Disentangling Data Narratives:

The Impact of Migrants on European Welfare Systems

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# Introduction

Today, migration is one of the key issues in the international and European political as well as public debate. One of the most compelling challenges concerning the integration of migrants into receiving societies consists in the adaptation of national healthcare systems to migrants’ needs.

European Union (EU) member states (MS) differ hugely in terms of their healthcare provision models, contribution systems, and integration policies adopted towards foreigners. Differences in access to and use of healthcare systems by migrants from within the EU and those from outside the EU (i.e. from third countries) are still considerable and further diversified based on migrants’ legal status. To analyse these differences between the traditional types of healthcare systems within the EU, it is necessary to establish and measure the systematic relationship between the costs and performance of healthcare systems, migratory care demand, and the migrants’ contribution to the MS political and economic systems.

At the same time, the debates about the pressures on MS’ healthcare systems are overshadowed by the conflict between ‘factual’, i.e. measurable, and ‘post factual’, i.e. perceived, realities. While the former might paint a not too negative picture of the performance of national healthcare systems in reaction to migration, the latter might depict a doomsday scenario that was to end in the collapse of national healthcare systems.

To provide evidence-based insights into the topic for our case study, the United Kingdom (UK), we will analyse the role of diverging data narratives and contrast ‘alternative truth scenarios’ in ‘*Brexit*-UK’ with the ‘real’, i.e. measurable, impact of migrants on the British healthcare sectors. The key aim of the paper is to juxtapose factual and perceived evidence in the given case and to elaborate on key methodological strategies how best to disentangle the two the two.

# Methods

The EU MS differ in terms of healthcare and welfare models, taxation systems, and the integration of foreign nationals. In this paper, we will focus on healthcare provisions for the European migrant population from within and outside the EU. Methodologically, we apply mixed methods, marrying economics and political science approaches. Initially, we rely on economic analysis and on how it addresses the complexity of migrant health needs, offering a concise review of the main types of healthcare systems in Europe and analysing most relevant indicators and statistical data related to :

* welfare systems (Esping-Andersen, 1990; Ferrera, 1996) and type of financial contribution adopted by MS (Thomson et al., 2009);
* total and private healthcare expenditure (OECD and World bank data) in comparison with the health inequality perceived by the population in the MS (Eurobarometer data);
* integration model adopted (Meuleman e Reeskens, 2008) according to the classification provided by the *Migrant Integration Policy Index* (MIPEX) health strand.

From this analysis, country clusters will emerge that we will further systemise according to the economic and financial peculiarities of their health systems’ adaptation to the new healthcare demand of migrant citizens. While the paper initially follows a comparative approach, providing empirical evidence for some MS, it will largely focus on empirical evidence related to the UK in its case study part.

As a next step of analysis, we will contrast the findings from the analysis of statistics with the overall political and public debate on the topic. On a meta-level, we thus discuss the impact of different sources of knowledge and divergent basis for decision-making on the public and political debate about the topic within the UK. We will analyse in how far the contributions to the debate are backed by factual evidence, i.e. statistics and other forms of verifiable evidence, and what role emotions and values played in the formation of preferences and in decision-making on our topic. In particular, we will compare:

* public perception (IPSOS Mori data) and reality (fertility, mortality, specialist, outpatient and hospital medicine UK Office for National Statistics) of the impact of migrants on British health systems;
* the publicised discourse on the topic in newspapers and magazines in order to identify variation of the data narrative.

We will finally contextualise the findings and locate them within the overall British political debate of the period in question to establish a systematic relation between the various narratives at play.

# Conclusions

In this paper we will have analysed the provision models of healthcare to migrant population, according to European healthcare systems and will have contrasted them with the debate about the topic in the case of the UK. Migration, by creating more pressure on consolidated services or requiring new ones, affects the demand and supply of health goods. We first will have tried to consider the terms on which economic analysis addresses the complexity of migrant health needs, and then considered the adaption of health inequalities to the phenomenon of immigration. In an antecedent step, we will have reviewed the main types of healthcare and welfare systems on Europe to establish a systematic reference frame for the case study. In a final step, we will have contrasted the results with the public(ised) debate about the impact of migration of the systems to separate factual evidence from ‘post factual’ one.

As will have been shown by the in-depth analysis of the British case, the public perception of the phenomenon will potentially have played a greater role than the empirical evidence in estimating the real impact of migrants on their health sectors (Alfano *et al.*, 2016; Dustmann and Frattini, 2014).

The impact of migration on the welfare of industrialised countries will turn out to be broad and heterogeneous, especially with regards to consolidated public economics and requires more in-depth and innovative theoretical reflections. There will also be empirical evidence that encourages the confirmation that adaptation processes both in politics and measurement will be unavoidable: measuring the impact of migration on healthcare systems is an emerging issue for developed as well as developing countries and contributes to the evaluation of the overall wealth of countries in providing services to their citizens. Migration is a complex human phenomenon that imposes an arduous challenge to all social sciences, and public economics will certainly not succeed without an inevitable methodological revision (Guidi and Petretto, 2018).

In terms of its impact, migration may be found to create more pressure on consolidated services or require new ones and to affect the demand and supply of health goods and care. In other words, the sustainability of health systems, within the broader welfare systems, will increasingly target and rely on the measures to contrast social inequalities rather than help the migratory phenomena as such: and it will concern the whole population, migrants as well as natives (Guidi and Petretto, 2018). To develop strategies to neutralise the post-factual and emotional perception of reality by championing the factual and measurable truth, will remain the key task of responsible governments and accountable governance structures.

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