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## HEALTH, CARE AND FINANCIAL CHALLENGES FACING VULNERABLE, OLDER BRITISH MIGRANTS IN SPAIN

For several decades Spain has been a popular retirement destination for many older EU citizens, including British nationals (Oliver 2008; O'Reilly 2000). International retirement migration' (King *et al.* 2000) has now been conceptualised as a form of 'lifestyle migration' (Benson and O'Reilly 2009) which occurs as a result of a search for 'personal fulfillment' or the 'good life'. Much of the research to date has focused on understanding the motives that prompted people to move abroad as retirement approaches (King *et al.* 2000), as well as the lifestyles adopted and social networks developed as part of a healthy retirement in Spain (Gustavson 2008; Casado-Diaz 2009). Research has largely ignored the increasing number of British people in Spain who are frail and vulnerable and now require additional support and care. This paper therefore focuses on this vulnerable group and identifies the main difficulties faced and the type of support available to them, in particular support with health, care, and financial issues. It begins by providing a broad overview of the academic and policy literature on retired migrants in Spain, and then goes on to outline some key findings from a research project undertaken in collaboration with Age Concern España. The findings are focused around access to health and social care, and financial support in Spain.

### Supporting retired British migrants in Spain

#### *Health and social care in Spain for older British citizens*

British pensioners who are registered as living in Spain are entitled to free healthcare through reciprocal arrangements existing between EU member states. This makes any costs of healthcare recoverable against the country of origin. For early retirees, automatic access to free and extended healthcare is not however guaranteed. For those who are entitled to free health care, this is to the same level of cover as a Spanish national. Overall satisfaction with health services in Spain

among British residents is high (Haas 2013; Legido-Quigly *et al.* 2012; Age Concern España 2006; King *et al.* 2000), however there are some significant cultural differences between health and care systems in Spain and the UK. For instance, in hospitals, it is customary for the patient's family to provide basic nursing care, whilst in the UK such duties would be performed by nursing staff (Age Concern España 2006). Furthermore, compared with the UK, there is a relatively low level of social service provision for older people in Spain (Tortosa and Granel 2002), with limited public after-care, long-term care and residential nursing facilities (Haas 2013). The Spanish welfare state has historically relied on the informal role of families to provide care and support for its elderly citizens (Leon 2010; Daatland and Lowenstein 2005) with more than 65 per cent of care for older people being provided informally by family members (Costa Font and Gonzalez 2008)

Since the Personal Autonomy and Dependent Care Law (39/2006) came into effect in 2007, more money is being invested to extend formal provision for those requiring long-term care, including home help, day and residential care and support for carers (Eurofound 2009; Costa-Font and González 2008). However, social care is not universal and demand often outstrips supply (Costa Font and Gonzalez 2008). Private care homes do exist (although limited) but estimates show they cost from 1700 to over 3500 Euros a month (Iszatt 2013) and therefore may be too expensive for older migrants. This is especially the case for those reliant on the state pension.

#### *Financial Support for Older British Citizens in Spain*

Under EC regulation 883/2004, the state pension of a British national is fully exportable should they relocate within the EU. However, some additional benefits for low income, retired, dependent and disabled people require a residential qualification, so are only paid to



those who reside in the UK. The UK provides more welfare benefits than many other European states, including Spain, where benefits are based on contributions so retired British people who have not undertaken paid employment in Spain are not entitled to access them.

EC Regulation 883/2004 does make some UK benefits exportable, including Employment and Support Allowance (ESA), Attendance Allowance, Disability Living Allowance (care component only), Carers Allowance Bereavement Benefits and Winter Fuel Payments (for those who moved to Spain after 1998 and were over the age of 60 at the time of moving). However, other old age benefits including Pension Credit and Housing Support are not exportable meaning that older British nationals living in Spain have less financial support than those living in the UK. This can make them extremely vulnerable to financial difficulties in later life, especially if the need for care arises.

The recent economic crisis also appears to have had a negative impact on the financial situation of UK pensioners in Spain, as unfavourable exchange rates have reduced the value of the British state pension considerably (Huete *et al.* 2013; Kershen 2009). Since the economic crisis, reports suggest that fewer older British people are moving to Spain and those already living in Spain are increasingly likely to encounter homelessness or destitution and subsequently return to the UK (Huete *et al.* 2013; Roberts 2013; Rainsford 2011).

### The research

Narrative interviews were used to explore the health, care and financial issues facing vulnerable, older British migrants in Spain. The narrative approach enabled the exploration of the participant's understandings and interpretations as told from the perspective of the individuals involved (Dingwall and Murphy, 2003; Lawler, 2002). Research participants were recruited through Age Concern España and only those who were considered 'vulnerable' were asked to take part. The definition of vulnerability by Grundy (2006:107) - "those whose reserve capacity fall below the threshold needed to cope successfully with the challenges that they face" - was taken into account when selecting participants, as well as Hardill *et al.*'s (2005) criteria of those in "critical situations".

A total of twenty interviews were conducted at a household level; thirteen being with individuals (one of

whom was married but his wife was unable to take part in the interview), four with a married couple and three with the older person and other family members. Households were located in the Costa Blanca (8 households), Costa del Sol (7 households) and Mallorca (5 households). The number of interviewees in each location largely reflects the differences in the total number of British people living in each area (based on figures from Instituto Nacional de Estadística 2007).

Whilst representativeness of the sample was not essential, every effort was made to ensure that a sample of variability was recruited with a mix of genders, social class backgrounds, ages, marital status and time lived in Spain. There were sixteen female participants and nine males (when couples are counted as two participants). The average age of all interviewees was 78.25 years and all participants lived in Spain for at least 9 months of the year (with most living there all year round) and the number of years lived in Spain ranged from one to 34 years and therefore captures the problems associated with a recent move to Spain, as well as those who have 'aged in place'.

### Findings

#### *Health and social care in Spain*

The improvement of health is a commonly cited reason for retired British people to move to Spain (e.g. King *et al.*, 2000) and most interviewees reported better health after they moved to Spain than they had experienced in the UK:

[Terminally ill husband] wasn't well, he walked with a stick...we came here for his health. (Audrey, 66, Widowed)

However, despite the climate in Spain initially improving health, as they reached old age nearly all interviewees experienced a significant decline in their health. This included illnesses such as cancer, strokes, blindness or Parkinson's disease. Access to healthcare services was therefore an important issue, as was the quality of healthcare services. As identified in previous literature (Age Concern España 2006; King *et al.* 2000), interviewees in this study found healthcare in Spain to be very good, with healthcare services being called "excellent", "brilliant" and "superb". Hospitals were found to be clean and long waiting lists were rare:

They had me in for different medical tests, and different things...things in the UK that would probably wait



months and years for, you get here very quickly. (Robin, 62, Married)

The areas in which interviewees found health services problematic were focused around language and cultural differences between services in Spain and the UK, rather than in the quality of services. Those who could not speak any Spanish experienced the greatest problems in hospitals and medical centres and even those who spoke Spanish encountered problems, due to complex medical terminology which is not spoken in everyday conversation. In addition to language barriers, many interviewees also encountered cultural differences in care compared with the UK. As previously noted (e.g. Age Concern 2006), one of the key differences is that care (e.g. washing, bathing and feeding) in hospitals is expected to be performed by family members rather than nurses, as Wilma explained:

You have got to have someone in [hospital] with you. The nurses will not help you out at all...When [husband] was ill, the two girls [granddaughters] and [daughter] took turns to stay each night with him. You have to stay the night otherwise you don't get any help. When I wasn't there, the dinner, nobody gives them anything. And then they take it away. They don't feed you, they don't wash you...If you don't have anyone with you, you might as well die. (Wilma, 76, Widowed)

There was also found to be very little or no aftercare, with problems being experienced following discharge from hospital, including with organising transport, assistance in getting home and in information provision from the hospitals on aftercare such as wound dressing. A number of interviewees felt that they (or their partner/family member) were discharged too soon, or as Wilma described were simply "bundled" off home:

My mother had a stroke. They kept her in hospital for five days and there was nothing more they could do for her so they just bundled her off home and when I say bundled I mean this. So this was a great trauma, and when she did come home she suffered terrible because well, you just don't get any help. (Wilma, 76, Widowed)

It is also not common practice for doctors to undertake home visits (as they may do in the UK), unless they were private visits or covered by health insurance policies:

The aftercare [in the UK] was there. I can't fault that whatsoever. Out here [in Spain] it is very different, very different...when you come out of hospital, it could be 6, 7 o'clock at night, there is no aftercare and to try and get a doctor to visit you is virtually impossible, unless you go private. (Audrey, 66, Widowed)

An expectation of the family to provide care in Spain (Leon, 2010), means there is little need for statutory care services. These different cultural practices between Spain and the UK were recognised by some interviewees, however others moved to Spain expecting the same level of care that they would receive in the UK. This indicates a lack of preparation by some people on service provision in Spain. For example, Donald thought that if his health deteriorated he would be able to access a Spanish nursing home place:

But I would think if I had any major problems, they would put me into one of these...healthcare places. [Donald, 80, Single]

However, in reality, nursing homes in Spain are very sparse and accessing them was a common problem. The only provision available tended to be private and very expensive so this was not an option for most as the following interview with Barbara's daughter, Jane, indicates:

I: Is there any possibility of keeping [Barbara] in a nursing home in Spain?

Jane: It's over 2000 Euros a month.

I: Have you looked into state funded homes?

Jane: There aren't any. It's impossible. I have looked. I have looked. It was the first thing I tried. There are Spaniards queuing up for state homes so obviously they are going to give preference to a Spaniard anyway.

As a result, Barbara had to return to a nursing home in the UK. One of the main triggers for a return move to the UK is to access care (Ackers and Dwyer, 2002), and this was supported here by Barbara and other participants who were planning a return move to access either formal or informal care (from family) in the UK.

#### *Financial support in Spain*

Whilst cheaper costs of living have featured highly in the reasons why older British people move to Spain (O'Reilly, 2000), increases in living costs over the past



decade have led to more financial hardship for some older British people:

I survive on a Widow's Pension. That was difficult enough but coming over here it went further, a lot further when it was pesetas, but now since we have had the Euro, things are going up they really are...I have to count the pennies more...I daren't get into any debt because I am on a fixed amount from England. (Rachael, 68, Widowed)

Whilst previous research has suggested that the majority of older British people who retire to Southern Europe are in a financially privileged position (e.g. Ackers and Dwyer 2002; Warnes 1999), this is not actually the case. Some commentators (Oliver 2008; King *et al.* 2000) have noted that some older British people living in Spain have limited financial resources, and are dependent on state pensions. This is supported through this study as at least seven of the households interviewed were entirely dependent on their British state pension (most of whom did not own their own homes). The number of British citizens experiencing financial vulnerability may also have increased as a result of the recent economic crisis and austerity programme in Spain (Huete *et al.* 2013; Kershen 2009).

Furthermore, limited welfare benefits in Spain can also negatively affect those on a low income or reliant on the British state pension. As outlined above, many welfare benefits are not exportable to Spain and this leaves some British migrants (mainly those on low incomes) financially worse off than they would be if they lived in the UK. Whilst most interviewees were aware that their benefits would stop when they moved, a small number moved assuming that their benefits would continue to be paid in Spain. Whilst this indicates a severe lack of preparation on the part of some migrants, it may also indicate a lack of information, or an inability to understand the information that is available:

You go through all the motions of phoning up or trying to get the information, which is not easy sometimes even though they speak English; but it's a job to get through to the right place, with all these call centres. I think they should make a leaflet for...what you are or what you are not entitled [to] and what you have got to do to be entitled. (Robert, 72, Divorced)

There is some financial support for older British people in Spain which was accessed by interviewees, including grants from benevolent funds and food parcels from

Age Concern España. With such support, some interviewees on a low income were able to continue living in Spain; however, others are being forced to return to the UK to access the benefits which are unavailable to them in Spain.

### Discussion and conclusions

Through narrative interviews, this paper has examined the lived experiences of older British people in Spain, focusing in particular on those who are vulnerable and in need of additional support. This study has identified key areas of vulnerability focused around health, care and financial difficulties. Whilst these are areas of difficulty for many older people in the UK, those living in Spain are especially vulnerable as they often lack the means to obtain care and financial support. This occurs as a result of the (often unexpected) differences in services between Spain and the UK, the legal barriers to accessing UK based support, as well language and cultural barriers to accessing Spanish services. This is further compounded by migrants undertaking insufficient research before moving on the exportability of their rights and the availability of support services in Spain.

The British community in Spain have established a range of voluntary and community organisations, such as Age Concern España, which play an important role in supporting other members of the British community, especially those who are frail and vulnerable. The help they offer includes providing transportation to and from medical appointments, translating in hospitals and organising (but not financing) carers. Such organisations are however dependent on the good will of those who run them and they cannot provide the high level of support and care required by some elderly migrants. There are therefore a significant number of older British nationals living in Spain that are facing extreme vulnerability and distress.

For relatively little cost, the situation of vulnerable, older British people in Spain could be improved with some additional, easy to access information and support from the UK government. This includes information and guidance on the exportability of healthcare rights, and on the availability of social care in Spain. Financial support and information could also be provided for older migrants on a low income, especially for those reliant on the British state pension. This could include advice to prepare migrants for exchange rate fluctua-



tions, as well as the (limited) availability of financial support from either the Spanish or UK governments. Insufficient preparation is also evident with language barriers, as British migrants often speak little or no Spanish. This is a significant problem facing British people living in Spain and presents a significant barrier to obtaining care and support, especially in the event of a crisis. Therefore, British migrants should be encouraged to learn Spanish. Affordable Spanish lessons could be provided via organisations such as Age Concern España who operate within British communities in Spain.

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