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Early-life Causes and Later-life Consequences of Migration: Evidence from Older Irish Adults

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Abstract Between 2009 and 2011, fieldwork was undertaken for the first wave of the Irish Longitudinal Study on Ageing (TILDA). Extensive information was collected on about 8,500 individuals aged 50 and over and living in Ireland, covering topics such as economic circumstances and health. One of the features of Ireland's older population is the remarkably high proportion of returned migrants, that is, former emigrants who have returned to live in Ireland. This is reflected in the TILDA sample with over 20 % being returned migrants. Given the large number of returned migrants in the TILDA sample and the fact that the respondents are older, it has been possible to use the data to provide insights into different dimensions of migration at different points in the life-cycle. This paper provides a review of this work to date. Three issues are addressed. First, what circumstances contributed to the decision to emigrate? Second, was there evidence that living away produced psychological stress? Third, do return migrants suffer from social isolation on their return? The data suggest that the return migrants were more likely to have suffered abuse as children, to have been more prone to alcohol problems and to be more socially isolated currently.

Keywords Early-life causes · Later-life consequences · Return migrants · Older adults · Ireland

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Introduction

According to the simple model first outlined by King (1986, p.4), the migration cycle consists of three static stages: ‘situation before migration’ (stage 1); ‘situation abroad’ (stage 2) and ‘situation after return’ (stage 3). One possible expansion to this basic model is to investigate the ‘causes and consequences of migration’ at each of the three stages. Relevant research questions in this respect include the following: (i) why did individuals emigrate in the first place; (ii) how did they cope, both financially and psychologically, during the time spent abroad; (iii) why did they decide to return to their home country and how did they cope after returning?

In this paper, we report on research which draws on the basic migration cycle model and which investigates the causes and consequences of migration for a large group of Irish return migrants (Barrett and Mosca 2012a, b). Ireland is an interesting case-study given that it is a country whose demography is characterised by a long experience of migration. As discussed in Barrett (2005), Ireland saw net population outflows in every decade between the 1870s and the 1960s. Although the pattern was broken in the 1970s, large-scale net outflows re-emerged in the 1980s and have done so again in the aftermath of the economic collapse of the late 2000s. Such large-scale and persistent outflows have led to the existence of an Irish diaspora, most notably in the United States and the United Kingdom but also elsewhere. However, return migration has also led to a situation in which a large number of former Irish emigrants now live in Ireland, with many of them being older people who have returned after an extended period away.

Many of these return migrants were interviewed, together with individuals who never spent prolonged periods of time abroad (‘stayers’), between 2009 and 2011 in the first wave of Ireland’s new longitudinal study on ageing (The Irish Longitudinal Study on Ageing (TILDA)). This is a nationally representative survey collecting detailed information on over 8,500 individuals aged 50 and over and living in Ireland. In the TILDA sample, 24 % of men and 21 % of women have lived abroad for at least 6 months. A total of 46 % of the male return migrants and 43 % of female return migrants have lived abroad for at least 10 years. It is important to note that, in contrast to many other surveys or studies which have also investigated return migration (Efstratios et al. 2012; Labrianidis and Kazazi 2006; Ni Laoire 2007; 2008), return migrants were not specifically targeted or selected in TILDA. All TILDA respondents were recruited to the study based on their age and area of residence, not on previous migration experiences.

Barrett and Mosca (2012a, b) have used the first wave of TILDA to investigate causes and consequences of (return) migration to Ireland. In this paper, we review their work up to date. As shown in Fig. 1, the authors have applied and expanded King’s migration cycle model (1986) and investigated: i) the determinants of emigration (stage 1); ii) psychological stress during the time spent abroad (stage 2); and iii) readjustment problems on return to Ireland (stage 3). Although TILDA return migrants were interviewed after their return to Ireland, they were also asked a number of questions related to their past circumstances and experiences, thereby allowing questions (i) and (ii) to be investigated.

The authors’ approach to the study of migration is relatively rare. By investigating differences between return migrants and stayers, individuals of the same nationality

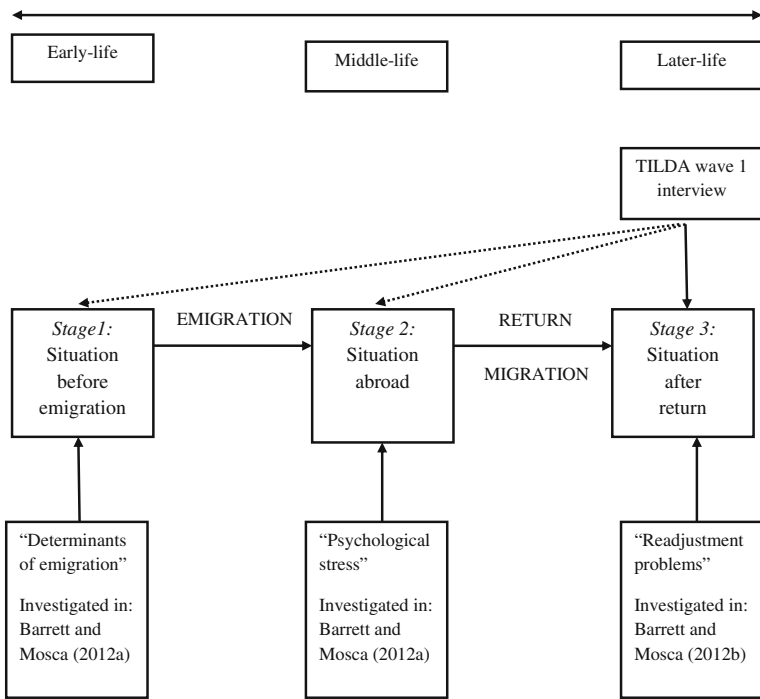


Fig. 1 The stages of the migration cycle and TILDA timeline

were compared. This approach offers a big advantage relative to many studies in the medical and sociological literature that have used data from receiving countries and hence compared immigrants with the native-born population (Aichberger et al. 2010; Silveira et al. 2002; Bhugra 2004; Coid et al. 2008; Odegaard 1932). By looking within the same nationality, Barrett and Mosca are likely to be reducing the differences between the migrant and non-migrant groups and so should be identifying more precisely the impacts of migration.

It should be noted that only those currently living in Ireland were observed in TILDA and, as such, emigrants who remained abroad were not observed. Hence, the view on the potential determinants of migration is not complete. Similarly, the first wave of TILDA did not include questions on the reasons that triggered return to Ireland. Hence, in contrast to other studies that have clustered return migrants based on their characteristics, experiences abroad and reasons for return (Efstratios et al. 2012; Labrianidis and Kazazi 2006), it is not possible to determine whether Irish return migrants were ‘successes or failures’ (King 1986, p. 17). However, we argue that this is not a severe limitation of the study given the large scale of return migration to Ireland.

The research questions investigated in this paper do not only apply to Ireland. They are current and important for a variety of reasons. International migration has increased significantly in the last decade in Europe. According to Eurostat estimates on international migration, 2.3 million emigrants left one of the EU member states in 2008 alone (Oblak-Flander 2011). Although it is difficult to predict how many migrants will return home, it is reasonable to assume that many countries or regions will face significant populations of (older) returned migrants. Hence, it is important to

understand the challenges and problems migrants face not only before emigration and when living abroad, but also on return to their home country.

The paper is structured as follows. In “[The TILDA data](#)”, we provide more detail on TILDA and discuss issues such as survey content. In “[Ireland’s history of migration and the 50 pluses](#)”, we provide a brief overview of Irish migration in order to provide some context. We then review the TILDA-based research that has been done to date on migration-related issues as they relate to Ireland’s older people. In “[Reasons for emigration uncovered by TILDA](#)”, we consider what determined emigration out of Ireland for individuals. In “[Emigration and psychological stress](#)”, we report on work that aims to investigate whether emigration led to greater psychological stress. In “[Social isolation and loneliness on return to Ireland](#)”, our attention turns to issues that currently face Ireland’s older returned migrants. Migration, in particular long-term migration, removes people from their social networks and this was particularly the case for people who left Ireland in the 1950s and 1960s, before internet-based communications and low-cost airlines. The research which we discuss in “[Social isolation and loneliness on return to Ireland \(Fig. 1, Stage 3\)](#)” is concerned with establishing whether Ireland’s older returned migrants suffer greater degrees of social isolation and loneliness compared to those who never lived away.

The TILDA Data

The Irish Longitudinal Study on Ageing is a dataset containing information on a nationally representative sample of over 8,000 people aged 50 and over living in Ireland. In 2009, data collection for the first wave of TILDA began and continued into 2011. At the time of writing (December 2012), the second wave of data is being collected and the expectation is that future waves of data will be collected at 2 year intervals. In this way, a panel dataset will be created. TILDA was designed with a number of considerations in mind but among the more important of these was a desire to achieve a high degree of comparability with the existing longitudinal studies on ageing such as the English Longitudinal Study on Ageing (ELSA), the Health and Retirement Study (HRS) in the US and the Survey of Health, Ageing and Retirement in Europe (SHARE).

In the first wave of TILDA, data on participants were collected in three ways. First, a computer-aided personal interview (CAPI) was conducted, through which a range of questions were asked covering topics such as income and wealth, employment status, health status and healthcare utilisation, early life circumstances and migration history. Second, a self-completed questionnaire (SCQ) was left with respondents through which information on more sensitive topics was sought. For example, respondents were asked about the quality of their relationships, about any histories of alcohol problems and also about the incidence of abuse, both physical and sexual, in early life. The third strand of data collection was through an extensive health assessment. Two dedicated centres, in Dublin and Cork, were established whereby respondents came to these centres and underwent a variety of tests covering cognition, gait and balance, cardiovascular and optical health, and also general items such as height and weight. Blood was also taken from respondents.

The response rate for the CAPI interview in the first wave of TILDA was 62 %, thereby providing the sample of 8,504. Of this group, 85 % returned completed SCQs and 72 % underwent a health assessment. Of those who underwent a health assessment, 14 % opted for a scaled-down version which was conducted in their homes.

Ireland's History of Migration and the 50 Pluses

Although Ireland has experienced large population outflows since the Famine of the 1840s, we restrict this brief overview of migration to the period of relevance to those in the TILDA sample, the over 50s. In Fig. 2, we show the rates of population net outflow per 1,000 of population from 1936 to the present.

Someone who was born in 1920 would have turned 16 in 1936 and so would have been among the group deciding whether or not to migrate in that year. Such a person would have been aged 90 in 2010 when the TILDA data was being collected and so at the upper end of the age distribution among participants. If we continue to take 16 as an age that would be typical for those considering leaving, we can see that net outflows continued to 1971 and so were a feature of the economic/demographic environment facing those born up until 1955. People born in that year were aged 55 at the time of the data collection and so at the younger end of TILDA's age spectrum. In general, it is clear that most TILDA participants entered adulthood when Ireland faced population outflows. It can also be seen from Fig. 2 that the rate of population outflow that faced the TILDA generation was greater than that which faced the generation who entered adulthood in the 1980s.

The decade 1951 to 1961 saw the highest rate of net outflow since the 1870s, with almost 400,000 (net) leaving. This led to the population reaching its lowest level in the twentieth century at just 2.8 million in 1961. Those aged 15–24 were the largest group in the outflow, numbering 147,000. However, even at a time of massive population haemorrhage, there was a net inflow of those aged over 65 (11,500 over the decade).

In the years 1880 to 1921, 87 % of Irish emigrants went to the United States and only 10 % went to the United Kingdom. However, the Great Depression contributed to a shift in this pattern. Between the late 1940s and the early 1970s, again the period of relevance to TILDA participants, over 80 % of Ireland's emigrants went to the UK.

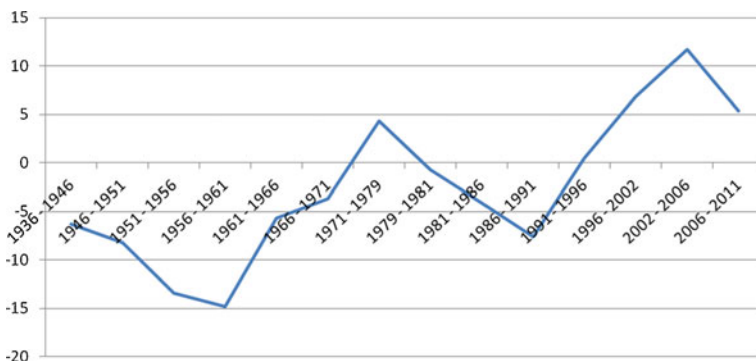


Fig. 2 Rates population net outflow, per 1,000 of population, 1936 to 2011. Source: Central Statistics Office

As regards the education levels of those leaving, it has been argued by O'Grada and Walsh (1994) that with the low level of education in the population generally and the widespread incidence of emigration, the emigrants themselves were relatively uneducated. Work on the occupations held by Irish emigrants by Hughes and Walsh (1976) saw this reflected in the case of men, with 60 % in the skilled, semi-skilled and unskilled socio-economic categories. However, Hughes and Walsh (1976) found a more favourable occupational distribution for Irish women in the UK.

While an amount of data is published by Ireland's Central Statistics Office on net migratory flows and on the population of non-nationals in Ireland, there is no official source on the number of returned migrants in the country. As noted in the [Introduction](#), the TILDA data suggest that over a fifth of those aged 50 and over have lived outside of Ireland for at least 6 months. The data used by Barrett and Goggin (2010) show that 15 % of those employed in Ireland in 2006 have lived outside of Ireland for a period of 1 year or more.

In summary, when the TILDA generation were young, they lived in an Ireland which was experiencing large population outflows. Most of them went to the UK and were relatively uneducated and unskilled, especially the men. A significant number have now returned to Ireland and so have created a large sub-population of returned migrants among Ireland's older population.

Reasons for Emigration Uncovered by TILDA (Fig. 1, Stage 1)

Most of the research on the determinants of emigration from Ireland within the economics literature has focussed, unsurprisingly, on economic issues. As reviewed by Barrett (2005), economic studies (for example, Geary and O'Grada 1989; O'Grada and Walsh 1994) have typically used the annual rate of net migration between Ireland and the UK as a dependent variable in an econometric model and then explored whether other variables explain movements in the migration flows. The explanatory variables used capture relative economic conditions in Ireland and the UK and hence include relative wages and relative rates of unemployment across the two jurisdictions. Most of these studies have shown that the size of the net flow is related to relative economic conditions.

Beyond the economics discipline, other research has pointed to broader determinants of emigration. Leavey et al. (2004) have reported on a desire on the part of Irish emigrants "to escape a claustrophobic and depressing existence in a rural environment that provided little chance for social intercourse or individual growth" (p. 768). Over 30 years earlier, Bovenkerk (1973) reported that motives such as a desire "to see the world" and "to see how other people live" were also present.

More recently, Delaney et al. (2011) have suggested that the abuse, both physical and sexual, of young people in Ireland's reformatory schools in the middle decades of the twentieth century may have led to out-migration on the part of victims. The focus of that study is on the poor health outcomes for the Irish in the UK, with the authors providing evidence to suggest that the poor health was brought to the UK by these emigrants as opposed to their poor health developing while in the UK. The authors quoted the Ryan Commission as estimating that 50 % of those who attended the reformatory schools in the period in question emigrated. While not all of these would

have been victims of sexual or physical abuse, the prevalence of abuse which was uncovered by the Commission would suggest that many were. Delaney et al. (2011) also quoted a 2001 report on sexual violence in Ireland which concluded that almost a third of women and a quarter of men had been subjected to some form of sexual abuse as children.

As an initial reason for migration is likely to impact on the subsequent degree of success of a move, it is important to have a sense of the determinants of migration at the individual level. The TILDA data contain information on a range of early life circumstances, including socioeconomic status, health and poverty in childhood and parental education. In the SCQ, respondents were also asked to report whether, before turning 18, they were physically or sexually abused and whether their parents had drug or alcohol problems. By comparing the circumstances of returned migrants with those who did not live outside of Ireland for a prolonged period of time, we can see how the groups differed at that point in their lives. Any differences are potentially related to the original decision of the returned-migrants to emigrate out of Ireland.

Tables 1 and 2 are taken from Barrett and Mosca (2012a) and show, for men and women separately, how return migrants and stayers differ in terms of early life circumstances. The focus of that paper is on patterns of alcohol dependence across return migrants and stayers and early life circumstances are used as explanatory variables. Here, we present the data again with a view to highlighting what can be learned about migration motives.

The first broad point to be made about Table 1 is that while male return migrants differ from stayers, there are important differences across return migrants themselves depending on whether they are short-term (less than 10 years) or long-term (10 years

Table 1 Descriptive statistics - male stayers, short-term migrants and long-term migrants

	Stayers		Short-term migrants		Long-term migrants	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Socioeconomic status in childhood:						
Both parents had low education	0.688	0.463	0.581***	0.494	0.694	0.462
At least one parent had secondary/ tertiary education	0.230	0.421	0.313***	0.464	0.230	0.422
Neither parent worked	0.056	0.231	0.060	0.237	0.072	0.259
Grew up in rural area	0.622	0.485	0.604	0.490	0.704***	0.457
Grew up in poor family	0.241	0.428	0.257	0.438	0.386***	0.488
Poor health	0.053	0.224	0.065	0.248	0.064	0.245
Negative early life events:						
Parents had alcohol/drug problems	0.075	0.263	0.133***	0.340	0.071	0.257
Physically or sexually abused	0.093	0.290	0.157***	0.364	0.102	0.303
Parent(s) died	0.141	0.349	0.132	0.339	0.128	0.335
N	2,067		400		303	

Statistically significant differences between short-term migrants and stayers and long-term migrants and stayers are reported. *** $p < 0.01$ ** $p < 0.05$ * $p < 0.10$

Barrett and Mosca (2012a)

Table 2 Descriptive statistics - female stayers, short-term migrants and long-term migrants

	Stayers		Short-term migrants		Long-term migrants	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Socioeconomic status in childhood:						
Both parents had low education	0.682	0.466	0.554***	0.498	0.675	0.469
At least one parent had secondary/ tertiary education	0.222	0.416	0.339***	0.474	0.221	0.416
Neither parent worked	0.057	0.232	0.052	0.223	0.051	0.220
Grew up in rural area	0.641	0.480	0.641	0.480	0.741***	0.439
Grew up in poor family	0.193	0.395	0.163	0.369	0.220	0.415
Poor health	0.071	0.256	0.073	0.261	0.092	0.290
Negative early life events:						
Parents had alcohol/drug problems	0.075	0.263	0.092	0.289	0.071	0.258
Physically or sexually abused	0.083	0.275	0.126***	0.332	0.078	0.268
Parent(s) died	0.149	0.356	0.147	0.354	0.150	0.357
N	2,495		449		300	

Statistically significant differences between short-term migrants and stayers and long-term migrants and stayers are reported

*** $p < 0.01$ ** $p < 0.05$ * $p < 0.10$

Barrett and Mosca (2012a)

or more) migrants. The parents of short-term migrants are relatively more educated than those of stayers but this is not the case for long-term migrants. By contrast, long-term migrants are more likely than stayers to have grown up in poor families and in rural areas.

Striking differences also emerge when negative early life events are considered. Table 1 shows that short-term male migrants are more likely to report to have had parents with drug or alcohol problems. They are also more likely to report to have been victims of physical or sexual abuse. While 9.3 % of male stayers report having been the victim of sexual or physical abuse in childhood, the corresponding figure for short-term migrants is 15.7 %. Hence, the suggestion of Delaney et al. (2011) is confirmed by the TILDA data for this group at least. These differences are not present in the comparison between stayers and long-term migrants.

In Table 2, we see that some of the patterns for men are repeated in the case of women. For example, the parents of short-term female migrants are relatively more educated compared to those of stayers. Long-term female migrants are more likely to have grown up in rural areas. As regards physical or sexual abuse, short-term female migrants are, like their male counterparts, more likely to report they have been victims. Again repeating the pattern for men, there is no difference between long-term migrants and stayers.

Summing up, while research on the determinants on emigration from Ireland has expanded beyond purely economic considerations, the TILDA data provide the first evidence from a large-scale nationally representative sample that physical and sexual abuse may have been a contributing factor for some in the decision to leave. Older

people who have been victims of abuse in childhood have a distinct set of needs and vulnerabilities. When this is combined with an experience of migration, it is likely that the needs and vulnerabilities are increased.

Emigration and Psychological Stress (Fig. 1, Stage 2)

Many papers in the economics literature on migration begin with the following simple behavioural model. Individuals are characterised as comparing the lifetime streams of earnings in origin and destination countries. Migration occurs (assuming no legal constraint) if the difference in the lifetime earnings streams in the country of destination and origin is greater than the costs of migration. These costs of migration are assumed to include pecuniary expenses such as travel costs but also non-pecuniary elements such as “psychic costs” (Sjaastad 1962). This term refers to the emotional impact of leaving family and friends and having to cope with life in an unfamiliar and potentially hostile environment.

Although the psychic costs of migration have been incorporated in theoretical models since the 1960s, little evidence has been collected on these specific costs in the economics literature. However, evidence has been collected in other disciplines. A number of studies in the medical and sociological literature have used data from receiving countries to compare the mental health outcomes of migrants with those of the native-born population. The majority of these studies found evidence that migrants suffer higher rates of anxiety and depression and are at higher risk of psychotic disorders (Aichberger et al. 2010; Bhugra 2004; Coid et al. 2008; Odegaard 1932; Silveira et al. 2002). These findings are explained, at least to some extent, in terms of higher social adversity, migrant stress, social isolation, depression, loneliness and poor living conditions of the migrant populations.

Similar results were found in studies focusing on the experiences of the Irish abroad in the second half of the twentieth century, especially for men. Previous research has described the Irish community in the UK as a community with high rates of depression and high levels of social deprivation and poor health (Cochrane and Bal 1989; Commander et al. 1999; Gmelch 1986; 1987; Harrison and Carr-Hill 1992; Leavey et al. 2004; McGrath 1991; Mullen et al. 1996; Nazroo 1997; Pearson et al. 1991). A more positive picture emerges for Irish women who lived for an extended period of time in the UK. For many of these women, being in employment, economically independent and able to send remittances home was a source of pride and self-esteem (Ryan 2004; 2008).

The issue of ‘psychic costs of migration’ has been investigated by Barrett and Mosca (2012a) using the first wave of TILDA. As specified in the [Introduction](#), the main advantage of this dataset is that it enables comparisons of mental health outcomes between Irish stayers and Irish return migrants, rather than between migrants and natives of a different nationality in the receiving country. The authors employed alcohol problems as a possible indicator of psychic costs of migration. In the empirical model, the dependent variable was set equal to one if the respondent reported having been diagnosed with an alcohol or substance abuse problem at some

stage in life¹ and/or scored highly in the CAGE (cut-annoyed-guilty-eye) questionnaire; zero otherwise. The CAGE questionnaire is a screening test for alcohol problems and has been extensively validated for use in identifying alcoholism (Mayfield et al. 1974; Kitchens 1994).² The explanatory variables included current socioeconomic characteristics, socioeconomic characteristics in childhood, and negative early life events.

Table 3 reports the results of the empirical model from Barrett and Mosca (2012a). Marginal effects and standard errors are reported for men and women separately. Stayers constitute the reference category. Focusing first on men, the results of Table 3 show that both short-term (less than 10 years) and long-term (10 years or more) migrants are more likely to have suffered from alcohol problems. The probability of having suffered from alcohol problems is 6.2 percentage points higher for short-term migrants than for stayers ($p < 0.01$). It is 3.7 percentage points higher for long-term migrants ($p < 0.1$). Given that a relatively small proportion of the male population is affected by alcohol problems, this is a substantial difference. Turning then to women, a different picture emerges. Short-term return migrants are more likely to have suffered from an alcohol problem. The marginal effect is 0.037 ($p < 0.05$). On the contrary, long-term migrants are less likely to have suffered from an alcohol problem. The marginal effect is -0.045 ($p < 0.01$).

In summary, Barrett and Mosca (2012a) found evidence that Irish male migrants have suffered from psychic costs of migration. These findings are in line with those of the sociological and medical literature. For example, Leavey et al. (2004) interviewed 11 Irish men (5 married, 6 single) and 13 Irish women (6 married, 7 single) aged between 65 and 87 years and living in London at the time of the interview. The authors concluded that the life in England [for the single Irish men interviewed in the study] was ‘materially and emotionally, significantly more difficult’ (p. 771). Also, one of the single men interviewed reported that ‘he felt that young Irish men drank more than their English counterparts because they got depressed and lonely’ (p. 771).

The findings of Barrett and Mosca (2012a) for women who lived away for 10 years or more offer a fascinating contrast. Their lower levels of alcohol problems suggest a favourable migration experience relative to Irish women who remained in Ireland. Other studies (for example, Ryan 2004; 2008) have suggested that for some Irish women of the generation in question, emigration allowed a level of economic independence through participation in the labour force which was not generally available to women who remained in Ireland. As clearly stated by one of the Irish women who participated in the study by Ryan (2004) and living in England at the time of the interview “we were better off here [in England] really” (p. 360).

¹ Migrants who were diagnosed before migration are excluded from the sample.

² In TILDA self-completion questionnaire, respondents are asked to state: 1) if they ever felt that they should cut down on drinking (*cut*); 2) if people have ever annoyed them by criticizing their drinking (*annoyed*); 3) if they ever felt bad or guilty about drinking (*guilty*); 4) if they have ever taken a drink first thing in the morning to steady their nerves or get rid of an hangover (*eye-opener*). The test score varies from a minimum of zero to a maximum of four: zero if the respondent answers no to all the four questions, four in the opposite case.

Table 3 Results of probit model of alcohol problems, men and women

	Men		Women	
	Marginal Effect	Standard Error	Marginal Effect	Standard Error
Short-term migrant	0.062***	0.021	0.037**	0.016
Long-term migrant	0.037*	0.021	-0.045***	0.012
N	2,770		3,244	

*** $p < 0.01$ ** $p < 0.05$ * $p < 0.10$

Alcohol problems are defined as: doctor diagnose of alcohol/substance abuse and/or high CAGE score (≥ 3 for men and ≥ 2 for women) Reference category is 'stayer'. The other explanatory variables include: age; household composition; educational attainment; current area of residence; current self-reported labour market status; smoking; parental education; socioeconomic status in childhood; health in childhood; early negative life events

Barrett and Mosca (2012a)

Social Isolation and Loneliness on Return to Ireland (Fig. 1, Stage 3)

The literature on the difficulties migrants face on return to their countries of birth is scarce. This relative lack of research may be based on a view that once migrants return to their home country, they blend back in and are then essentially no different to other natives in that country of origin. However, a few studies in national and international sociological literature have documented the sense of disappointment, isolation and feelings of alienation and not-belonging experienced by migrants on return to their home country (Cerase 1967, 1970; 1974; Christou 2006; Constable 1999; Gmelch 1986; 1987; Long and Oxfeld 2004; McGrath 1991; Ni Laoire 2007; 2008).

In "Reasons for Emigration Uncovered by TILDA (Fig. 1, Stage 1)" and "Emigration and Psychological Stress (Fig. 1, Stage 2)", we highlighted that TILDA data is well-suited to investigate the determinants of migration and the issue of 'psychic costs of migration'. In this section, we highlight that TILDA data is also well-suited to investigate the difficulties encountered by migrants on return to their home country, expressed here in terms of social isolation and loneliness. This is an important research question. The absence of loneliness and social isolation is seen as an important factor for good quality of life (Sinclair et al. 1990). Also, there is a positive association between social engagement and physical, cognitive and mental health outcomes, especially for older people (Conroy et al. 2010; Glass et al. 2006; Seeman et al. 2010; Sirven and Debrand 2008; Rodriguez et al. 2011). Similarly, loneliness predicts a wide variety of mental and physical health outcomes, such as depression, nursing home admission, and mortality (Conroy et al. 2010; Grenade and Boldy 2008; Hawkey et al. 2010; O'Lunaigh and Lawlor 2008).

In this section, we report the results from Barrett and Mosca (2012b). The authors employed two different models to investigate whether older Irish return migrants are more likely to be socially isolated. The two outcome variables are: a binary variable equal to one if the individual is (most or moderately) isolated

according to the Berkman-Syme Social Network Index (Berkman and Syme 1979), zero otherwise;³ and the number of children, friends or other relatives the individual feels close to. Turning to loneliness, the outcome variable employed is the loneliness score, which ranges from zero (not lonely) to ten (extremely lonely). The score is calculated using a modified version of the University of California - Los Angeles (UCLA) Loneliness Scale (Russell 1996).⁴ Long-term migrants were divided into two groups: long-term recent returners (ten or more years spent away and returned to Ireland in the last decade) and long-term earlier returner (ten or more years away and returned to Ireland at least 11 years prior to the interview). The other explanatory variables include current socioeconomic characteristics and socioeconomic characteristics in childhood.

Tables 4 and 5 report the results from Barrett and Mosca (2012b), separately for men (Table 4) and women (Table 5). Stayers constitute the reference category. Table 4 shows that among men both long-term recent returners and long-term earlier returners are more likely to be socially isolated. The probability of being isolated is 23.6 percentage points higher for long-term recent returners ($p < 0.01$) and 11.1 percentage points higher for long-term earlier returners ($p < 0.01$) than for stayers. Long-term recent returners have, on average, 2.3 fewer close ties than stayers ($p < 0.05$). There are not statistically significant differences in the social participation/presence of close ties between short-term migrants and stayers. Evidence that return migrants are more likely to be lonely is not found.

Table 5 shows that female return migrants are more likely to be socially isolated. There is also an “isolation gradient”, with short-term migrants being least likely to be at risk of isolation, followed by long-term earlier returners and then long-term recent returners. Compared to stayers, the probability of being isolated is 5.4 percentage points higher for short-term migrants ($p < 0.10$), 8.9 percentage points higher for long-term earlier returners ($p < 0.05$) and 15.4 percentage points higher for long-term recent returners ($p < 0.05$). However, there are not statistically significant differences in the number of close ties and the loneliness score between female stayers, short-term migrants and long-term migrants.

A direct comparison of the results from Barrett and Mosca (2012b) and those of previous research is not possible given the different methodologies and questions/variables included. However, the results of the two authors are in line with those of previous papers. For example, Gmelch (1986 and 1987) based his research on 606 Irish return migrants who had lived abroad for at least 2 years and then settled down in small communities in the west of the country. He found that 51 % of return

³ This index includes four components, expressed in terms of dichotomous variables: a) one if the individual is married or cohabiting, zero otherwise; b) one if the individual has at least two children, relatives or friends she feels close to, zero otherwise; c) one if the individual attends religious services at least once per month; zero otherwise; d) one if the individual participates in any groups (such as a sports or social group or club, a voluntary association, a self-help or charitable body), zero otherwise. Each connection type is scored either zero or one and the four scores are summed to create four levels (0–4) of social connection or engagement: most isolated (0–1), moderately isolated (2), moderately integrated (3) and most integrated (4).

⁴ Four negatively-worded questions and one positively-worded question are used: how often do you feel lack of companionship? How often do you feel left out? How often do you feel isolated from others? How often do you feel lonely? How often do you feel in tune with the people around you? The frequency of the outcome variable is assessed as: hardly ever or never; some of the time; or often.

Table 4 Results of social isolation and loneliness models, men

	Model 1: Probit		Model 2: OLS		Model 3: Two-limit Tobit	
	Y=1 if individual is moderately/most isolated according to the Berkman-Syme Social Network Index		Y=number of close children, other relatives or friends		Y=loneliness score (UCLA scale: ranging between 0 (not lonely) and 10 (extremely lonely))	
	Marginal effect	Standard error	Coefficient	Standard error	Marginal effect	Standard error
Short-term migrant	0.044	0.028	0.154	0.409	0.144	0.112
Long-term recent returner	0.236***	0.072	-2.301**	0.909	0.098	0.305
Long-term earlier returner	0.111***	0.035	-0.344	0.501	0.104	0.134
N	2,723				2,657	

***p<0.01 **p<0.05 *p<0.10

Reference category is “stayer”. The other explanatory variables include: age; educational attainment; current area of residence; current self-reported labour market status; current self-reported health; number of living children and siblings; whether mother (father) is alive; socioeconomic status in childhood; health in childhood Barrett and Mosca (2012b)

migrants were not satisfied with their lives back in Ireland during their first year back. This compares to 21 % for those who had been back for two or more years and 17 % for those who had been back for more than 5 years. The difficulties encountered in re-establishing relationships increased with the time spent abroad. Also, 85 % of respondents stated they felt different from stayers.

Table 5 Results of social isolation and loneliness models, women

	Model 1: Probit		Model 2: OLS		Model 3: Two-limit Tobit	
	Y=1 if individual is moderately/most isolated according to the Berkman-Syme Social Network Index		Y=number of close children, other relatives or friends		Y=loneliness score (UCLA scale) ranging between 0 (not lonely) and 10 (extremely lonely)	
	Marginal effect	Standard error	Coefficient	Standard error	Marginal effect	Standard error
Short-term migrant	0.054*	0.028	0.309	0.307	0.036	0.122
Long-term recent returner	0.154**	0.064	1.236	1.014	-0.388	0.259
Long-term earlier returner	0.089**	0.037	0.250	0.498	0.086	0.144
N	3,207				3,104	

***p<0.01 **p<0.05 *p<0.10

Reference category is “stayer”. The other explanatory variables include: age; educational attainment; current area of residence; current self-reported labour market status; current self-reported health; number of living children and siblings; whether mother (father) is alive; socioeconomic status in childhood; health in childhood Barrett and Mosca (2012b)

Similarly, McGrath (1991) investigated the experiences of 142 return migrants who returned to the west of Ireland (Achill Island). In order to have a meaningful “control group”, the author also interviewed 44 Achill residents who had never emigrated (stayers). She found that the returned migrants remained a separate and distinct community. A total of 60 % of the return migrants interviewed did not belong to a club, compared to 27.3 % of stayers. Also, stayers tended to belong to or organise several clubs, compared to only one or two for return migrants.

In summary, the results of Barrett and Mosca (2012b) show that social isolation is a significant feature of the lives of Irish return migrants and that the degree of social isolation is typically stronger for individuals who spent longer away and have returned more recently. From the perspective of the individual, such isolation is clearly a cost of migration although it may not be fully appreciated when initial migration decisions are made. To the extent that this later-life social isolation resulting from migration and return is anticipated, it may help to explain patterns of migration and return. From a broader social perspective, the presence of large numbers of return migrants in a country like Ireland leads to concerns of social isolation among these people with the potential consequences for health, both physical and mental, and care needs.

Interestingly, the authors also found that return migrants are not more likely to feel lonely than stayers. The authors hypothesise that return migrants might have gone through a process of adaptation over the years, have learnt to be ‘self-sufficient’ and/or have developed a coping mechanism. An alternative explanation is that the modified version of the UCLA Loneliness Scale is not a good measure to capture loneliness in TILDA.

Conclusions

Ireland’s historic pattern of outward migration, combined with much subsequent return migration, has led to a situation in which the country has a large population of returned migrants, particularly in the older age group. Through the Irish Longitudinal Study on Ageing (TILDA), data has been collected which provide an opportunity to study various aspects of migration over the life course. The basic approach in the work reviewed in this paper is to compare the returned migrants with those who never lived outside of Ireland.

The work reviewed here has shown the following. Rates of childhood abuse victimhood are higher among the returned migrants compared to stayers, thereby suggesting that flight from stressful and damaging circumstances may have been a factor for some emigrants. The incidence of alcohol problems over the lifetime is higher for male migrants and for women who stayed away for less than 10 years. However, for women who stayed away for more than 10 years, the incidence is lower. This suggests that emigration for this one group provided psychic benefits. Finally, rates of social isolation on return are higher for returned migrants.

The picture that emerges of Ireland’s return migrants has important implications for social and health policy. In general, this group of older return migrants appears to have suffered strains at various points in their lives, including higher rates of social isolation currently. Difficulties such as childhood sexual abuse and alcohol problems

are associated with many physical and mental health problems and so it is likely that many of the return migrants may have, or will develop, health problems. If their social isolation is mirrored in a lack of contact with social and health services, then the risk arises that interventions to guard against health declines will not be made. More proactive engagement on the part of social workers and public health personnel may be needed.

As later waves of the TILDA data become available, it will be possible to track how the trajectories of stayers and returners differ across issues such as physical health and depression. In this way, and from a healthcare delivery and social policy perspective, it will be possible to develop deeper insights into the needs of the returned migrants. More broadly, research on this group through the TILDA data will provide on-going contributions to the international literature on the impact of migration over the life-course.

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