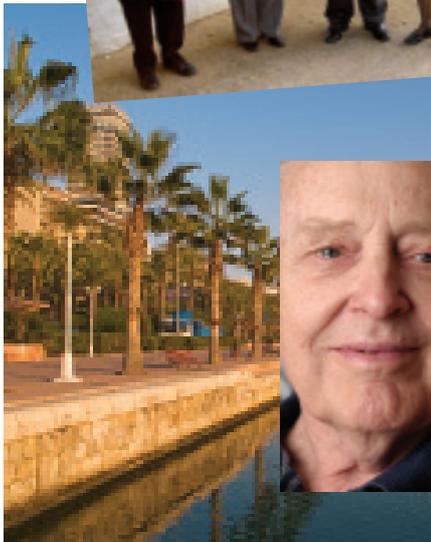
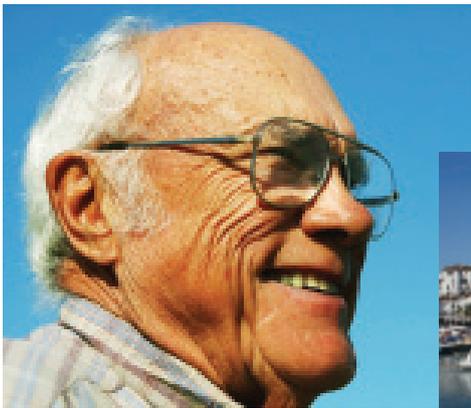


Caring in Spain

Study into the current and future care needs of the British Ex-Service community permanently resident in Spain



Caring in Spain

Study into the current and future care needs of the British ex-Service community permanently resident in Spain

Commissioned by The Royal British Legion.

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Foreword from Sue Freeth

The Royal British Legion provides welfare and comradeship worldwide, and arranges annual commemorate services of Remembrance for the millions of British residents living abroad. These three pillars of our charter are delivered abroad by our members with support from staff in Head Office in London. We achieve this work through a network of over 90 overseas branches who contribute to the annual Poppy Appeal each year and a small network of volunteer caseworkers and officials.

Over the last five years the Legion's membership in Spain has risen faster than in any other province. We have around 4,000 members registered as resident in Spain.

Our membership in Spain is now made up of both former Armed Forces personnel and their dependants. It also includes those with no connection to the Armed Forces.

The growth and the changing needs in Spain continue to challenge us.

Recent economic change has started to impact seriously on the fortunes of British people who have chosen to retire overseas, and what was a good life, is now becoming a real challenge for many; especially the oldest and frailest who live alone.

Our dedicated volunteer caseworker force in Spain, supported by caseworkers from RAFA and Age Concern Espana, report that they are now struggling to cope with the increasing complexity and volume of welfare problems presented to them by our beneficiaries.

This study has been designed to identify the changing welfare difficulties being experienced by our beneficiaries, who have settled permanently in Spain. We plan to use this study to help us formulate an appropriate and sustainable response.

Our intention is to share these findings widely, not only within the Legion, but across the voluntary and public sector; indeed, with organisations both in the UK and Spain that have an interest in the British resident community. Our aim will be to engage these important stakeholders in both the formulation and the delivery of the support services needed to address the growing welfare needs of those living in Spain.

Sue Freeth
Director of Welfare

1. Background to the study

A motion was passed at the Royal British Legion's annual conference on 26-28 May 2007 requesting a feasibility study concerned with the establishment of a Poppy Home in District South Spain. This motion was prompted by a mounting concern regarding the increasing care needs of Legion beneficiaries.

As a consequence, Sue Freeth, the Director of Welfare at the Royal British Legion determined that an essential precursor to consideration of specific welfare solutions was to gain an informed understanding of the current continuing care needs of Legion Beneficiaries who are long term residents in both Districts North and South and to forecast the nature and scale of the care demand over a five year period.

Following a tendering process, the Centre for Future Studies was commissioned in June 2008 to undertake this work - a wide ranging study designed to provide the data and analysis needed to inform welfare strategic planning and subsequent development in Spain.



2. Objectives

The key objectives were to:

1. Quantify the total population of those British expatriates requiring continuing care who are long term resident in North/South Spain and eligible for assistance from the Legion.
2. Identify how continuing care needs are met in Spain by the Government, the voluntary and private sectors, relatives and community provision.
3. Identify and assess the portable UK state benefits which can contribute to financing continuing care or access to services in Spain.
4. Identify the key organisations working with this community in North/South Spain.
5. Identify the key welfare issues affecting the resident expatriates and how these differ from Spanish citizens.
6. Ascertain how and in what form the Legion and other ex Service benevolent organisations currently provide assistance to this group of people and their carers.
7. Determine the ways in which further assistance could be made available to assist eligible long term residents.
8. Provide an indication of likely numbers requiring assistance over the next 3- 5 years and the costs involved.
9. Recommend the options to be considered for addressing the perceived gaps in the provision of continuing care with support from the Legion and other benevolent charities based in the UK.
10. Recommend the ways in which the Legion could work in closer collaboration with other UK and/or Spanish Non Government Organisations.



3. Key findings, conclusion and recommendations

Key findings

- ◇ It is estimated that the total population of British expatriates who are long term resident in North/South Spain and eligible for assistance from the Royal British Legion (the Legion) is 154,770.
- ◇ The continuing care needs of Legion beneficiaries in Spain are in the majority met by the voluntary sector.
- ◇ The portable UK state benefits which can contribute to financing continuing care or access to services in Spain include:
 - State pension
 - Healthcare
 - Disability living allowance (for some)
 - Winter fuel allowance (for some)
- ◇ The key organisations working with the British expatriate community in North/South Spain are: The Royal British Legion, Age Concern España and The RAF Association.
- ◇ The key welfare issues affecting the resident expatriates can be summarised as follows:
 - Healthcare
 - Social services
 - Emotional distress
 - Financial support
 - Advice and guidance on solving life problems
- ◇ The welfare issues of Legion beneficiaries are very similar in nature and scope to those of Spanish citizens over the age of 65 years. However, the significant difference between the two communities is that Spanish citizens are fully integrated in Spanish society and Legion beneficiaries are not. As a result, Legion beneficiaries are at a distinct disadvantage when seeking and accessing the welfare support to which they may be entitled. The language barrier, together with a basic lack of knowledge about the system, means they are effectively disenfranchised.
- ◇ The Legion and other ex Service benevolent organisations currently provide assistance in the following ways:
 - Advice and guidance
 - Practical help
 - Emotional support
 - Financial lifelines
 - Social networking
- ◇ The number of beneficiaries who could be approaching the Legion for assistance will increase over the next 5 years, totalling 20,000 by 2014.
- ◇ The welfare costs in 2013/14 are estimated to be in the region of £406,000 excluding reimbursements from other charities.
- ◇ The ways in which the Legion could work in closer collaboration with other UK and/or Spanish NGOs are:
 - Combining of resources
 - Knowledge sharing
 - Joint funding

Analysis

The Royal British Legion currently has 3,992 members permanently resident in Spain of which 2,675 (67%) are beneficiaries - ex Service personnel and dependents of ex Service personnel. Beneficiaries are those who are eligible to receive welfare support services and financial assistance; the latter being contingent on the claimant having less than £16,000 in liquid assets.

Over the period 2005-8, there has been a 60% increase in Legion membership and a 51% increase in Legion Branches. Over the same period, there has been a fourfold increase in welfare costs at the Branch level. It is estimated that the Legion received about 5,000 enquiries (based on the enquiries received by Age Concern España's helpline) in 2008. Many are requests for information and advice concerning healthcare, benefits, and social services; but around 11% have a 'serious need' for additional income or support. (Data based on an analysis of Form As – Application for Financial Assistance)

These statistics grossly understate the current need for welfare and financial support according to the British Consulate in Malaga, Age Concern España, The Royal Air Force Association (RAFA) and Legion Welfare Officers and caseworkers who have direct experience of welfare need across the four autonomous regions in Spain in which the Legion operates.

Our research indicates there are as many as 155,000 (154,770) Legion beneficiaries permanently resident in Spain. The beneficiaries who are currently members of the Legion represent just 2% of this population.

We estimate that the number of Legion beneficiaries who could be seeking assistance will increase to around 20,000 by 2014 – a four fold increase. This estimation takes into account that at least 50% of claimants will not be Legion members. By 2014, the Legion's welfare costs are estimated to be in the region of £406,000 per annum excluding reimbursements from other charities and assuming the same level of current resources.

There is a distinct lack of reliable official data collected by both Spanish and British government agencies regarding the size and circumstances of the British expatriates living permanently in Spain; and, there are significant gaps in the data collected by the Legion. Our research process revealed the Legion does not collect and analyse data which is essential to the efficient management of and planning for the delivery of welfare in Spain including:

- ◇ The number of beneficiaries who are members of the Legion
- ◇ The number beneficiaries who claim assistance who are not members of the Legion
- ◇ The number of people who contact the Legion for assistance
- ◇ The residential status of beneficiaries: permanent or temporary; registered with the local authority
- ◇ Data that can be used to anticipate care need such as:
 - the length of time beneficiaries have been living in Spain
 - whether they are living alone
 - their sources of income
- ◇ The number of active caseworkers
- ◇ Accurate recording of welfare costs

These data quality issues impede the functioning and management of the welfare infrastructure.

These data deficiencies mean we have made informed judgements that err on the side of caution and our estimates are to be considered pragmatically conservative.

While difficult to quantify, the reality is that there is an increasing number of British expats permanently resident in Spain who are running into financial and health related difficulties and seeking rescue from the British Consulate and local charitable organisations. Each case is different, but it is possible to categorise them:

- Over 65 years of age
- Pensioners
- Widowed or living alone
- Resident in Spain for more than fifteen years

The problems largely concern: health, social isolation, lack of integration and absence of family support.

We know that the number of British expats seeking help will increase in the future as their circumstances are deteriorating:

- Increasing age
- Increasing incidence of chronic age related illnesses
- Health conditions like dementia becoming worse due to language limitations.
- Decreasing income
- Rising cost of living
- Increasing number of widows living alone
- Denied access to care services as a consequence of non registration with Spanish Local Authorities

The British government does not currently accept that it has a responsibility to provide care for its citizens who are resident outside the UK, even within the EU, and there is no immediate prospect of a change in this policy.

Many UK Social Security benefits, including income-related payments such as Income Support, are not transferable to Spain. For others, such as Widows Benefits or Attendance Allowance (payable to people who are assessed as having a need for care), eligibility in Spain is dependent on certain conditions, e.g. whether one received the benefit before 1 June 1992, when the regulations were revised. In practice, the transportable UK benefits to which permanently resident British expatriates are entitled are limited indeed.

Furthermore, the provision of social services and long term care facilities in the Legion's Districts in Spain is insufficient and in many instances non existent. Spanish Government legislative initiatives to establish institutional long term care (as opposed to family care) in the autonomous regions are unlikely to make any significant difference until at least 2015.

Repatriation is for some an unrealistic option. As an official resident in Spain, a British expatriate who returns to the UK is only entitled to emergency healthcare, not to other National Health Services or local authority services including home-care. (The UK habitual residence test) In the 12 months to the end of November 2008, 2,948 habitual residence tests were failed by British nationals from around the world. (Department for Work and Pensions)

This can cause serious problems for those who return to the UK permanently at short notice.

In many instances, British expatriates in desperate need are caught between the devil and the deep blue sea and it is largely the British charitable institutions operating in Spain who bear the major responsibility for their welfare.

The Legion's current resources and capabilities are stretched and given the current status quo, the Legion's ability to meet both current and future welfare demands must be questioned.

It is estimated that there are currently 178 Legion caseworkers in the two Legion Districts, an average of 4.8 caseworkers per branch.

Legion caseworkers and other volunteers are providing:

- Social services
- Advice, guidance and complex problem solving
- Practical help
- Emotional support
- Financial lifelines
- Social networking

However, there are major care needs which the Legion is currently unable to meet:

- Domiciliary care
- Respite care
- Nursing home care
- Long term care

Legion caseworkers report that they do not receive adequate training and support and often find themselves in circumstances in which they are unable to respond appropriately and effectively. They are in effect social workers on the front line but without the necessary expertise and experience. The need to refer cases, often to the Legion in London, causes delays in response which exacerbate the problem. In many instances, an instant response is needed to an immediate crisis.

Conclusion

The British ex Service community resident in Spain is elderly and becoming more vulnerable. Increasingly they will require health services, social support and financial assistance that for the majority are either currently unavailable from the Spanish system or unsuitable.

The current global recession will serve to accelerate and exacerbate the financial difficulties facing a significant minority.

As a result, the demands on The Royal British Legion and other charitable organisations for a complex mix of care services will increase with the level of demand exceeding current resources and capabilities. Increasingly, beneficiaries will be looking to the Legion to fill the gaps in after care provision, long term care and social security. A significant investment in welfare infrastructure will be required.

A systemic approach to meeting future care needs will need to be taken. This will necessarily involve co-ordinated solutions involving the various Spanish authorities, the appropriate UK government departments and NGO's.

The Royal British Legion is well placed to act as a catalyst to discussion and collaboration. However, this process will take time to achieve positive outcomes.



Recommendations

The ways in which Legion welfare could be improved and extended:

Internal

- Improve training for caseworkers
- Recruit more caseworkers
- Increase caseworker knowledge sharing
- Improve internal and external communication
- Welfare team building
- Improve data gathering and recording
- Improve response times
- Increase the scope of welfare services available
- Review the current Legion welfare organisation in Spain
- Optimise the functioning of the Country Welfare Officer
- Increase fundraising

External

- Closer and formal collaboration between the benevolent organisations and the consular network in Spain including Age Concern España, RAFA and Age Care Association.
- Create an accurate database built from standardised data collected from the consulates and other charities.
- Closer working with the Spanish authorities including Servicio Andaluz de Salud, Junta de Andalucía (Igualdad y Bienestar Social and Salud), Colegio de Trabajadores Sociales, Ayuntamientos, Diputación; UK government departments and the European community regarding the delivery of care and benefits.
- Dissemination of information regarding the benefits/welfare services available.
- Investigation of opportunities to work with third party care providers on preferential terms e.g. "The Legion domiciliary care service".
- Develop specific programmes focused on both problem prevention (anticipatory) and crisis intervention (immediate response).

4. Definition of 'continuing care'

We have taken 'care' to mean the activities, services and relationships that help people remain independent, active and healthy.

Care needs vary in degrees from critical to low and can be described in terms of:

- Declining health
- Financial anxieties
- Psychological distress
- Dependency on others for day to day living
- Inability to cope with life problems

We define 'continuing' both in terms of frequency of occurrence and duration. This encompasses needs that are prevalent and those of both a short (acute) and long term (chronic) nature.



5. Research methodologies

The study is informed by five major research components:

- Secondary research
- Focus groups
- Case studies
- Discussion groups
- Legion members' survey

Secondary research

A wide ranging search of the extant literature was undertaken to build a library of relevant knowledge. The key publications which informed our study are presented in Knowledge Bank A.4 and a number of working papers were prepared which can be found in Knowledge Bank A.1. Links to key publications are also provided.

In addition, we gathered data from:

The UK Department of Work & Pensions

Consejo Económico y Social de España

Instituto Nacional de Estadística

NatWest Intl Expat Survey 2007

Institute for Public Policy Research

Health services in Catalonia; Valencia; Murcia; and Andalucía – regional and local

Social services in the autonomous regions –regional and local

Data was also obtained from:

Andalucía

Consejería de Salud (Department of Health)
Servicio Andaluz de Salud (Andalusian Health Service)
Empresa Pública de Emergencias Sanitarias (EPES)

Catalunya

Departament de Benestar Social (Department of Social Welfare)

Murcia

Asamblea Regional de Murcia (Regional Assembly of Murcia)

València

Conselleria de Sanitat (Department of Health)

Focus groups

Six focus groups with members of the Legion were conducted in September 2008; two in District North on 11 September and four in District South on 24 – 25 September. Focus group data is provided in Knowledge Bank B.1 – Qualitative research.

Case studies

The critical situations in which beneficiaries find themselves and the hardships they encounter are illustrated by a series of case studies prepared by: the Legion's Country Welfare Officer in Spain, Age Concern España, and the British Consulate in Malaga. These life stories depict the complexity of care need with which Legion welfare officers, caseworkers and other volunteers are confronted. (The case studies are presented in the Knowledge Bank – A3)

Discussion groups

Two discussion groups were conducted:

- With members of the British Consulate in Malaga on 22 September
- With members of charitable organisations working in Spain

Details are provided in Knowledge Bank B.1a – Qualitative data.

Legion members' survey

A survey was conducted among Legion members in Districts North & South. A total of 690 valid, completed questionnaires were received representing 17% of the Legion's membership in Spain. The results are considered to be representative of the total beneficiary population permanently resident in Spain. Details are provided in Knowledge Bank C.3 – Quantitative data.

The qualitative research was inductive in generating a body of theoretical evidence; the members' survey was deductive in testing the theory.

6. The Legion in Spain

The Royal British Legion currently has 3,992 members in Spain and 37 branches in both Districts North and South.

Membership

District	2004	2005	2006	2007	2008
South	1,444	1,441	1,732	2,350	2,332
North	947	941	987	1,331	1,660
Total	2,391	2,382	2,719	3,681	3,992

There has been a 60% increase in membership over the past five years, with a 74% increase in District South and a 59% increase in District North. The membership numbers below are those as of October 2008.

North Members

Albox	420
Alicante	45
Baza	43
Benidoleig	63
Benidorm	20
Calpe	74
Campello	100
Catalunya C	64
Catalunya N	82
Gandia	51
Gran Alacant	17
Hondon Valley	97
Javea	108
La Manga	46
La Val	22
D'albaida	
Mojacar	253
Moraira	44
Orihuela Costa	61
Pego	41
Roquetas	69
Torrevieja	146

South Members

Alcaucin	114
Alhaurin Torre	96
Alhaurin Grande	91
Benjarafe	230
Benalmedena	100
Coin	182
Estepona	113
Fuengirola	244
Los Romanes	75
Marbella	95
Mijas Costa	316
Mollina	97
Nerja	163
Torremolinos	110

Total 1866 Total 2026

Branches

District	2004	2005	2006	2007	2008
South	7	7	10	13	16
North	12	12	11	17	21
Total	19	19	21	30	37

There has been a 51% increase in the number of branches over the past five years, with a 63% increase in District South and a 53% increase in District North.

Average members per branch 2008

District South	146
District North	79

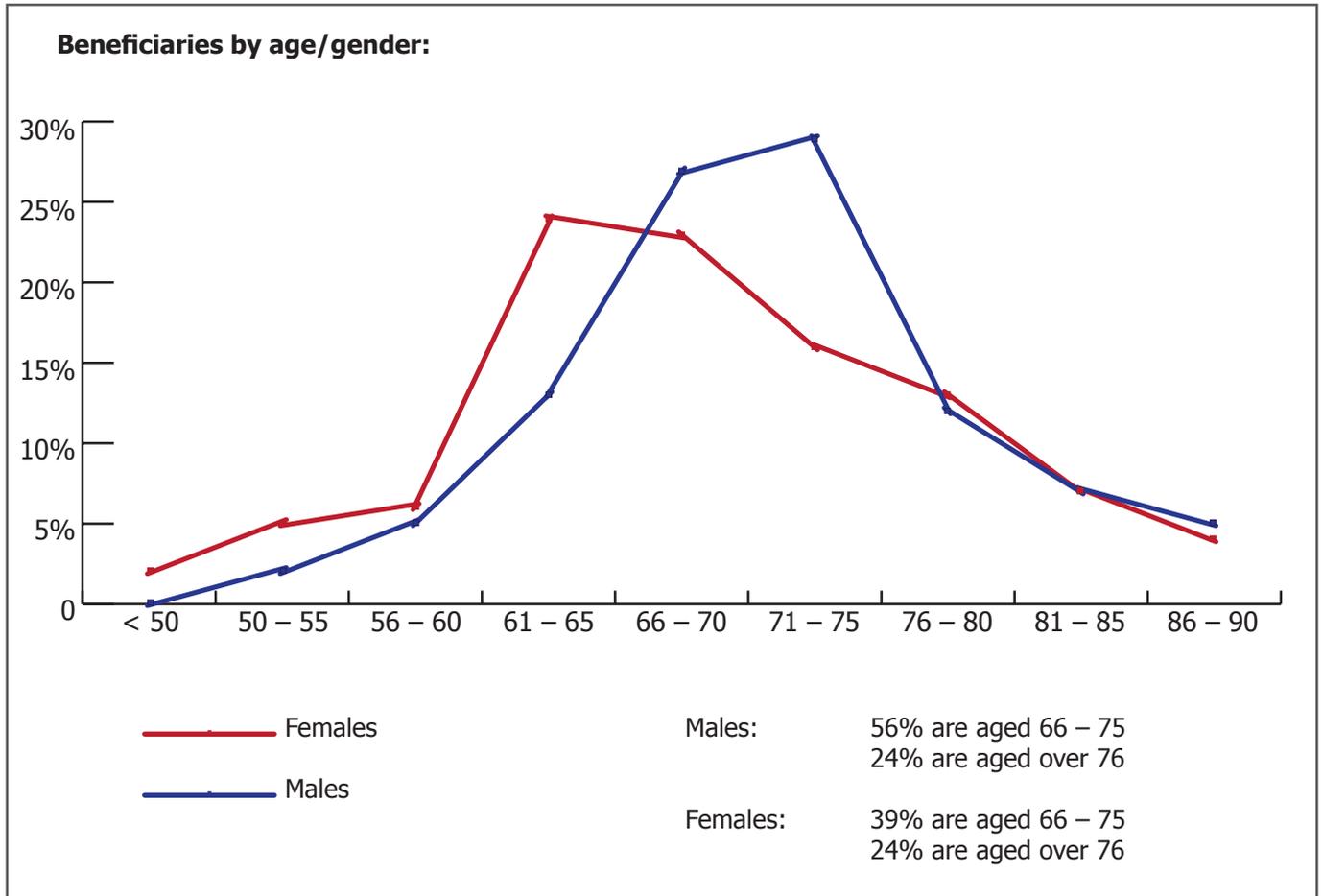
Location

Legion members live in four autonomous Spanish regions: Andalucía, Catalonia, Murcia and Valencia.



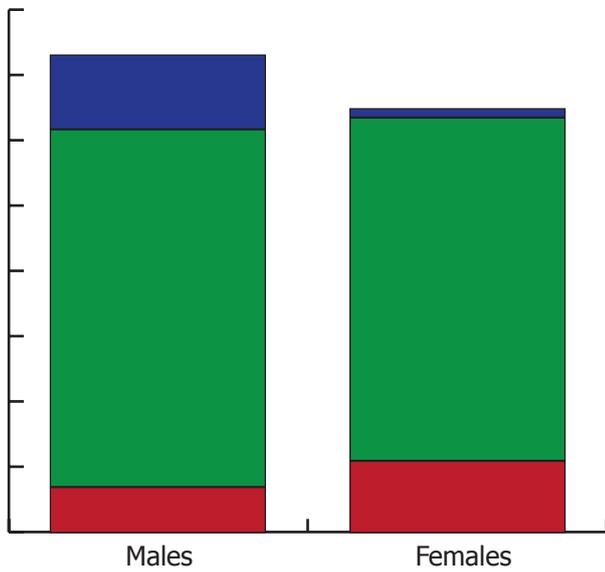
Legion beneficiary typology

67% of the total Legion membership are beneficiaries: 38% veterans 29% dependents. Of the total beneficiaries, 59% are male and 41% are female.



The Legion population in Spain is elderly and a significant cohort is at a point in the lifecycle when age related illnesses and disabilities are impairing their quality of life and independence and increasing their need for welfare support.

Beneficiaries' marital status



Males (53%)

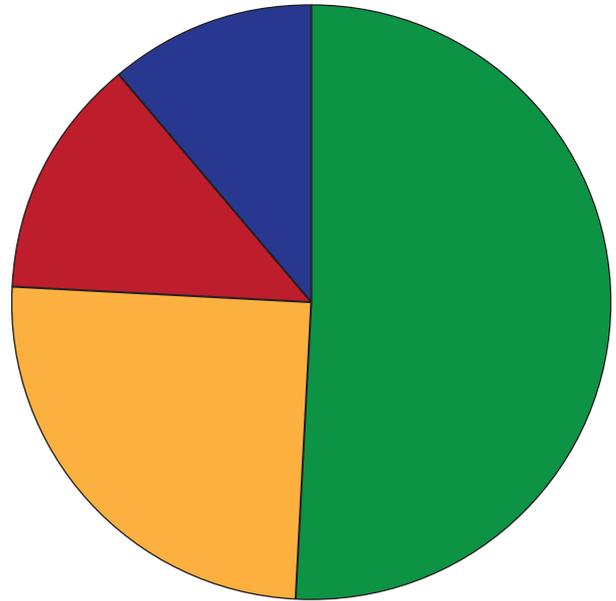
- Living Alone: 10%
- Living With Spouse: 74%
- Living With Partner: 16%

Females (47%)

- Living Alone: 17%
- Living With Spouse: 81%
- Living With Partner: 2%

27% of Respondents Are Living Alone

Years living in Spain



Years in Spain

- 1 - 5
- 6 - 10
- 11 - 20
- 21+

80% own a property outright
 6% own a mortgaged property
 14% are renting their home.

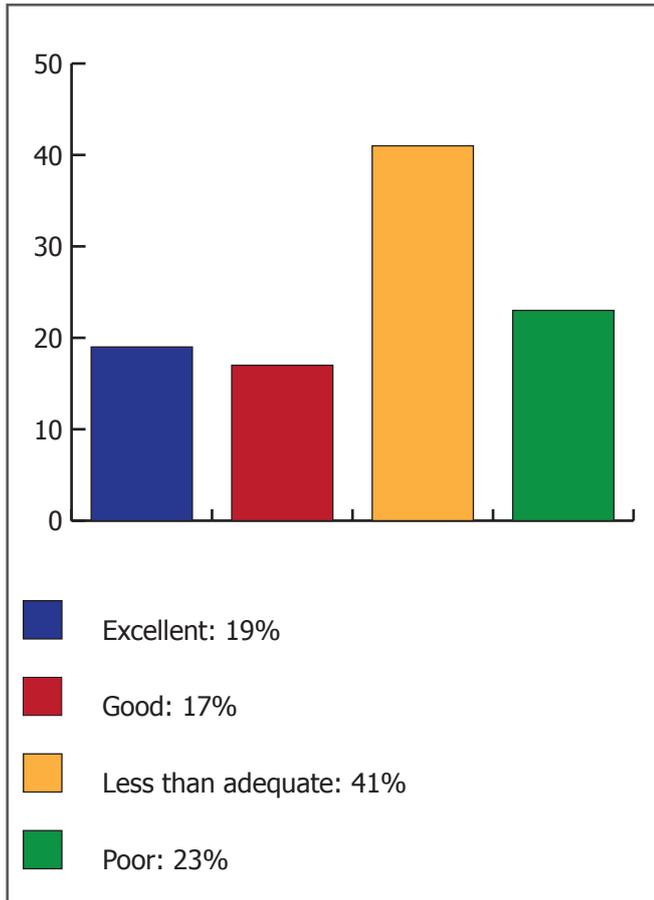
93% have registered their residence in Spain (Residencia) with their local authority.

Economic status

96% of males and 100% of females are retired.

Transportation

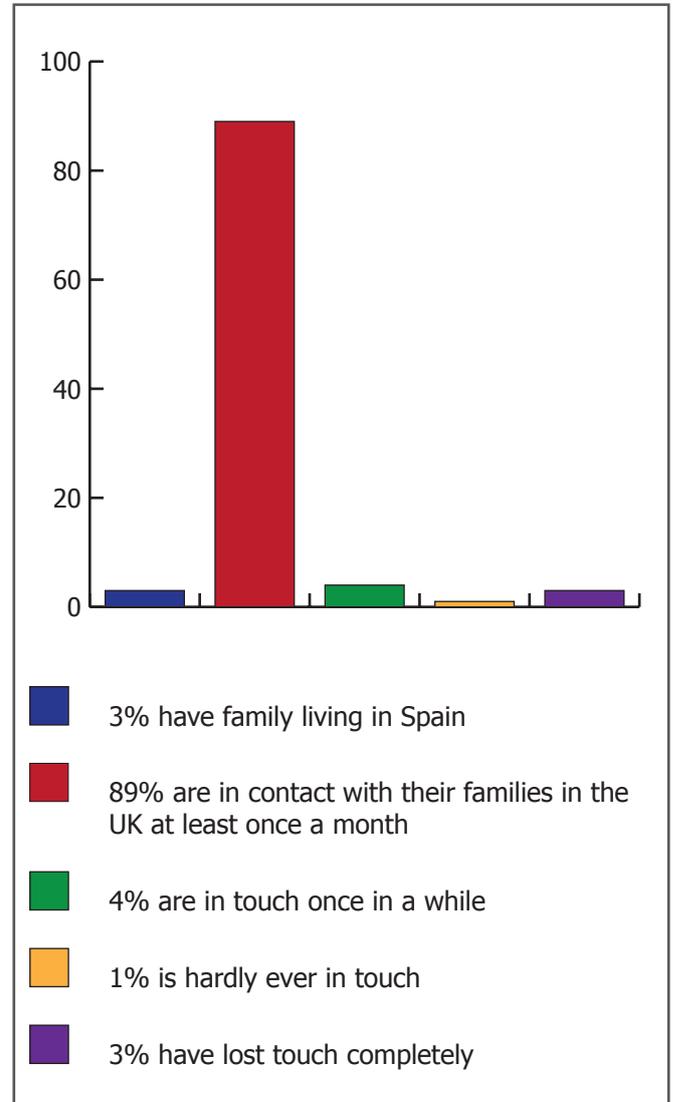
69% own a car and 54% use public transport.



64% consider the public transport service less than adequate or poor.

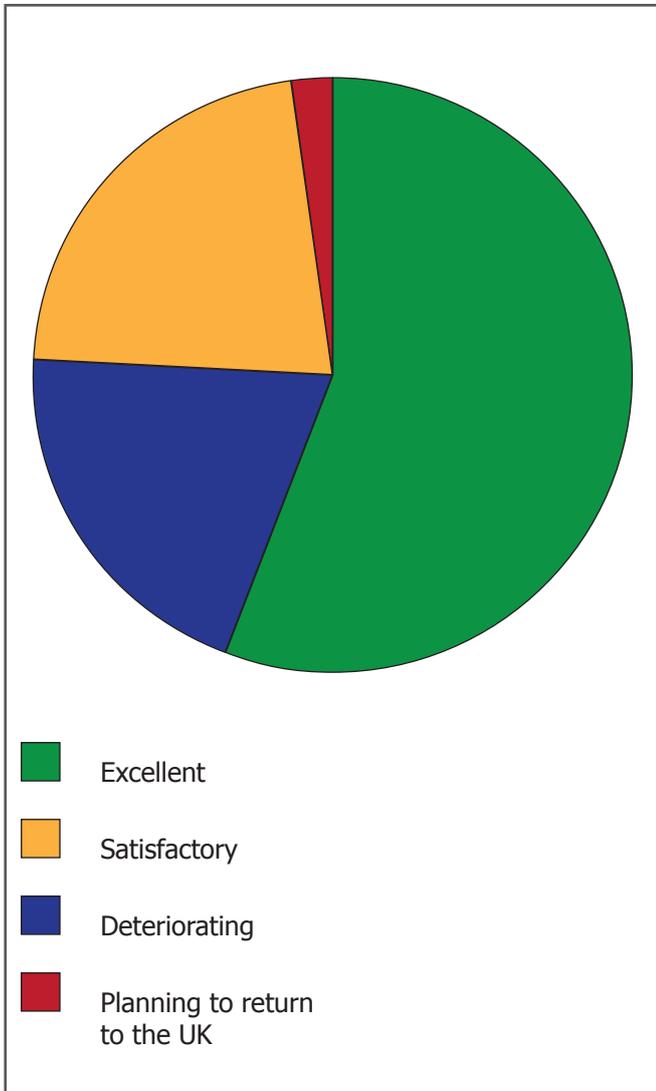
Contact with family

The vast majority is in regular contact with their families in the UK; only 3% have family living in Spain.



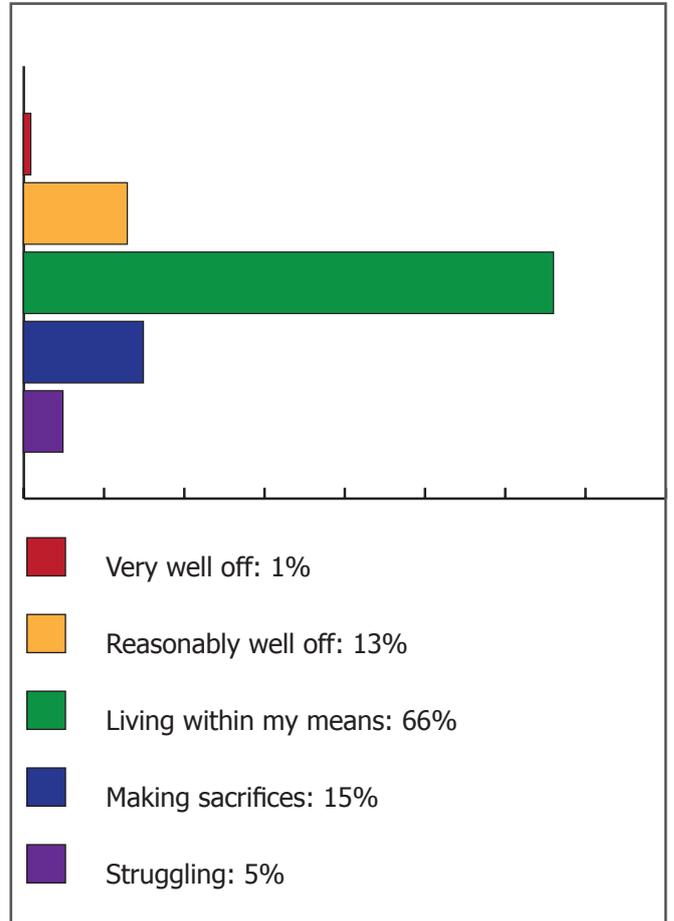
Their quality of life

20% judge their quality of life is deteriorating; 2% are planning to return to the UK.



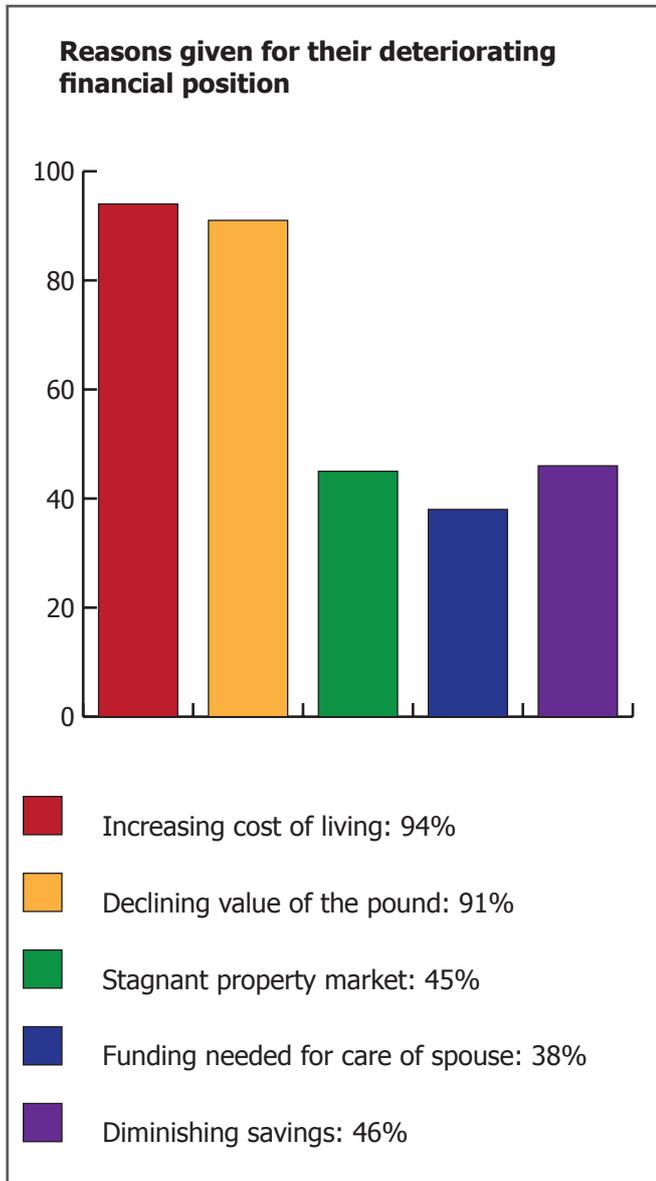
Their current financial position

20% are either having to make sacrifices or struggling financially.



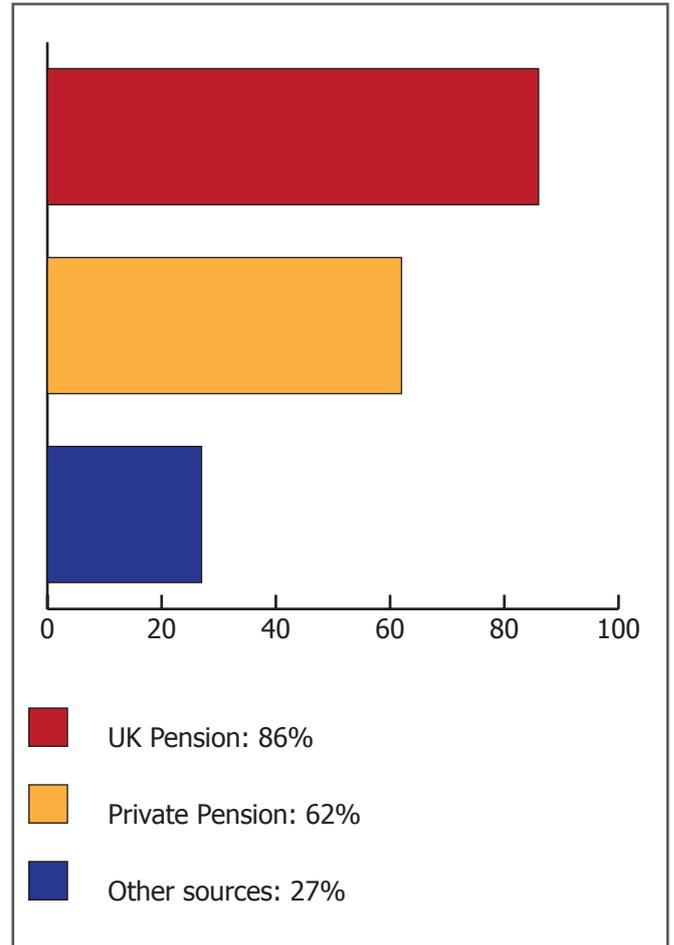
Their financial position in five years

78% think their financial position will change for the worse within the next five years.



Income sources

For 20%, their UK pension is their only source of income:

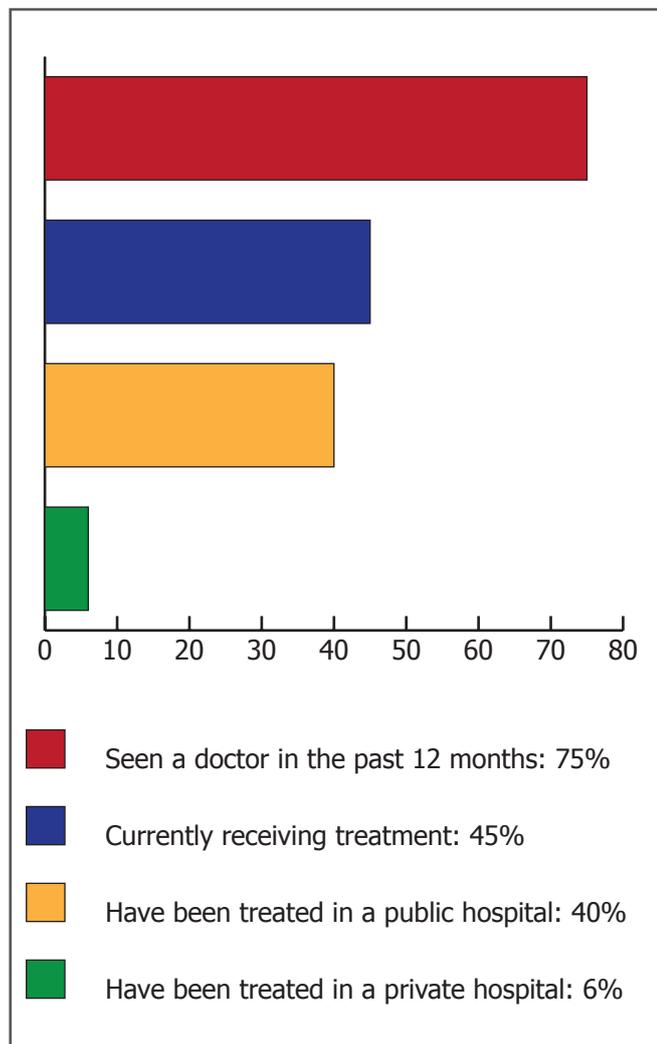


Access to and utilisation of healthcare

10% have some form of private medical insurance and 92% are eligible to receive medical treatment under the Spanish NHS.

Eligibility:

E121:	95%
E106:	4%
E111:	1%



E121

The E121 provides the same medical cover in Spain as for a Spanish national under the Spanish state run health scheme. This cover may not be the same as provided on the NHS in the UK and some treatments may incur a charge and some social services may not be available.

E106

The E106 is for those who move to Spain to live but not work and do not receive a UK benefit. The E106 means they may be eligible for up to two and a half years of state healthcare cover, paid for by the UK.

E111

The European Health Insurance Card replaced the E111 from 1 January 2006.

Registering with the Spanish authorities

In order to register an E121 or an E106 the following documents are required:

i) Certificate of Residence in Spain (Certificado de Residencia/Numero de Identificacion Extranjero) – available from the nearest National Police station;

and

ii) Certificate as a Local Resident (Certificado de Empadronamiento) – available from the Local Town Hall (at the Padrón Office).

Delivery of Legion welfare in Spain

Welfare services are delivered through the Legion branch network, principally involving District welfare co-ordinators, Branch based caseworkers and other charitable organisations. All of the people involved are volunteers with the exception of the Country Welfare Officer based in Malaga.

There are currently 178 Legion caseworkers in the two Districts, an average of 4.8 caseworkers per branch.

Legion caseworkers and other volunteers are providing:

- Social services
- Advice and guidance
- Practical help
- Emotional support
- Financial lifelines
- Social networking

However, there are major care needs which the Legion is currently unable to meet:

- Domiciliary care
- Respite care
- Nursing home care
- Long term care

In addition, the Legion does not currently fund/ provide translation services or provide assistance with repatriation.

It is estimated that at least 50% of beneficiary claimants are not Legion members and some caseworkers believe the percentage of non member claimants could be as high as 99%. Only 15% of Legion members have referred someone for Legion support.

“There is a vast array of people out there who can still claim, who could go to the Legion and say ‘I want some assistance’, they don’t have to belong to a branch”.

“I would say 50% of cases we have do not belong to branches”.

“I would have said it was more like 99% ...”

The benevolent organisations’ network

The Legion collaborates on an informal, ad hoc basis with other charitable organisations working in Spain, principally:

- Age Concern Espana
- RAFA

In addition, the other organisations providing financial and/or welfare support are:

- Age Care Association
- Cruz Roja
- CUDECA
- HELP Association
- Lions Clubs
- SSAFA (Malaga)

The scope and resources of these organisations is relatively limited.

Cost of Legion welfare

In the financial year 2007/8, (ending in September 2008) the total cost for Legion welfare provision is estimated at £108,505.

	2005/6	2006/7	2007/8
District	25,336	82,057	104,606
Legion London	19,189	36,116	3,899
Total	44,525	118,173	108,505

NB: These costs do not make allowance for funding received from other charitable organisations.

Over the period 2005 – 2008, there has been a fourfold increase in costs incurred at the District level.

The number of Legion beneficiaries living in Spain

There are no accurate statistics available. While official figures from the Instituto Nacional de Estadística in Jan 2008 put the total number of resident British expats at 352,000, the British Foreign & Commonwealth Office believes this understates the reality by at least 50% given that a significant percentage of expats have not registered their residency.

Research conducted by the Centre for Future Studies in 2007/8 for NatWest International concluded there are 700,000 British expats living permanently in Spain. The key data was gathered from an online survey, census/population surveys, UK and Spanish government data.

It was also deduced from the NatWest research that there are 278,000 temporary British residents living in Spain for some of the time. They have not registered their residence so as to retain their access to the UK NHS and their eligibility for UK state benefits. Adding the total permanent expat resident population of 700,000 to the temporary residents produces the almost 1 million British expats that is so often quoted.

We consider the NatWest data to be the most reliable and have used the following model to estimate the number of potential Legion beneficiaries living in Spain:

- The number of British expats permanently resident in Spain is: 700,000.
- The percentage of this population aged over 55 years is 33%. (Legion member demographic in Spain)
- Therefore the base population is 231,000.

It is calculated that the ex-Service community represents 67% of this population; 38% veterans 29% dependents. (Aged over 55 yrs; based on the Legion's Spanish members' survey data).

Therefore: the total number of Legion beneficiaries permanently resident in Spain is: 154,770

Number of veterans (38%): 87,780
Number of dependents (29%): 66,990

154,770

NB: This does not include beneficiaries under aged 55 years.



7. The major categories of care need among beneficiaries

The major categories of care need have been defined and categorised from the information gained from:

- The Legion members' focus groups
- The Legion members' survey
- Discussions with members of the British Consulate in Malaga
- Beneficiary case studies

The case studies are presented in Knowledge Bank A.

Healthcare

The need for:

- After care in hospital
- Convalescence/nursing home care
- Home visits
- Long term care
- Medical translation services
- Mental healthcare
- Physiotherapy

Emotional distress

Support needs arising from:

- Solitary living – isolation
- Inability to communicate
- Bereavement
- Depression
- Absence of family
- Remoteness
- Helplessness

Social services

The need for:

- Domiciliary care
- Transportation: doctor appointment/shopping
- Equipment to improve mobility and independence
- Respite care

Financial support

Financial distress caused by:

- Decreasing value of UK pension
- Increasing cost of living
- Death of spouse
- Depleted income and savings

Advice and guidance on solving life problems

Analysis of Applications for Financial Assistance (Form A's) and beneficiary case studies portrays a picture of people in varying degrees of adversity caused by an inability to cope with a complex set of interrelated, compounding life problems. These principally involve financial distress, deteriorating health and an inability to cope with bureaucracy.

The unravelling and resolution of these problems requires knowledge and expertise beyond the capabilities of the people concerned. The consequence is that their quality of life is dramatically diminished and they are increasingly unable to keep their heads above water. In many instances, it is only at the point of desperation that help is sought and often when the circumstances have become dire.



What the Legion members told us:

"There are increasing numbers of people who were fairly young when we came here, but are now approaching their eighties or mid eighties. And they're losing the plot; their money is going down the drain, nobody wants their houses. They're desperate to move out, they're desperate to sell and get back to England and get back in the system...but they can't do that".

"Social services are pretty much non existent. You can get a bit of care from the social services depending on where you live. But for most, it's practically impossible".

"... the nurses nurse, they don't actually tend ... they expect the family to do it ..."

"When you get to the stage where you cannot cook for yourself properly or change your bedding properly or do any of your housework who is there to help? No-one."

"I am a carer for the past six months, caring for my husband who's had a massive stroke. I need respite. I can't put him into a Spanish home, there's no spaces. Apart from which he cannot speak and sometimes he misses the toilets and various things. I know people within our own branch that are caring for sick husbands or caring for sick wives that need a break and not everybody has the money. My money's in the house".

"A lot of people are living on their own. They want to be able to pick up a phone or make contact by email or something like that for help - they may just want advice: they may want taking to the hospital and this sort of thing - that's what we do. But that isn't in our job description. We're just form fillers".

"So I think part of the care we have to offer is counselling, if you like. Helping people talk through and sort out their problems".

"Well, we're not trained. You have to make it up as you go along, literally".

60% are worried they may not receive the social services support they may need in the future:

- Don't know what's available
- Care after hospital treatment
- No help from social services
- Lack of care homes
- No support for dementia sufferers and carers
- My old age – incapacity
- Total lack of information
- Trying to understand the system
- Lack of home help – domiciliary care
- Care for the elderly living alone
- Disability
- Communication problems
- Language barrier
- Not knowing where to go for help
- Lack of funds

55% think the number of beneficiaries needing Legion support is increasing:

- Increasing life expectancy
- Declining value of the pound
- The impacts of the recession
- People getting poorer
- Unable to sell property to raise capital
- Increasing long term illness
- Increasing number of widows
- Age related health problems
- Increasing number of lonely isolated people
- Lack of government assistance

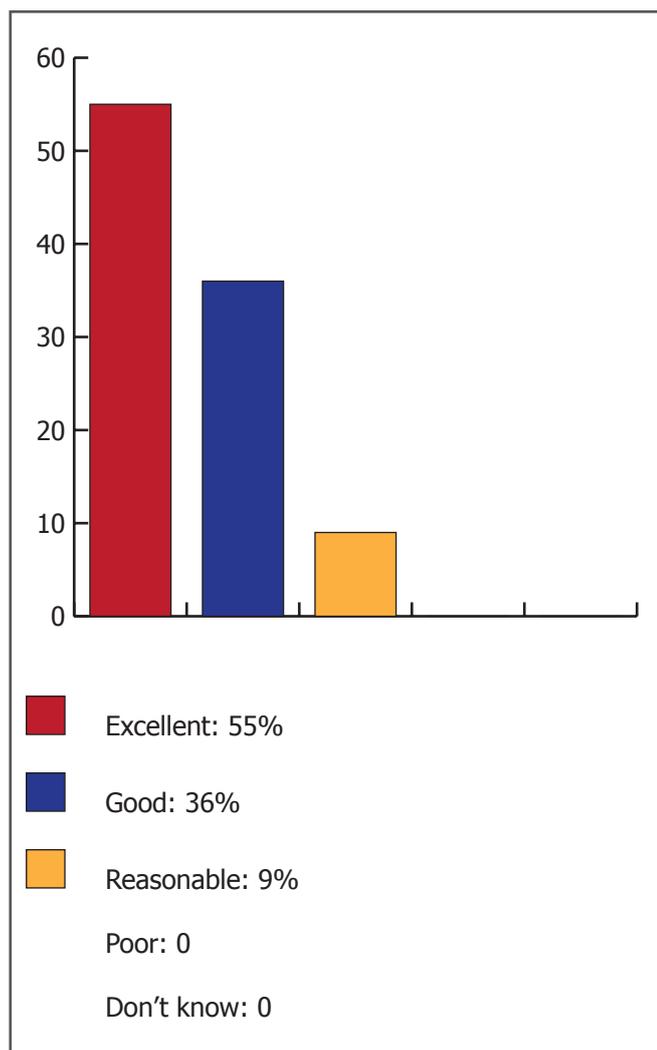
The results of the qualitative and quantitative research are provided in the Knowledge Bank.

8. The extent to which these needs are being met

Healthcare

Spanish Government

The Spanish NHS provides a very high standard of acute hospital care.



However, there are major deficiencies in the provision of:

- After care
- Convalescence/nursing home care
- Long term care
- Home visiting
- Mental healthcare
- Sight and hearing care
- Hospices

There are a few differences in policy between the British and Spanish health systems, but overall they are very similar. The biggest difference is the level of nursing care available in Spain. While Spanish nurses are well-trained and efficient, they simply do not perform many of the duties carried out by British nurses, and many tasks (particularly personal care and feeding) are carried out by the patient's family instead.

Spain has a lack of nursing home beds, which means that old people who cannot afford a private bed have to wait a long time for a free one. With a mean of 2.5 (public and private) nursing home beds per 100 people older than 65 years, provision is far below the ratio recommended by the Organisation for Economic Co-operation and Development of 5 per 100 people aged over 65. The dearth of places is largely compensated by old people in need of care living at home. Only 15% of people aged over 65 live alone.

Health and social care in Spain is the responsibility of the regions (autonomous communities) following a decentralisation of government functions. Responsibility for social care, which includes most long-term care, was devolved to the regions in 1995 (devolution of responsibility for health care was in 2002). Within regions, social care is mainly the responsibility of municipalities. There are considerable differences between regions in the pattern of social services, eligibility criteria and user charges. Most health care is provided free of charge whereas social care is subject to means-testing. The nature of the means-test varies between regions.

There is some concern that lack of co-ordination between the health and social service sectors and between levels of government may be hindering attempts to provide better and more integrated services for the elderly, as set out in the 2000-05 national plans for services for older people. An "inter-territorial council" has been set up to co-ordinate policy across regions. Traditionally most care for the elderly has been provided by the family. Around 70% of dependent elderly people in households receive care from family members, compared with only about 4% receiving formal help from public services and 11% using private home help.

"Long-term care" has not been defined as a specific service within Spanish health and social policy until very recently. The health services have provided a range of services, some of which have been long-term, e.g., in mental health facilities, or where elderly people have remained in hospital rather than been discharged due to shortage of alternatives. Social care has been provided locally by municipalities as a form of social assistance to those with needs for care but without the means, family or financial, to provide for them. Although expanding, the extent of services is more limited than in most other EU countries and many are of recent origin.

In 1998, there were an estimated 2.8 institutional long term care places for every 100 people over 65, while the target set in the national plan for ageing services was 5 per 100. Currently there are known to be shortages of institutional care places in many areas.

Around 70% of long-term care beds are in the private sector (the majority through non profit organisations) with the rest provided either by municipalities or regions. There is however considerable variation between regions in the distribution of providers; in eight of the seventeen regions the public sector is the main provider. Public sector institutions tend to be larger (more than 50 beds on average). In many areas, there are waiting lists to enter nursing homes. There is concern about the quality of staff and quality of care, in particular for some of the smaller homes. Unless institutional care is provided in a health sector institution, e.g., in a mental health facility, it is subject to a means-test, the nature of which varies between regions. Users contribute 75% of pension for institutional care plus payments related to other income.

Home nursing is provided by the health service free of charge at the point of delivery. Other services are provided by local government subject to a means-test. The number and type of services differ between regions and municipalities.

Public home help is usually managed by municipalities through social care centres. It has been estimated that only 1.5% of older people (4.4% of dependent older people) use public home help, while 3.9% of older people (11.2% of dependent older people) buy in private home help. Most elderly at home continue to rely mainly on informal care. It is estimated that, of elderly people in 2006 with at least one IADL restriction, around 75% relied exclusively on informal care.

The provision and financing of long-term care in Spain has only recently become a policy concern and it is highly unlikely that a significant transition from the traditional family-based model of care to a modern community-based model will be accomplished within the next five years.

Private sector

There are an estimated 2,400 private hospital beds. The private sector also provides nursing, convalescent and long term care homes in both the Legion Districts.

Hearing and sight impairments are only treated by the private sector.

However, there are major deficiencies in regard to:

- The cost of private treatment and care which is prohibitive. Only 10% of Legion members have private medical insurance.
- Location: the location of these facilities is often a considerable travelling distance from the home of the patient.

Voluntary organisations

Assistance from voluntary organisations is largely concerned with the provision of family care in hospitals, home visiting, transport to appointments and translation services.

Deficiencies:

- There are an insufficient number of volunteers.
- People in need of support are not identified due to poor communication within and between organisations.

8.2 Social services

Spanish Government

In theory, social services are available for older people including:

- Home help
- Tele-assistance
- Day care services
- Residential care

Deficiencies:

Social services are devolved to the town hall level and vary considerably in nature and extent.

In practice, for the majority of Legion beneficiaries social services are non-existent.

"Social services are pretty much non-existent. You can get a bit of care from the social services depending on where you live. But for most, it's practically impossible".

"When you get to the stage where you cannot cook for yourself properly or change your bedding properly or do any of your housework who is there to help? No-one."

In January 2005, the Spanish government presented a white paper to parliament as a basis for discussions over possible legislation establishing a national system of care for people who are dependent (Sistema Nacional de Atención a las Personas en Situación de Dependencia) - i.e. people who are unable to look after their own needs due to disability, age etc. The possible new system would bring the care provided for such people in Spain closer to the levels found in many other EU countries.

Overall Spanish expenditure on social protection is far below the EU average - creating a fourth pillar of the welfare state (after education, health and pensions).

The state provides care for dependent people through the health system and social services. The coverage of these services is seen as being inadequate and varies geographically, with considerable differences between the regions (autonomous communities). There are also major inequalities between urban and rural areas in access to the resources provided. According to the white paper, only 6.5% of the families that care for dependent people enjoy the support of social services. Care tends to be left to the family and the main responsibility falls on women - as many as 83% of carers are women, with an average age of 52. Three-quarters of carers do not carry out any paid work. It is estimated that only 3.14% of people over the age of 65 receive a home care service, 2.05% receive telecare and 0.46% have a place in a day centre.

The government is in favour of a model of universal cover, which takes its inspiration from that of the Scandinavian countries (though it is less far-ranging), and is based on Spain's current system of care for people with disabilities. The current system covering dependent people, which provides care only for those on the lowest incomes, is regarded as a complete failure.

A new system will be introduced progressively and the process of creating the necessary infrastructure and offering care to all people in a situation of dependence will take eight years, according to the government.

The system of care for dependent people is the main social project of the current legislature, but there are serious doubts about its sustainability and the amount of funding that has been allocated. Avoiding an increase in taxation or social security contributions is a structural limitation if a full system is to be developed without leading to a public spending deficit. In the forthcoming years, it will be seen to what extent the intention to create a suitable national system is credible.

Private sector

The private sector provides domiciliary and respite care and related services.

The care services include:

- Provision of transportation
- Mobility equipment

Deficiencies:

- The cost is prohibitive
- The standards of care (professionalism) vary in quality
- Services are largely confined to urban centres

Voluntary organisations

The voluntary organisations endeavour to fill the significant gaps in social services.

Principally, this involves providing transport, home visits and shopping and equipment to improve mobility and independence.

Deficiencies:

- Limited resources -insufficient number of volunteers to meet the need
- The capital costs of the welfare infrastructure
- Inability to respond promptly
- Lack of communication and co-ordination with social services

8.3 Emotional distress

Spanish Government

Government agencies are unable to respond to the multiplicity of emotional and psychological needs.

Deficiencies:

Considerable reliance is placed on the family to provide emotional support.

Private sector

The private sector does provide counselling and psychotherapeutic services.

These are largely in urban areas.

Deficiencies:

- The cost is prohibitive
- Lack of prompt response
- Language barriers

Voluntary organisations

Voluntary organisations are the principal providers of emotional support:

Social contact
Home visiting
Family support

Deficiencies:

- Limited resources
- Lack of skills and expertise
- Inability to provide on-going support

8.4 Financial distress

Spanish Government

Financial benefits are in most instances unavailable to retired, expat residents.

Deficiencies:

- The financial circumstances of resident expatriates are not on the political or social agenda.

Private sector

The ability of the private sector - in the form of banks, insurance companies and financial advisers - to respond to financial need is limited. There are equity release and home reversion schemes through which homeowners can release capital and there are immediate care fees schemes which guarantee an income for life. However, in many instances, the financial circumstances in which people find themselves are beyond commercial rescue.

Deficiencies:

- The advice provided is largely concerned with forward financial planning and not crisis management

Voluntary organisations

Voluntary organisations bear the brunt of those in desperate need of financial support; ranging from rent arrears payments to living allowances and the costs of repatriation.

Deficiencies:

- Limited short term funding – responding to immediate crises
- Delays in approvals of funding
- Ad hoc nature of communication between organisations
- Lack of skills and training

8.5 Problem resolution

Spanish Government

There are few government agencies in Spain specifically concerned with providing citizen advice as in the UK.

Deficiencies:

- A major obstacle is the language barrier as the vast majority of British expats do not speak or understand Spanish sufficiently well

British consulates

The British consulates' ability to respond to the multiplicity of problems with which they are confronted is limited.

Deficiencies:

- The scope of assistance is limited to advice on pensions and benefits. In most instances, the consulate acts as a referral point to voluntary organisations

Private sector

The private sector in the form of solicitors and accountants could provide limited advice. However, in practice this is not a realistic option.

Deficiencies:

- Costs would be prohibitive
- Minimal commercial motivation
- Lack of expertise in many areas

Voluntary organisations

Voluntary organisations are the main providers of information, advice and problem resolution.

Deficiencies:

- Lack of resources
- Lack of available published advice
- Lack of skills and training
- Lack of communication between agencies



9. How do welfare issues differ between Spanish citizens and Legion beneficiaries?

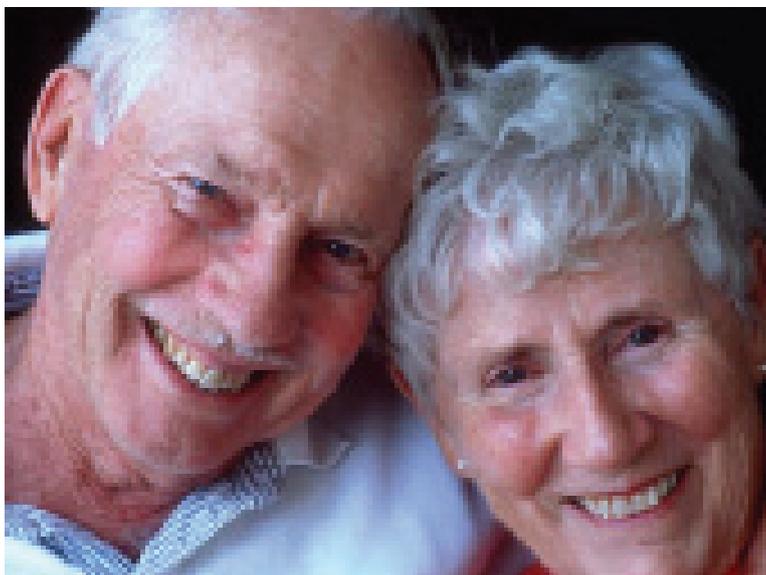
The welfare issues of Legion beneficiaries are very similar in nature and scope to those of Spanish citizens over the age of 65 years. However, the significant difference between the two communities is that Spanish citizens are fully integrated in Spanish society and Legion beneficiaries are not. As a result, Legion beneficiaries are at a distinct disadvantage when seeking and accessing the welfare support to which they may be entitled. The language barrier together with a basic lack of knowledge about the system means they are effectively disenfranchised.

Spanish citizens

- Speak the language
- Have knowledge of the system
- Are eligible for all benefits – have made insurance contributions
- Are supported by family
- Live in close knit communities

Legion beneficiaries

- A significant majority do not speak the language
- Have limited or no knowledge of the system
- Have limited/no eligibility for benefits
- In the vast majority do not have family support
- Are not integrated within the community



10. Portable UK state benefits

For a significant majority of retired expats, the portable UK benefits to which they may be are entitled are restricted to:

- State pension
- Healthcare
- Disability Living Allowance
- Winter Fuel Allowance

Only one of the following benefits is payable:

Long-term Incapacity Benefit, Severe Disablement Allowance, Widow's Benefits, Bereavement Benefits and State Pension:

Excluding pensions and healthcare, only 7% of Legion members receive portable UK benefits.

The European Court of Justice decided on 18 October 2007 that certain UK disability benefits can be paid to some people who leave the UK to live in another country in the European Economic Area (EEA) or Switzerland. The decision affects:

- Disability Living Allowance (care component only)
- Attendance Allowance
- Carer's Allowance

Despite this judgement to have Attendance Allowance re-classified as a sickness benefit, the Department for Work and Pension (DWP) continued to apply the previous ruling which classified Attendance Allowance as 'a special non-contributory benefit'. The importance of classification (as stated in EC regulation 1408/71) allows invalidity benefits to be fully exported, whereas special non-contributory benefits can only be paid at the claimants' place of work residence.

A tribunal hearing on the 5 December 2008 concluded the original tribunal hearing and the DWP were in error, as European law had not been considered and that in line with European Courts of Justice, case C-229/05:

"Attendance Allowance amongst other benefits is a sickness benefit and not a special non-contributory benefit, for the exportability provision of Council Regulations 1408/71."

This means that expatriates living in Spain are now entitled to claim these disability benefits:

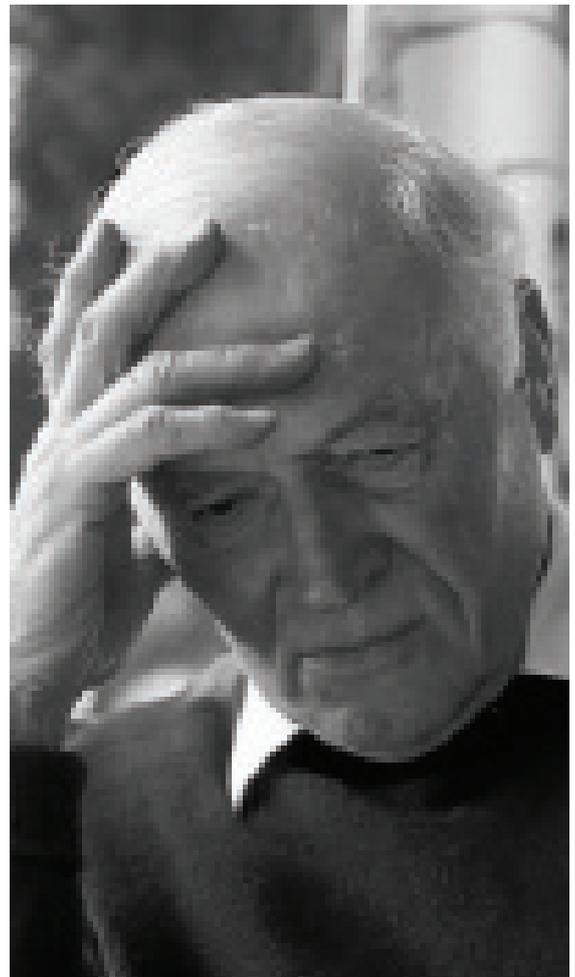
http://www.direct.gov.uk/en/DisabledPeople/FinancialSupport/Introductiontofinancialsupport/DG_073387

98% of Legion beneficiaries have not applied for benefits to which they may be entitled in Spain

93% do not receive any benefits from the UK

Benefits received by 7%:

Fuel allowance
Disability allowance



11. Those in the Legion community most at risk?

The Legion community is elderly with over half (53%) of males and 40% of females at an age when the incidence and severity of age related health problems and illnesses increases.

Those living alone, often in isolated locations, are particularly vulnerable.

Those who have lived in Spain for 15 years or more are more likely to be in difficult financial circumstances and particularly those whose only source of income is the UK State Pension.

Factor	% Legion Beneficiaries
Males over 70 years of age	53%
Females over 70 years of age	40%
Males living alone	10%
Females living alone	17%
Those whose only income is the UK state pension	20%
Residents in Spain for 15 years or more	17%
Those with health problems	45%

Age related illnesses

- Arthritis
- Cancer
- Cardiovascular disease
- Dementia
- Depression
- Diabetes
- Incontinence
- Insomnia
- Loss of hearing
- Loss of vision
- Mental health problems
- Osteoporosis
- Parkinson's disease
- Prostate health
- Rheumatism
- Stroke

On average, men will live with poor health for 8.6 years prior to death (life expectancy is 78 years); and have a limiting illness or disability for 14.3 years.

Women will live with poor health for 10.7 years prior to death (life expectancy is 84 years) and have a limiting illness or disability for 16.5 years.



12. The drivers of care need

Given the age profile and the reported incidence and frequency of care need, it follows that an increasing number of beneficiaries will be in need of care over the next five years.

The circumstances in which that care need will arise can be categorized as follows:

Declining health

- Age related illnesses
- Lack of access to care services
- Need for long term care
- Disability
- Immobility

Emotional distress

- Death of spouse
- Solitary living
- Language barrier
- Lack of integration
- Hopelessness
- Loss of family

Financial distress

- Decreasing value of state pension
- Increasing cost of living
- Collapse of property market
- Death of spouse
- Depleted savings
- Poverty

Dependency on others

- Help with daily personal activities
- Home help
- Shopping
- Visits to doctor/hospital
- Translation
- Respite care
- Help with sick spouse

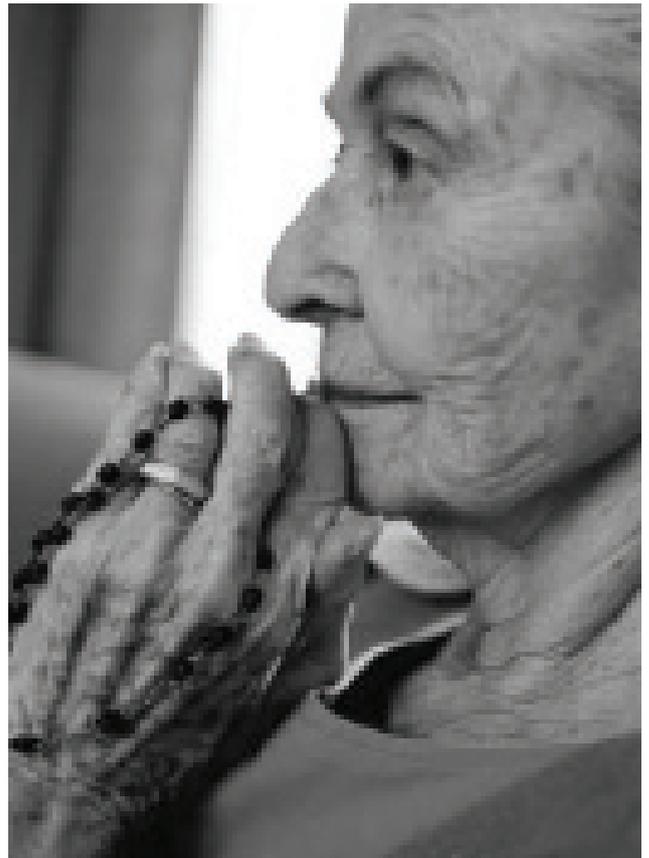
Inability to cope with problems

It is at the point of desperation that most people in dire circumstances seek help:

Helpless – “don’t know which way to turn”.

Floundering in the dark - need information and advice – “don’t know where to go”.

Adversity – “my problems piling up one after the other”.



13. Projection of the number of beneficiaries in 2014 and an estimate of welfare cost

This question has been considered as follows:

- Projection based on an extrapolation of Legion membership growth.
- Projection based on increasing demand from non member beneficiaries – it is estimated that at least 50% of beneficiary claimants do not originate from existing Legion members.

The current position

Current membership: 3,992

There has been a 60% increase in membership over the past five years: 74% in District South and 59% in District North.

Number of branches: 37

There has been a 51% increase in branches over the past five years: 63% in District South and 53% in District North.

Number of Legion member beneficiaries

The number of Legion members who are also beneficiaries is: 2,675 (67% of total membership: based on the Legion's members' survey).

5 year projection

60% increase in membership: 6,667
67% of the membership are beneficiaries
Projected number of Legion member beneficiaries in five years: 4,467, expressed as 4,500.*

* Assumes mortality rate remains constant

Growth in beneficiaries from the non member British ex Service community over five years

There is no empirical evidence on which to judge the probable growth rate; but there are a number of factors which support the judgement that the numbers seeking welfare will increase.

Factors driving increasing demand for welfare

- The financial position of retired ex-Service personnel will deteriorate: 20% are currently having to make sacrifices and 78% think their financial position will change for the worse within the next five years. The UK State Pension is the only source of income for 20% of beneficiaries.
- The global financial crisis is having a major adverse impact on the purchasing power of British pensions paid to expats in pounds sterling. Over the past year, the pound's purchasing power in Spain has fallen by 24%.
- Low interest rates are reducing income from savings dramatically.
- It is an ageing elderly population that will increasingly require medical care and welfare support. 60% are worried that they will not receive the social services support they could well need in the future.
- These factors will increase the need for welfare among the beneficiary population.
- In today's economic climate, which is forecast to continue for at least the next three years, it is to be expected that expats will seek refuge/ solace among others in the expat community. The profile of the Legion will be raised.

Taking these factors into account, it is likely that the number of non member beneficiaries who could approach the Legion for assistance represents 10% of the estimated beneficiary population: 15,477 expressed as: 15,500.

The combination of member beneficiaries (4,500) and non member beneficiaries (15,500) produces a projected total of 20,000 beneficiaries over the next five years.

Projected welfare cost

Total welfare costs (Districts North and South) 2007/8: £104,606 excluding reimbursement from other charities.

Total members 08: 3,992
67% beneficiaries: 2,675

Welfare cost expressed as an average per beneficiary:
£104,606 ÷ 2,675
£39.11

Beneficiaries in 5 years

Legion members: 4,500

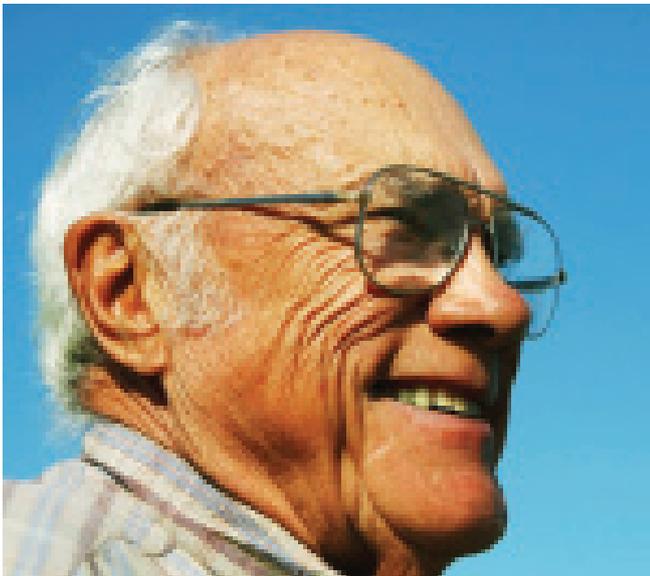
Non member beneficiaries: 15,500

Total: 20,000

Assuming that 50% of these are eligible claimants – 10,000 – then the welfare cost can be calculated as follows:

Cost projection: $10,000 \times £39.11 = £391,100$
(excluding reimbursement from other charities). This represents an almost fourfold increase in District welfare costs over the period 2009 – 2013. This figure is consistent with the percentage increases in welfare costs at the District level 2005 – 2008.

These projections assume a business as usual scenario and do not take account of the impact of implementing our recommendations for improving and extending the Legion's welfare activities and services. Initiatives such as preferential working arrangements with third party care providers and the development of programmes focused on problem prevention and crisis intervention will both increase demand and expenditure.



14. The Legion working in closer collaboration with other UK and/or Spanish NGOs.

A workshop was held on 26 September 2008 in Estepona with members of the principal charitable organisations who are providing a range of care services in Spain and the British Consulate in Malaga. The purpose was to explore the ways in which the organisations could work in closer collaboration in meeting the welfare needs of the British expat community. Those attending were:

Frank Shaw
Centre for Future Studies

Kate Hart
Chairman RAFA Gibraltar

Rosslyn Crotty
Vice-Consul, Malaga

Louise Fichtinger
Age Concern España

Charles Betty
President Age Care Association

Eileen Dry
Age Concern España

Hugh Sunley
Age Care Association

Donna Wilson
The Royal British Legion Malaga

Lisa Wise
The Royal British Legion Head Office

There was unanimous agreement that the welfare needs of the British expat community could be better served through a formal collaborative engagement between the organisations:

"There needs to be a lot more co-operation from those people trying to do their best for people out here, in a voluntary capacity, and this needs co-ordinating; it isn't co-ordinated as much as it should be."

"The whole concept of charity work is quite new to the Spanish philosophy. Therefore the care which we can try to get from the Spanish is quite difficult; both within the social services system and in the voluntary system. I think if we were to be more outgoing in the way we do our work, and more co-ordinated we may get some Spanish support."

"In Spain here we don't have homecare. We don't have domestic home help. We don't have meals on wheels or district nurses run by local authorities. For many, social services are non-existent. That's why the voluntary sector is so crucially important and why we must co-ordinate our activities and pool our resources better."

"Perhaps working together we can make it a whole, rather than the patchy service that we have now."

"I think there are three things we need to approach: domiciliary care, respite care and repatriation."

"I think it would be a benefit to our case workers, as well as to myself if we all met to have workshops and really share information. Share who's worked on a difficult case and how you dealt with it, so that knowledge can be passed to the next person along when they have to deal with it."

"It might be the case that better co-ordination, better understanding would actually lead to a better use of the resources that are available."

"I think there would be benefit in inviting representatives from the local social care agencies and health services along to update on any changes locally."

It was recognised that there are obstacles to be overcome:

- Poor communication
- Lack of people/resources
- Need for hands on management and co-ordination
- Time pressures

However, it was agreed that greater co-operation would lead to a better use of resources and greater knowledge sharing.

Three action points were agreed:

1. A directory of voluntary organisations and social services will be prepared listing full contact details. This will be distributed in pdf format. Donna Wilson, TRBL Country Welfare Officer (Spain) will be the lead on this project.
2. At least four meetings between the benevolent organisations will be held over the coming year to progress further collaborative initiatives. Charles Betty, President of the Age Care Association, will be the lead on this project.
3. Lisa Wise, from the Royal British Legion Public Policy Unit in London, suggested the partnership agreement between the Royal British Legion and Age Concern England for the Older People Abroad project would be a useful template for a similar partnership between the benevolent organisations in Spain. A copy of this agreement was sent to all participants.

These first steps are a positive indicator of the potential that exists for closer collaboration in the future.



Knowledge Bank

The knowledge bank which accompanies this report contains all of the detailed research which informed the analysis and supports the study's findings, conclusions and recommendations. It is available on a CD-ROM and in a paper version which excludes the electronic library and audio recordings.

Number	Section
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A Secondary research data

1 Working papers

- a) Spanish healthcare systems in transition
- b) Severe health and social care issues among British expats in Spain
- c) Long term care implementation in Spain
- d) Social dialogue over system for care of dependent people
- e) Integrated healthcare for the elderly
- f) OECD Health data Spain

2 Reports

- a) Report for Age Concern España – Kelly Hall
- b) Retired British Expatriates – A case study – Charles Betty Age Concern Association

3 Case studies

4 Key publications

5 References

6 Regional health authorities

B Qualitative research data

1 Focus groups

- a) Discussion guide
- b) Profiles of participants
- c) Key abstracts
- d) Recordings & transcriptions – available on CD-ROM

2 Workshop with benevolent organisations

- a) Agenda
- b) Participants
- c) Key abstracts
- d) Recording & transcription – available on CD-ROM

C Quantitative research data

1 Survey participants

2 Questionnaire

3 Results



The Royal British Legion provides financial, social and emotional support to millions who have served and are currently serving in the Armed Forces, and their dependants. It is also one of the largest membership organisations in the country, with around 400,000 members nationwide.

Contact us to find out more about the work of the Legion:

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