The term mostly appears in a deep web of academic papers, studies and slides available in PDF format. These documents have as their topic larger issues that link ageing and place. For example, there is the question of how transnational families arrange for the care of their own elderly and the differences between the ageing of migrants and that of natives. Older migrants tend to grow old in more arduous conditions. In these documents care drain is a short section, footnote, or reference. When addressed the theme of gender is predominant, and the issue mainly concerns women who migrate to work in the care sector, confirming the visibility of the gendered assumptions mentioned earlier. A related topic is motherhood since these migrant women often leave their children behind to be raised by their grandparents. Therefore, care drain is not only professional but personal, and children appear to be victims of the ageing issue. The term ‘vulnerability’ also is used to describe the native elderly population left behind. To conclude, as a set of actors migrant care workers, especially women and their families, are recognized by the organizations and studied as the new victims of ageing.

In order to further characterize this victimhood, a second set of queries is run where the purpose is to enquire into whether care drain is associated with specific populations (such as women) as well as particular places. May we describe which ‘loser’ places are most often a topic of discussion or used as an example? Following both Venturini and Beck, here the aspiration is to map inequalities, hierarchies, and silenced subjects.

A list of source places is extracted from the literature previously reviewed in this section about migration and care generally: Australia, Africa, Poland, Slovakia, Eastern Europe, Asia, Canada, China, the United States, Philippines, Nigeria, the Caribbean region, India, South Africa, New Zealand, Pakistan, sub-Saharan Africa, Kenya, Zimbabwe, Ghana, Malawi, Cuba, and Botswana. These places are queried in combination with the term [care
[care drain] in the data set of 17 websites (including the 76 webpages where the term appeared). It was found that care drain has a direct place association: Eastern Europe. It is a source of care personnel for other European countries and in a few instances the negative effects of the migration to the source countries are recognized. Moreover, concern is mooted about how migration has led to an ageing crisis in the region, including the difficulties of growing old in these places. These are undesirable, or loser, ageing places. Of graver concern is the situation of older care workers returning to their home countries after years of isolation and mistreatment in the informal care sector abroad.

Other places have greater frequency of mentions, but do not discuss the consequences of care worker migration in the source country. For Africa, the place most frequently mentioned in this set of documents, care drain refers to other associated issues, including the immigration status of African workers and care workers in the U.K. and the policy that regulates their migration. Australia on the other hand, is framed as being both providers and receivers of a care workforce, but in contrast to Eastern Europe, the discussions refer to it mainly as a receiving country, rather than as a victim. The least represented, however not necessarily less affected by the phenomenon, are Pakistan and the Caribbean region.

To conclude we wish to mention that the website of The Telegraph newspaper has a care drain article (in our results) describing a future when the U.K. has an overabundance of medical professionals, who may have to enter the care worker force, or immigrate to ‘other countries where medical services [are] in short supply, including Eastern European countries, Australia and New Zealand’ (Furness, 2012, n. pag.). Africa, the Philippines, or India, among the largest providers of care personnel for the U.K., are not mentioned as potential destinations, although they may as well be. Here we are reminded of the notion of brain circulation, introduced as a corrective to brain drain, where highly trained personnel, perhaps first or second generation immigrants, return to the country of their parents’ or their own origin, be it temporarily, to work, offering some relief to a place of ageing (Saxenian, 2005).

Throughout this chapter we have been mapping the intersections between ageing places and migration, and now we have reached the matter of how ageing as an issue may be mapped geographically, engaging with ageing in Europe as a place-based issue. In the following we set off to remap Europe in terms of its ageing issue needs, adding critical layers, and its ageing contributions, offering a European ageing resources map.