Summary

Key messages
Some 168,000 British people are resident, and receive their British state pension, in Spain. Many more live in Spain on a permanent or semi-permanent basis but are not registered in Spain as residents. Many migrated years or decades ago and now have care needs. Their family or other support networks may provide financial or emotional support but are often in the UK and cannot provide proximate care. Most older British people cannot speak Spanish and struggle to access help from Spanish social services; as a result most formal care is obtained through British care companies with individuals paying privately. Those on low incomes and with few assets or savings who need help cannot afford care, leaving British-run voluntary organisations to ‘step in’ and organise and/or pay for care.

About the study
This study explored how older British migrants in Spain experience ageing, investigating their wellbeing, access to and experiences of care. We interviewed 34 older British people living in the Costa del Sol in February 2019. They had lived in Spain for between 3 and 47 years (on average for 18 years) and most were approached through British-run voluntary organisations in Spain (which may affect our conclusions). Their ages ranged from 58 to 95 years (average age 78 years). Ten were men and 24 were women, and they included people receiving personal care or support in the home, people providing unpaid care to a family member and people not receiving care but who may do so in the near future. The research described in this Policy Brief was undertaken in 2018-19 by Dr Kelly Hall, University of Birmingham. It is one of several studies being undertaken by our team researching Care ‘In’ and ‘Out of’ Place: Towards Sustainability and Wellbeing in Mobile and Diverse Contexts, as part of the ESRC-funded Sustainable Care: connecting people and systems programme.
Older British citizens’ access to care and support in Spain

For decades, healthcare has been available free for British pensioners in Spain through reciprocal arrangements within the EU. Most interviewees said their experience of the health system there had been ‘excellent’. State funded ‘social care’ in Spain is limited, however, especially ‘aftercare’ following hospital treatment, community care and palliative care. Despite major reform of its long-term care system in 2006, Spain still relies heavily on a ‘family care’ model and the ‘fiscal consolidation policies’ imposed after the 2008/09 economic crisis mean some planned developments were not delivered. In our study, many interviewees said they had been discharged from hospital with little or no support, and apart from tele-alarms, few had accessed care to help them with daily living through Spanish social services. Some said waiting times for social services support were long. Few spoke Spanish, so for them, language was also a barrier to access.

Paying for care

Those who had paid for formal care at home had organised this through private, British-run, care organisations. Often, this help was supplemented by paying an acquaintance or ‘friend of a friend’ for help with shopping, housework or transport to hospital. Some spoke highly of the private care organisations they used, and of care workers, in some cases even referring to these paid workers as ‘friends’. The formal care they used was, they reported, flexible, person-centred and consistent (e.g. provided by the same care worker) and care visits generally lasted at least an hour. This private care cost €10–€20 per hour; the lower rate usually payable for support at home (shopping, cleaning, etc.), with more charged for support with personal care.

Financial strain

There are older British people in Spain who are managing on low incomes (often their UK state pension) and have no or few assets or savings. Some interviewees said they struggled to pay for the care and support they needed. The fall in the value of the £ since the Brexit referendum had exacerbated the financial insecurity of many, leaving them with less disposable income than previously, and less than they had expected.


Sources of support

British-run and English-speaking voluntary organisations in Spain had supported many interviewees with care needs, especially those on low incomes. They offered social support (e.g. coffee mornings and outings enabling people to make friends); information and advice (e.g. on residency and health and care services); help to access the UK welfare system (primarily Attendance Allowance, which many interviewees received); translation (for medical appointments, social services, etc.); transport (e.g. to attend medical appointments); and hospital visiting (for social support/companionship). They also organised (and sometimes paid for) care; or negotiated lower hourly rates for care for those on low incomes.

Networks of support

Anne spoke about the help offered by her British friend: “when I go in to have my hip done, a friend who has a holiday home here, she’s going to come and live with me for 2 weeks.”

The Costa del Sol has a strong British community that includes many social clubs and friendship networks; many older people in the study used these for information and support. They helped them with information on care and with practical help, for example to arrange transport to hospital and shopping. Most interviewees’ friendships and social activities were with other British people. Very few were well integrated into the Spanish community. This caused few problems for migrants while they were healthy and active, but limited their access to health, care or other support services as they became older or frail. Many did not speak Spanish, and needed a translator for medical or other official appointments.

Links with the UK

Most interviewees still had physical, emotional and social ties in the UK, often referring to the UK as ‘home’. They maintained strong relationships with their children living in the UK through visits, phone calls and other communication technologies. The interviews revealed
some evidence of transnational care arrangements, for example some of those participating in the study spoke about family members who had spent time in Spain to help them after they had been discharged from hospital. Many interviewees considered proximity vital for some forms of care. Financial or emotional support, they said, could be provided from a distance; however if ‘hands-on’ care was needed, it had mostly been provided in Spain by paid care workers, friends or volunteers.

A few people in the study were planning, at the time of their interview, to return permanently to the UK to be close to their children. Others aimed to return later, if they were no longer fully independent; for example, one interviewee was building an annex to a daughter’s house and intended to live there in the future. Becoming less mobile meant being less able, or no longer able, to visit the UK; some relied on family and friends visiting them in Spain, and/or on the help of the British community in Spain.

Nine (of the 34) interviewees reported that they, or a family member, had moved to Spain to receive care. Some had moved to Spain at the same time as their children (who were themselves retired), while others had joined their children in Spain to access the informal support and/or care they could provide.

Brenda (aged 74) had moved to Spain to work in her 30s, and had now retired. Her mother had remained in the UK, but in 2016 (aged 92) had needed residential care. Having no other family in the UK, Brenda had decided to move her mother to a Residencia (Spanish care home) to be close by. Her mother, now 95, regrets moving to Spain; she cannot communicate with care staff or other residents, and a decline in her health means that she can no longer return to the UK.

Contemporary challenges and solutions
The older British migrants we studied in Spain experienced great uncertainty following the Brexit referendum. As British pensioners in Spain, they could access free healthcare via the reciprocal arrangement between EU nations. Many were now anxious that, post Brexit (especially in a ‘no-deal’ scenario), their access to Spanish healthcare would cease, along with annual increases in their UK state pension. Some also worried that they would no longer be able to claim Attendance Allowance or other UK welfare benefits.

In this situation, most felt they would have to return to the UK, especially as their incomes had also dropped since the EU referendum, due to changes in the exchange rate. Some said their lower incomes left them unable to pay for the care they needed. Their situation suggests the need (in a ‘no-deal’ Brexit) for transitional support for vulnerable older British people who remain in Spain.

Bob cares for his wife who is terminally ill. He receives support from their local British voluntary organisation who also pay for her care. He said: “Without people like [voluntary organisation] and [British Care worker]…. I can’t thank them enough, I really can’t, because without them, [my wife] wouldn’t have the peacefulness for the end of her life, that I couldn’t give her.”

Our study also reveals the crucial importance of the British-run voluntary sector in Spain (Age Concern Espana, Age Care Association, Royal British Legion, etc.) for the wellbeing and support of vulnerable older British people in Spain. These organisations organise and sometimes pay for their care, but are themselves in a precarious position, depending on donations and the work of volunteers, who are often becoming old or considering returning to the UK themselves.

British people’s access to health and care support in Spain is complicated by the fact that few speak Spanish. As few local social workers, care workers or nurses speak English, British people often need a translator during appointments, and depend for this on local British care agencies and the informal support of their British friends, acquaintances and volunteers for care at home.
Questions raised by the study
The study raises three important questions about the situation of older British people living in Spain.

What will happen if the UK fails to reach a deal with the EU that protects older British nationals living in Spain?
If their access to free healthcare in Spain ends, many will need to return to the UK, as they cannot afford, or will be ineligible, due to age or pre-existing conditions, for private healthcare insurance.

How far can their children (or other family) who live in the UK provide them with the support they need?
This study highlights the importance of proximate care. Transnational care, across national borders, is often complex and difficult. Although younger retired migrants may be highly mobile, and able to move frequently between the UK and Spain to access financial, welfare or social support, their ability to do this declines with age. Migrants who are no longer mobile have to choose between remaining permanently in Spain or returning to the UK. Some in our study planned to return to be close to family, but most intended to remain in Spain.

Can the British-run voluntary sector in Spain cope with rising numbers of British people who are vulnerable and need care or support?
These organisations receive no financial or other support from the UK or Spanish Governments, despite their role in supporting older British people in Spain and providing the transitional support many need to avoid returning, in extremis, to the UK.

Recommendation 1: Government and local authorities in the UK should prepare for possible increased demand in the UK on the NHS, and on adult social care, housing and welfare services.

Recommendation 2: Information on planning for future care needs should be provided to older British people in Spain, or considering retiring there, via consular authorities, NGOs, banks and relevant UK Government departments.

Recommendation 3: The Foreign & Commonwealth Office should allow NGOs that assist older British people in Spain to access the charitable funds it has allocated as it departs the EU, working with them to make its advice accessible.

ABOUT THE RESEARCH
The Sustainable Care: connecting people and systems programme explores how care arrangements can be made sustainable with wellbeing outcomes. It studies the systems, work and relationships of care in the context of changes in technology and mobility and aims to support policymakers, the care sector and academics to conceptualise sustainable care as about ethics, justice and the distribution of resources. The programme focuses on adults living at home with chronic health problems or disabilities and their families, carers and paid workers. Funded by the ESRC, it is delivered by eight universities and Carers UK, led at the University of Sheffield by Professor Sue Yeandle.

This policy brief was prepared by Kelly Hall, edited by Sue Yeandle and designed by Kelly Davidge.