Over the last few decades, Spain has become a popular retirement destination for British nationals. Most retire abroad when they are healthy; however, happy and fulfilling retired lives in Spain can abruptly change when a person’s resources (bodily, economic and social) for independent living diminish. Therefore, the onset of old age can bring about severe vulnerability and the need for additional support becomes vital. This paper looks at the lived experiences of vulnerable, older members of the British community as they age in Spain, focusing on those who are in serious need of help and support. It draws on empirical data from a collaborative PhD study with Age Concern España, a British charity based in Spain who provide advice and support to older British people.

Through narrative interviews, the research examined the challenges and crises faced as a result of ageing in Spain. These tend to be centred on a decline in health, the need for care, and insufficient financial resources. Whilst these are common difficulties faced by many older people, living in Spain brings additional challenges as language, culture and legal barriers often restrict access to support services. This paper presents the main areas of vulnerability facing older British people in Spain and the implications this has on UK, Spanish and EU policy. The findings of this study have been used to promote the needs of vulnerable older British people in Spain through a series of policy and practice recommendations developed in collaboration with Age Concern England and Age Concern España.
Introduction

Over the last few decades, Spain has become a popular retirement destination for British nationals. Greater wealth and increased longevity means that retirement can be the catalyst for major lifestyle changes, including migrating to rural and coastal areas within the UK (e.g. Dwyer and Hardill, 2008) or abroad. Whilst non-EU countries such as Australia remain popular migration destinations for British nationals (Sriskandarajah and Drew, 2006), there is a growing body of evidence of the popularity of North-South retirement migration within Europe (e.g. King et al., 2000). For several decades Spain has been a popular retirement destination for many older EU citizens, including British nationals (O’Reilly, 2000). The exact number of British people living in Spain, however, remains unclear as many are undocumented due to under-registration and fluid migration patterns, especially among older migrants who may often spend part of the year in Spain and the rest in the UK. Department of Work and Pension figures (DWP, 2011) show that there are approximately 100,000 British people receiving their state pension in Spain, however other de facto figures suggest the number of older British people living in Spain to be much higher (e.g. Sriskandarajah and Drew, 2006).

Whilst there is a growing body of evidence on North-South retirement migration within Europe (Coldron and Ackers, 2009; Innes, 2008; Gustafson, 2008, 2001; Warnes et al., 2006), including on older British people in Spain (O’Reilly, 2007; King et al., 2000), this has tended to focus on the reasons why people retire abroad and at their lifestyles during the ‘third age’ of life when they are happy and healthy (except see Ackers and Dwyer, 2002; Hardill et al., 2005). There is a scarcity of research on what happens to retired migrants when they reach the ‘fourth age’, which is often a time of frailty and dependence (Laslett, 1991; Bond and Corner, 2004). Little is known about how older migrants negotiate ageing when physical, financial and social resources for independent living decline. The onset of old age can radically reduce a person’s quality of life and the need for additional support and care becomes critical. This paper looks at the lived experiences of vulnerable, older
members of the British community as they age in Spain, focusing on those who are in serious need of help and support. It identifies the main difficulties faced and the type of support available, focusing on the areas of health, care, and financial issues. In doing so, it discusses the impact of UK, EU and Spanish policy on vulnerable, older British people in Spain.

**Policy and Context**

For retired British nationals living in Spain, accessing healthcare, social care and welfare support services are shaped by a complex blend of UK, Spanish and EU law. This section focuses on the healthcare, social care and welfare rights of older British migrants living in Spain. It also looks at the nature of support services available to these individuals, as well as the language, cultural and legal barriers that restrict access to these services.

**Health Care in Spain**

Health care in Spain is devolved to the 17 autonomous regions. Under this system, rights to health care are guaranteed for all Spaniards and foreign nationals resident in Spain (except some early retirees as discussed below). Each autonomous region has its own health system, health legislation and health plan, and therefore the level of care can differ between regions. Overall, the quality of Spanish health care is considered to be excellent (Age Concern España, 2006; King et al., 2000); however, there are some considerable cultural differences when compared to UK health care. For example, in Spanish hospitals it is customary for the patient’s family to provide basic nursing care, by undertaking duties such as feeding and washing the patient, whilst in the UK such duties would be performed by nursing staff (Age Concern España, 2006). Aftercare can also be sparse in Spain, with very few community
health services (such as district nursing) being provided when compared with the UK (King et al., 2000).

As a retired migrant, health care in Spain can be obtained either through private health care or via reciprocal arrangements existing between EU member states (making any costs of healthcare recoverable against the country of origin). A UK state pensioner who lives in Spain can obtain an S1 (which replaced the E121 in 2010), which provides free healthcare under the Spanish National Health Service via a reciprocal arrangement with the UK. Furthermore, expatriates who are below state pension age (SPA) can become eligible for medical cover as dependants, on their spouse reaching SPA, or if they are in receipt of Incapacity Benefit. Alternatively, the E106 can provide health cover for up to two years for those living but not working in another EU country. Finally, the European Health Insurance Card (EHIC) provides emergency healthcare for up to three months but is therefore not suitable for those permanently living in Spain.

This therefore means that British residents in Spain who are below SPA and who have not worked in Spain have no automatic right of access to free extended healthcare. As a result, some may choose not to declare a change in residency and instead retain rights to healthcare in the UK (Coldron and Ackers, 2007). This is however problematic in the event of as serious illness, as long-term healthcare cannot be obtained for free in Spain. Access to healthcare is therefore varied, with some manipulating their rights (sometimes illegitimately) to ensure the best level of cover (Coldron and Ackers, 2007).

Social Care in Spain

All British citizens resident in Spain are entitled to access statutory Social Services in the same way as a Spanish national. However, compared with the UK, there is a relatively low level of Social Service provision for older people (Tortosa and Granell 2002). The Spanish welfare state has historically relied on the informal role of
families to provide care and support for its elderly citizens (Leon, 2010) and so state provision of residential, day and domiciliary services is limited. 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 Anna García González, 2007). However, social care is not universal and demand often outstrips supply with places in state homes accommodating only 1.26 percent of the older population in Spain (Sancho Castiello, 2002; Hardill et al., 2005). Private care homes are available (although limited) but estimates by the British Consulate (2006) show they cost from 1500 to over 5000 Euros a month and therefore may be too expensive for older migrants. Even for those who can afford to pay for nursing homes, finding one where English is spoken may be difficult (Hardill et al., 2005).

Acquiring care in Spain is often compounded by language barriers, as a significant number of older British people speak little or no Spanish. Research in the Costa del Sol shows that language is a significant problem for British people living there, with most only being able to interact on a superficial level (O’Reilly, 2000; King et al., 2000). Even those who have a good understanding of the Spanish language are unlikely to understand complex medical terminology needed for a visit to the doctor or when receiving hospital treatment. As a result, some people are turning to the private sector, with the use of private healthcare relatively high among British people in Spain, which La Parra and Angel Mateo (2008) suggest may be due to language barriers when using public healthcare. However, private healthcare can be very expensive especially for older migrants who have complex care needs (Hardill et al., 2005) and can be of limited use when the need for long term care arises (Dwyer, 2001). The role of the British voluntary and community sector, such as Age Concern España, can be crucial in supporting older British people in Spain, filling gaps in local health and care systems, such as with language interpretation and equipment loans.

On the other hand, following a decline in health or other crisis, some older British migrants return to the UK in order to access the support that they need (Age
Concern, 2007; Hardill et al., 2005). Evidence suggests that care features prominently in the reason for a return move and the main reason older British people return from EU destinations is to use the national health and social care systems of their home country (Dwyer, 2000; Warnes et al., 1999). Some people make the positive decision to return as they feel it is the right option to them following a change in their circumstances and as Ackers and Dwyer (2002) note, a return move for care may feature highly in the retirement ‘plan’ for older people living abroad. However, they also found that for others, returning was not a plan as such and presented itself as the result of a crisis. Age Concern (2007) also found that some older British migrants may be forced to return to the UK when they can no longer live independently and there are no support systems (most frequently care) in the host country.

**Pensions and Social Security in Spain**

Under EC regulation 883/2004 (replaced EC Regulation 1408/71 in 2010), the state pension of a British national is fully exportable should they relocate within the EU (including annual increases). Therefore, the state pension is not affected by a move 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, however only if sufficient National Insurance contributions have been made. Exportable benefits include Incapacity Benefit and Bereavement Benefits. Winter Fuel Payments are also exportable for those who moved to Spain after 1998 and were over the age of 60 at the time of moving. In October 2007, the European Court of Justice ruled that
Attendance Allowance, Disability Living Allowance (care component only) and Carers Allowance are also exportable within the EU (Directgov, 2008). So those in receipt of these benefits in the UK can continue to receive them abroad. However, those who develop care needs whilst living abroad cannot currently claim these benefits from abroad. Benefits that are not exportable are Pension Credit, Housing Benefit, Local Housing Allowance and Direct Payments. Therefore, financial support is largely unavailable for elderly or disabled British nationals who live in Spain compared to those living in the UK. This can make them extremely vulnerable to financial difficulties in later life, especially if the need for care arises, which as the previous section indicates, is not generally available for free in Spain. As a result, some older British people may return to the UK to access the care and financial support they need (Age Concern, 2007).

The nature of health, care and financial support for to older British people living in Spain can therefore differ from those living in the UK, with care and financial support being less available. Furthermore, language and cultural barriers are further impeding access to support for older British migrants. There are currently an increasing number of British people living in Spain who are entering extreme old age and are in need of additional support (Hardill et al., 2005). Such people are extremely vulnerable, as they are often unable to cope with the health, care or financial challenges they may face upon reaching old age. These vulnerable, older British migrants have been largely neglected from research to date, which has instead focused on those who are recently retired, are healthy and do not require care. This paper therefore tells the ‘other story’ by examining the lived experiences of older British people living in Spain who are especially vulnerable as the result of a significant decline in heath or financial difficulties. It looks at the main challenges, as well as the networks and services that support these individuals. It also looks at the impact of EU, Spanish and UK policy on the lived experiences of growing old in Spain.
Methods

Narrative in-depth interviews were used to explore the lived experiences of vulnerable, older British people in Spain. A 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). Whilst an interview guide was used, the agenda was largely set by the participants who were encouraged to talk about those issues most important to them and as such to tell their stories.

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”. Hardill et al. note that those in critical situations have often experienced a radical decline in quality of life due to a decline in health or lack of finance and require additional income or support. Therefore, interview participants were selected who currently were or recently had encountered a significant difficulty, and appeared to be in need of additional support, either from Age Concern España or elsewhere.

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 Estadistica, 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. The focus of the interviews was however on personal accounts and narratives, rather than on representativeness.

There were sixteen female participants and nine males (when couples are counted as two participants), which may be due to more women being service users of Age Concern España. This could be explained by Dwyer and Hardill’s (2008) research which suggests that men are more reluctant to engage with local support services, such as Age Concern. The average age of all interviewees was 78.25 years; however, the age range was between 51 and 93 years. Therefore, whilst there were some younger participants, they were all considered to be vulnerable according to the criteria discussed above. 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’.

Narrative analysis was performed on the interview data, with the purpose being to emphasise the stories that participants told. After transcribing the interviews, additional notes and a fieldwork diary were used to create ‘pen portraits’ of every household interviewed. These gave an overview of each participant’s characteristics and their ‘narrative story’ using a range of basic thematic headings based on the research questions. The transcribed interviews and pen portraits were then entered into QSR N6 for coding and further qualitative analysis. A coding framework was devised based on both the theoretical interests guiding the research questions, as well as on the salient issues and recurring ideas that arose in the text itself (Attride-Stirling, 2001).

Informed consent was obtained from all participants. An information sheet was provided to all interviewees who also signed an informed consent form. Participants were reminded of their right to withdraw from the research at any time and that they did not have to answer any questions which they would rather not. Confidentiality and anonymity were also ensured, and the details of Age Concern
users were not given to me before permission had been sought. This was done through Age Concern volunteers who made contact with participants in the first instance to ask if they would like to take part. Pseudonyms were also given to interviewees and are used in the discussion below.

The Lived Experiences of Vulnerable Older British Migrants: Healthcare, Social Care and Financial Support

This paper focuses on the main areas of vulnerability facing interview respondents in this study. These were identified as a rapid or significant decline in health, the need for care and financial challenges. Whilst these are difficulties that are likely to arise for all older people (Grundy, 2006), living abroad appears to compound by this due to language and cultural barriers, and the transferability of rights, which in turn can restrict access to support. The following discussion therefore focuses on the three issues of health, care and financial challenges, which are presented in turn, using quotes and indicative case studies to illustrate the lived experiences of growing old in Spain.

Health and healthcare 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 interview participants reported better health after they moved to Spain than they had experienced in the UK. Most found that pre-existing conditions, such as arthritis and rheumatism, were improved due to the warmer climate:

[Terminally ill husband] wasn’t well, he walked with a stick...we came here for his health. We came for a month for a holiday just to see and he was so much better...we always said he had five years more because the doctors said
another winter in England, he would be dead. So he bought himself another five years if you like of life [by moving to Spain]. (Audrey, 66, Widowed)

However, despite the climate in Spain initially improving health, as they reached old age nearly all interview participants had 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 for participants, as was the quality of healthcare services. As identified in previous literature (Age Concern España, 2006; King et al., 2000), participants 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. Participants found that only a small number of doctors and even fewer nurses spoke any English. Even when medical professionals could speak some English, they may not treat British patients without a translator being present:

The one I had before was [Doctor] and he was taught in England…but he will not speak English but everybody knows he could but he makes you speak Spanish. (Elsa, 78, Widowed)
Around two thirds of all interview participants, including Elsa, could speak little or no Spanish, indicating that language barriers are a considerable problem. The majority of participants had used a translator at some time; however, access to translators was variable. Whilst many hospitals do not provide translators as patients are expected to provide their own, some participants found that other hospitals do provide translation services free of charge, indicating an inconsistency in information and service provision. This is indicated in the two quotes below:

You can’t have interpreters in Spain. Not free of charge (Richard, 69, Married)

That is another thing in the hospitals, you can get an interpreter any time you want [for free]. (Fred, 86, Married)

Some people were able to draw on friends, family or volunteers (such as those from Age Concern España) for help with translating, whilst others used their own initiative such as buying medicines straight from the chemist rather than getting them from the doctors. Others hired a translator or paid for private health insurance which included free translating services. However, this can also be problematic, not only because of the high cost but also because of translators misinterpreting information, as Andrew explains:

You pay for an interpreter, I had one once…I don’t know medical terms of things, and I sat there with this interpreter and I could understand what the doctor was saying and [the translator] interpreted it completely different. So I thought this is a waste of money. (Andrew, 81, Married)

In addition to language barriers, many participants also encountered cultural differences in healthcare in Spain compared with the UK. As has been noted by 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)

This indicates that medical care in the community may not be available in Spain and King et al’s observation that there is a “virtual absence of community health services” (2000:183) is supported by participants here. It is not common practice for doctors to undertake home visits, 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)
District nursing services were also very sparse, as were general support services such as a stroke victim support group which was mentioned by one participant as something they could not find in Spain.

**Social Care in Spain**

Community services in Spain are therefore often sparse, as was support from Social Services which interviewees found to be different to Social Services in the UK. It also tended to vary according to area of residence in Spain:

> When you come out of hospital, it doesn’t matter how ill you are, you are on your own. At least in this area. I believe in some small areas, there is a nurse that calls. (Ida, 79, Divorced)

However, regardless of individual differences, the majority of participants found that there was little statutory care provision. The key reason for limited social care in Spain is due to an expectation of the family to provide care (Leon, 2010), meaning there is little need for formal care services and this was recognised by some participants:

> In England you have got the District Nurses and people like that, but they don’t do that here. I am not knocking the service here, the medical service is perfect …But its just one of those things they don’t do. They rely mainly on families here to look after people. (Andrew, 81, Married)

This represents different cultural practices between Spain and the UK and whilst the above quote shows that some British people are aware of these differences, others appear to move 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 faced by participants. The only provision available tended to be private and very expensive. With nursing home places cost between 1500 and 5000 Euros per month (British Consulate, 2006), 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. On the other hand, for those who have the financial resources, private English-speaking care provision is an option; either in the form of sheltered accommodation, nursing homes or care at home. However, this was often impeded by language and cultural barriers as the story of Harry who was in a Spanish nursing home illustrates (see Fig. 1).
Harry is an 86 years old widower and lives in a Spanish nursing home. He can speak no Spanish, yet is living in a home where neither staff nor the other residents can speak English. He is unable to speak to anyone or ask for help. He is also facing significant cultural barriers, such as with food in the home. As a result, he is extremely vulnerable, isolated and lonely:

I had my breakfast…I hate the food here, it’s terrible I just do not like it. Today, I had, I don’t know what it was, a sort of jumbled up egg. And they gave me some fruit, one or two bits of orange and a bit of something else. I usually get a cup of tea too at dinner time. I hate it here....

My daughter, thank God she brings in some cereal for me. I have that and a cup of tea. Then they decide what they are going to do [with me]...they leave me sitting there for a while. They usually take me out to the television room, and there is a door that leads out onto what they call the patio, they leave me by the door there... I go out when it’s nice on the patio, by myself, I talk to myself...

I: Can the nurses understand you if you ask them something in English? 
Harry: No, most of them, no. Just the odd one. They can't speak English.

The only support and interaction he has is from his daughter and British charity volunteers who visit him approximately once a week. He wishes he could return to a nursing home in the UK but his daughter wants him to remain in Spain near her.

Such barriers to care in Spain often result in either a planned or forced return move to the UK. This was the case for seven of the twenty interviewed households, who felt that returning to the UK was their best option to receive the care they required:
When I get really old, and I can’t do things for myself, then I plan to go back to England. Most of the old people’s homes here, apart from the private ones, which I couldn’t afford, the majority of the people are Spanish. Whilst I like being on my own, I don’t like not being able to communicate easily. (Robert, 72, Divorced)

They [her parents] can’t go into a home in Spain because of the cost and also because they do not want to go into a Spanish home where they could not speak to anyone due to language barriers...so they decided to return to the UK. (Daughter of Lauren and Steven, 93/87, Married)

Returning to the UK can however be fraught with problems, including the emotional and physical upheaval, as well as UK residency restrictions which mean that a returning British migrant does not have automatic entitlement to health, care and welfare services in the UK (Age Concern, 2007; Anaman, 2007). This would suggest a huge need for additional care services for elderly British people in Spain, such as British-owned and run nursing homes. Some EU nationals (Dutch and Norwegians) can access nursing homes in Spain provided by their governments. But to date this is not the policy of the British Government for their nationals. Whilst the provision of such nursing homes would be costly, it would reduce the need to return to the UK to access care, which is also costly financially, physically and emotionally (Hardill et al., 2005).

**Welfare and Financial Support in Spain**

Economic advantages often feature very highly in the reasons why older British people move to Spain. This includes the benefits gained from cheaper living costs, including lower house prices, lower heating costs and the low cost of eating out in comparison to the UK (O’Reilly, 2000). This is supported by all interviewees who generally found living costs in Spain to be lower than in the UK and cited it as a distinct reason for moving or at least an advantage of doing so:
We had had enough [of England]. We couldn’t afford to stay there anymore. (Amy, 51, Widowed)

However, whilst some things remain inexpensive, such as the cost of eating and drinking out, those interview participants who had been living in Spain for at least five years, all commented that they had noticed a considerable increase in living costs:

Four years ago, five years ago things were a lot cheaper in Spain than what they are now. (Roger, 81, Married)

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)

This has had a considerable impact on those on a fixed income and some are now struggling to pay their bills. Whilst living costs have also increased in the UK, those living in Spain are also affected by exchange rate fluctuations, with a sharp decline in the value of the Pound against the Euro significantly affecting those receiving their income from the UK. This includes those reliant on a British state pension, which when converted to Euros is now worth around 30% less than it was five years ago.

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, some welfare benefits, particularly income-based benefits, such as Pension Credit, 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 respondents were aware that their benefits would stop when they moved, a small number of interview respondents 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 respondents, it may also indicate a lack of information, or an inability to understand the information that is available. Whilst there is some good information available on the exportability of benefits, such as leaflet SA29 produced by the Department for Work and Pensions (DWP), this can be hard to find either in print or online and may involve complex web searches. Many interview respondents felt that acquiring and understanding information on benefits was difficult.

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)

A further example is Robin who moved to Spain four years ago and for the first two years he continued to receive his Incapacity Benefit and Disability Living Allowance. Both were then stopped without any notice, however following an appeal he has since had his Incapacity Benefit reinstated (as this is exportable under EU Law). He felt that he was not given any information as to why his benefits were stopped after two years of living in Spain (in fact his DLA should have been stopped immediately). He is now facing huge financial problems and feels that this is in part due to a lack of information and support:

This is where I am getting really disgruntled with the UK. If they decide to pay me they will have to transfer all my contributions sooner or later. It is a very grey area. Nobody knows what’s happening. You ring up [the DWP in] Newcastle or Blackpool and they don’t know what to tell you. (Robin, 62, Married)

As a result, he is now reliant on grants from benevolent funds to support him, and receives food parcels from Age Concern España. It would appear that Robin did
enquire about his health and benefit entitlements before moving to Spain, yet was provided with insufficient information:

We had sorted out all the medical side: what we were entitled to, if we could become residents, what we would get health wise. General stuff. And I checked with the benefit people and they said, yes it would be alright and all of a sudden this DLA [stopped]...They didn’t even tell me they had stopped it...They didn’t say about this 26 weeks [rule] then. This is what I am saying, it was very vague. (Robin, 62, Married)

There was a common feeling among the interview respondents that as citizens of the EU and as former UK tax payers, all British nationals should continue to be paid their benefits in Spain. Some continued to receive their UK benefits by spending 26 weeks of the year in the UK which is the amount of time required to retain British residency; however, for most, this was practically impossible (see Audrey in Box 2) either due to the desire to live and settle in one place or the financial implications of maintaining two homes.

Fig. 2 - Audrey

Audrey is a 66 year old widow who bought a house in Spain six years ago with her terminally ill husband. They decided not to register in Spain and instead retained their UK residency (and therefore benefits) by spending at least 26 weeks of the year in the UK. However, when her husband’s health deteriorated, they could no longer travel between Spain and the UK. They felt that the health benefits of living in a warmer climate outweighed the substantial cut in their income, so decided to become resident in Spain. Once living in Spain permanently, they found that there was no free care available, and due to the loss of their disability benefits money they were unable to pay for private care. As such, Audrey had no help to care for her husband and became a full time carer until he died.
As suggested by Audrey, the warmer climate in Spain can significantly improve the quality of life or even life expectancy of some older British people; however, limited state-funded care in Spain, combined with very few welfare benefits, leaves some struggling to cope. Whilst some interviewees on a low income were able to continue living in Spain, others are being forced to return to the UK to receive care and/or the benefits which are unavailable to them in Spain. However, as mentioned above, returning to the UK can be a complex and traumatic process.

The relatively new exportability rules for Disability Living Allowance, Attendance Allowance and Carers Allowance should improve this situation, as these benefits will provide the financial resources to purchase some private care in Spain. However, additional resources may also be required due to the limited state funded care in Spain in comparison with the UK.

**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. Previous research on the British community in Spain has tended to focus on the reasons for moving and the experiences of those in the ‘Third Age’ of life when they are healthy and enjoying retirement. However, this study tells the ‘other story’ by examining the lived experiences of ageing in Spain, focusing on those in the ‘Fourth Age’ who have encountered a decline in health and the increased dependence that this brings.

All participants in this study were defined as vulnerable according to the earlier mentioned definition of vulnerability - “those whose reserve capacity fall below the threshold needed to cope successfully with the challenges that they face” (Grundy, 2006). This study has identified three key areas of vulnerability for older British people in Spain, which are a decline in health, a need for care and financial
difficulties. These vulnerabilities are often intertwined, as for example health problems can result in the need to purchase care, which in turn diminishes financial resources. Whilst these are areas of difficulty for many older people, 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.

For relatively little cost, the situation of vulnerable, older British people in Spain could be improved with some additional basic 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 fluctuations, 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 massive barriers to obtaining care and support, especially in the event of a crisis. Therefore, British migrants should be encouraged to learn Spanish rather than rely on expensive translators. Affordable Spanish lessons could be provided via organisations such as Age Concern España who operate within British communities in Spain.

British charities, including Age Concern España, seem to play an important role in supporting older British people in Spain, especially those with care needs. The help they offer includes providing transportation to and from medical appointments, translating in hospitals and organising (but not financing) carers. All interview respondents were Age Concern España service users, and most felt that they would have been unable to cope with their health and care problems without the support
of Age Concern volunteers. This highlights how British charities could play a key role in supporting the older British community in Spain with their health and care needs and how, in some cases, they could even replace statutory services.

British charities however cannot provide the high level of support and care required by some elderly migrants. Older British people living abroad remain largely neglected from UK policy, both when they are in Spain and if they decide to return to the UK. There are therefore a significant number of older British nationals living in Spain that are facing extreme vulnerability and distress who should be recognised and supported. Whilst this study goes some way to providing evidence on the needs of older migrants, this remains a largely under-researched area. Further research is recommended in order to build an evidence base that can help to improve the situation of the growing numbers of vulnerable older British people living in Spain.
References


