

When the Sun Sets on Retirement Abroad

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Conference Report

AGE
Concern

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When the sun sets on retirement abroad
Chair: Catherine McLoughlin, Chair of Age Concern England

1. Introduction

The Chair of the meeting Catherine McLoughlin welcomed delegates and highlighted how important this issue is for older people from the UK. Many older people move abroad upon retirement or prior to retirement and yet this is a population group whose needs are often ignored. It is therefore encouraging to see so many organisations represented at this conference.

The intention of this meeting was to bring together all interested organisations to share experiences and ideas around the issue and begin the process of preparing a strategic response to the needs of older people residing abroad. This report is intended to provide participants with a record of the main presentations and discussions during the day.

2. What's the problem and what are we doing?

Presentation by Anna Hinchliffe-Wood, Programme Officer for the Older People Residing Abroad (OPRA) project, Age Concern England

Age Concern England (ACE) has seen a rise in the number of enquiries it receives from individuals and organisations concerning older people from the UK who are living abroad. In January this year a full time programme officer was employed to develop ACE's work in this area, with particular reference to those people experiencing difficulty.

According to figures from the Department for Work and Pensions at least 1 million people receive their UK state pension into an overseas bank account. However ACE believes the actual number of older people residing abroad is much higher than this. Obtaining accurate figures is extremely difficult as many people do not declare that they are living overseas full-time and others are only spending part of the year in another country.

Figure A shows the top eleven countries where UK pensions are paid overseas.

Australia	245,311
Canada	157,435
United States	132,083
Ireland	104,650
Spain	74,636
New Zealand	46,560
South Africa	38,825
Italy	33,989
France	33,869
Germany	33,034
Jamaica	23,275

Figure A

This table shows a substantial but fairly small number of pensioners living in Spain, however in 2005 the British Consul estimated that there are around 500,000 people over 50 living either full time or part time in Spain. This clearly shows the difficulty with some of the available figures. However, despite this difficulty it is still clear that we are talking about a substantial proportion of the older population and that the percentage of UK pensioners living overseas is rising as a percentage of all UK pensioners.

Research shows that people tend to move abroad for amenity led reasons including climate or environment, better pace of life, for health reasons or because of a lower cost of living.

The mis-conception still persists that retirement migrants tend to be wealthy and active, however retirement abroad is no longer the domain of the wealthy and many people feel that retiring abroad may maximise their finances. A 'typical' retirement migrant tends to be married or co-habiting with no dependent children who moved in early old age. However retirement migrants are also people who have lived the majority of their lives in the UK but upon retirement are returning to their country of origin, often the language surrounding retirement migration does not prompt consideration of this group.

Most people retire abroad successfully, however a change in circumstance can be worsened or made more difficult to cope with by living overseas. The problems experienced can broadly be grouped under the following headings:

Health and social care – In many countries family are expected to meet the care needs of a person, which means that community and residential care may not be available to the extent that it is in the UK or it may be prohibitively expensive. Even if it is available not being able to speak the local language can make communicating a need and accessing appropriate care difficult.

Financial – Access to benefits while living abroad is extremely complicated. Most benefits from the UK are not transferable and there may be no equivalent financial support available in the new country of residence. In addition those people who are living in countries with no reciprocal agreement with the UK do not get their pensions updated. This means UK pensioners in these countries can find themselves surviving on a very small pension frozen at the rate it was when they left the UK.

Isolation – The death of a partner can often result in severe isolation particularly if the partner was the linguist or driver. In addition if people cannot speak the local language, integrating and socialising with the local community can be extremely difficult. People tend to migrate away from friends and family which also increases the chances of becoming isolated. However even those who migrate to their country of origin, where they may have family or friends, can find themselves extremely isolated, as a lifetime living in another country can make it difficult to fit back in.

Returning to the UK – It cannot be assumed that people will want to return to the UK when their circumstances change. Some people may be forced to because they can no longer live independently and there are no support systems available to them in their new country of residence, while others may take a positive decision to return as they feel it is the right option for them. A return can often be very difficult, family or friendship links may have eroded over time so there may be little informal support to call on. It may also be difficult to access services, as for example, in order to access support with housing they may be asked to pass the habitual residence test and if they are not in critical need they may not be offered support. As a result some older people may find themselves homeless and without support services for a period of time on their return.

The problems surrounding retirement abroad are not easy to tackle. Retirees abroad are not a homogenous group, they are of different ages, have different backgrounds, different experiences and different problems. These problems are often not unique to living abroad but may be compounded by this. What is clear is that there are a lot of organisations who can be called upon to offer some support but often people are not aware of who they can turn to and what their rights are. In addition many of the organisations providing some support are not specialists in this area and deal with these sorts of enquiries infrequently. As a result they may spend a lot of time on one enquiry and may have difficulty finding the most appropriate information.

In order to start to address these issues, taking into account the scale of the problem and the need to maximise its resources and impact, Age Concern England has set the following four objectives for its new programme of work in this area:

ij) Develop a comprehensive evidence based picture of the issues facing older people who have retired abroad, the organisations working within this area and the level of support provided.

Through our discussions with many organisations we have been told that a network of information would help them to deal with enquiries more efficiently and effectively. This objective is currently underway and involves mapping the services and information that is available worldwide and making this accessible to all.

ii) Raise awareness of the issues faced by vulnerable older people residing abroad among service providers and policy makers in the UK and overseas.

The stereotype of retirement migrants as wealthy and healthy still persists and can impact on whether services are directed at this group of people. Many organisations have expressed willingness to extend their services to this group when asked but they had previously not realised there was a need. We will therefore aim to raise the profile of this group of service users amongst providers.

We would also like to ensure that service providers and policy makers are aware of the particular needs and rights of this group of people so that accurate information is provided and their needs are taken into account. For example, the Citizens Advice Bureau reports a number of people returning to the UK after a period abroad have been given conflicting information by advisors about reinstating their pension credit which has led to them losing out financially.

iii) To build the capacity of organisations interested in supporting older people residing abroad and to develop information and resources for use by these organisations.

Organisations in country and in the UK could provide more or better support and advice to this group and have expressed interest in doing so. We believe this is an effective way to reach a large number of individuals and we are considering how best to assist with this. Possibilities include providing information resources, training materials or building a network of contacts.

iv) To identify and develop recommendations for policy change and to influence the local, national and European level to respond accordingly.

Over the coming year we will be identifying where there may be anomalies in policy and opportunities for beneficial change. This may involve questioning established norms such as why healthcare cannot be accessed in 2 countries during the same year or why deportees are not subject to the habitual residence test but older people returning to the UK are.

This final objective is a long term objective and something we will continue to examine rather than begin work on immediately.

To take this work forward a small advisory board of organisations that we have been in discussion with for a long time has been formed but we hope to remain in contact and involved with all organisations in attendance today.

3. Experiences of a retirement migrant

Two personal stories were provided by Brian Warwick, Age Concern Wiltshire and John Christie, West Indian Standing Conference, to illustrate the different experiences of retirement migrants.

Michael & Vera

“Michael & Vera both in their late 70’s live in a small remote village 25 kilometres north of Cognac in France. They moved to France from Devon in 1998 and bought a lovely renovated farmhouse on the edge of the village. They love their new life and are full of praise for their French neighbours who they get on with very well in spite of language problems. Michael is 2 years older than Vera and he does all the driving and daily shopping because Vera failed her driving test and refused to carry on learning to drive. Their two sons both live overseas and only see their parents every two years, last year Michael had a heart attack and was taken into hospital 35 kilometres from their home. Vera cannot drive so not only did she have problems getting to see her husband in hospital but also doing the shopping because there was not even a local taxi service in their village. Their British friends all lived the other side of Cognac nearly 30 kilometres away so they found it difficult to offer assistance. Fortunately, Michael is now back home after a heart by-pass, however, they are both having to face the fact that they bought their new home solely on the basis of it being an idyllic location and not on being convenient for services and transport. Now they are selling up and having to consider whether to stay in France or move back to the UK and can they afford to move, quite a quandary as you get older.”

Mr & Mrs Lumsden

“Mr & Mrs Lumsden retired to Jamaica in 1996 after working in the UK for a period of 36 years. Mr & Mrs Lumsden were both born in Jamaica and are 67 and 77 years old respectively. Mr Lumsden worked for London transport as a maintenance engineer, his wife also worked and both paid taxes and national insurance.

Mr Lumsden has been a diabetic for the last 28 years as well as having a heart problem. His wife had high blood pressure problems during her years in the UK and now has gall bladder problems.

Mr Lumsden suffered a major heart attack about three years ago, his wife also had a stroke and both had lengthy stays in hospital. Mr Lumsden developed circulatory problems in his left foot and after medical efforts failed to resolve these problems he had to have an above the knee amputation and was in hospital for many months. During the period that he and his wife were in hospital the costs amounted to

approximately 500,000 to 600,000 Jamaican dollars (approx £3,800 - £4,500), all these costs were met from their own pockets with the help of relatives in the UK as their pensions could not support the costs and there is minimal state health care provision available in Jamaica.

For him to be able to get to the doctors and hospital regularly as well as his wife they have had to purchase a car from their little savings and pay a driver whenever they want to go out, as public transport is not conducive to transporting people in poor health. They have to pay for home help weekly to assist them with daily living.

Mr Lumsden now requires a prosthesis to help him to walk, this is estimated at a cost of 200,000 Jamaican dollars and it will have to be sourced out of the UK at his own expense. He needed to also have a stump stocking and had to get a relative to source it for him from Roehampton Hospital in the UK at a cost of £50, so that the stump can be shrunk before the prosthesis can be applied, if and when it becomes available. His bi-weekly visits to the doctor for treating the right leg that has now developed a sore area is 4000 Jamaican dollars and 700 dollars for the nurse to visit him at home to change the dressings Monday to Saturday.

This is just one persons dilemma and I am sure there are many returnees suffering who cannot come back to the UK due to diminished resources or as recommended by doctors to live in warmer climates. It would be of great help if some health benefits could follow the individual.”

4. Workshop 1: Identifying problems and their causes for retirement migrants

Through group work delegates identified a large number of problems experienced by retirement migrants. These problems were categorised under broad headings. Below is a summary of the categories and problems identified:

Health and social care

Difference in services: Health and social care provision abroad may not be the same as in the UK. There are often big differences between the services that are provided in different countries. In some countries people may experience an improved level of service but in others services may be lacking. For example residential care or sheltered housing may not be available as there may be an expectation that the family or community will provide part of the care. Other services, for example physiotherapy, may simply not be part of the public health system in the country where people have moved to. There may also be different medications and treatments available that people may not be familiar with.

Mental health support may not exist or may not be easily accessed, particularly if there is an inability to speak the local language. Alcoholism is rising amongst some people who retire abroad and there may not be accessible support systems to cope with this.

Overall people will have to familiarise themselves with new systems, they may have different entitlements to services and there may be cost implications.

Various causes of these problems were identified and some of these will feature in other categories as they contribute towards a range of problems:

Insufficient planning: Ultimately health and social care problems are caused by declining health, frailty or mobility problems. However insufficient planning and preparation was seen to play a big part in these problems. Part of this arises from a lack of consideration for future health or social care needs and it was felt that often assumptions were made as to the level of services provided and access and entitlement to these services.

Registration: In some countries there may be requirements to register in order to be able to access health services which people may not be aware of.

Language: An inability to speak the language was also identified as a cause of problems. It was recognised that this was particularly problematic not just when using services but also in determining availability and access to these services.

Cost and availability: Where state health or social care is not available or not fully available the high cost of private care and sometimes limited availability can also cause problems.

Financial

Inadequate income: The main problem within this category was identified as people struggling financially, either because their money runs out or because they do not have the finances to cope with a change in circumstance.

It was noted that not all retirees abroad have given up work and some retire abroad to pursue new working opportunities. However people may find obtaining work difficult or that a new business they had expected to run successfully fails leaving them with very little income.

Managing finances: In addition to lack of money one of the problems can also be an inability to manage finances. This was discussed by some groups in terms of gender issues as often the spouse or partner of a woman manages finances and if/when they are no longer able to the other partner may not have the ability to do this. Often women can face particular financial insecurity because they may not have worked and therefore may not have as much income.

There are also financial issues surrounding a return to the UK but these will be discussed in a later section.

Benefits: People often have difficulties discovering what they're entitled to in different countries. Some people may retire abroad believing they are still entitled to UK benefits, others may not be aware that they are entitled to some benefits in the country they are residing in or not know how to access them, leaving them in financial difficulty.

Pension upratings are a very political issue but a cause of financial difficulties which cannot be ignored. Additional causes were identified as follows:

Planning: Lack of financial planning was identified as a cause of financial problems. However it was also suggested that it is difficult to access easy to understand and comprehensive information about changes in your entitlements from the UK and what you may be entitled to in the country you are living in. There are also particularly grey areas surrounding returning to your country of birth.

The fact that UK benefits are not transferable out of the UK was also seen as a cause of financial hardship, as well as people's lack of savings or additional funds to cope with other eventualities.

Economic changes: There are economic changes which perhaps could not be foreseen such as changes in the housing market and the rising cost of living in popular retirement destinations which can cause significant financial problems.

Legal/ bureaucracy

Registration: It is worth noting that many legal/ bureaucracy problems identified are often a cause of problems in the above two categories. One of the most common problems identified in this category was residency rights and registration. Where there is not a legal requirement to register within a country people may not realise that this is sometimes necessary in order to access services. This can cause delays and distress when these services become necessary.

Legal structures: Different countries also have their own legal structures and in the same way that people have expectations that healthcare will be the same, people often don't realise how they can be affected by a different legal structure. One of the major problems identified were differences in inheritance laws. People often discover that a will made in the UK may carry no weight in the country they are residing in and other family members may inherit property or assets. This was also raised as a problem for couples who decide to divorce or separate in country and may find their entitlements completely different to what they had expected based on their knowledge of the UK system.

Under the issue of protection and guardianship the question was posed as to whether other countries had similar systems to protect those who are no longer able to make decisions about their own welfare or financial security.

Information: The main cause of these problems was identified as a lack of information whether this be that information is not easily available in a format that can be used by retirement migrants or whether people are not properly prepared and do not seek out this information before an incident occurs.

Social relationships

Isolation: One of the major problems for older people residing abroad is often loneliness and isolation. It was recognised that a move abroad can change family dynamics completely whether you are moving abroad to join family or leaving them behind. It was also recognised that older people moving abroad have many different types of family relationships; they may be married, co-habiting, living in a civil partnership or even bringing grandchildren with them who they are the main carer for.

Many people do leave family support behind when they begin a new life abroad. There may be less contact with family which can contribute to isolation, although some participants felt that information and communication technology meant that people could stay more easily in touch.

Stress: It was identified that a move abroad can place great stress on a relationship and some relationships unfortunately breakdown. Other people cannot leave their problems behind and problems such as abuse or domestic violence continue or even begin while living abroad and there may be less support to call upon.

Social networks: There was recognition that if new social networks are not developed people can suffer acute loneliness and isolation. Social networks are also a useful source of information and local knowledge, without these networks people may experience problems with local bureaucracy or in accessing financial or health and social care support.

Identity issues: It was also felt that people who migrate do experience identity issues and may have a sense of not belonging. This problem can particularly affect those older people who return to their country of origin.

Location: One of the main causes of problems around social relationships was identified as geographical isolation and lack of access to transport. This may be because people have chosen to live in a remote area with little access to transport and may no longer be able to drive. The lack of access to appropriate transportation and the lack of consideration of this problem prior to it occurring can therefore contribute greatly to social isolation.

Cultural

Some people who retire abroad have not recognised that living and holidaying somewhere are two very different things and for that reason cultural differences can cause many problems.

Language: An inability to speak the language can contribute to all of the problems mentioned so far. Without being able to speak the language people can struggle to understand local bureaucracy, have trouble accessing services and become very isolated.

Host community: As one group put it there can also be problems as to whether 'the locals love us'. Different countries and areas may be more welcoming of an influx of overseas residents and this can make it easier or harder to settle. Older people residing abroad may experience cultural alienation and this lack of understanding could also contribute towards resentment between nationalities.

Security: Security concerns were also highlighted, it was suggested that this may be a particular problem for older people who are returning to their country of origin where violence or security concerns may be more common.

Returning to the UK

Under this heading each group emphasised that any return to the UK should only occur if the person themselves wanted this to happen. However there is obviously a question around what happens if the person is not able to make this decision.

Accessing support: It was recognised that often people do not realise that returning to the UK and accessing support and services if you are in immediate need is not easy. Accessing housing and other services can often be made difficult by the habitual residence test which is applied to some people on their return to the UK.

Logistics: If people decide to return they may not be able to sell their property abroad in order to generate finance to support themselves adequately in the UK. They may also not be fit to travel, so despite a need and desire to return to the UK may not practically be able to. If they have been living out of the UK for some time they may also find it difficult to re-integrate and find that there have been significant changes to the health system and services they expected to receive. For these reasons there can also be a great amount of fear attached to a return to the UK.

Bureaucracy: In addition, differences between the rules and regulations of the countries comprising the UK was identified as a possible cause of problems which can also make advising returnees difficult.

Summary

It was felt by some groups working on this exercise that there was a distinction between returning to your country of origin and retiring abroad to a new country and some of the problems and their causes may be distinct.

The general belief was that inadequate planning and inability to access appropriate information was a major cause of many of the problems experienced. However one

group suggested that lack of planning could not be cited as a cause of problems as evidence suggested that people do plan well for a move abroad but there are problems that you simply cannot plan for.

It was suggested that unrealistic expectations often as a result of media coverage contributed to people being ill-informed and not fully prepared for a life abroad. However, many of the issues are experienced to some degree by older people who remain in the UK, they are often just compounded by living overseas.

Finally, groups questioned whether conversely people of other nationalities were retiring in increasing numbers to the UK and whether this was another angle that should be considered.

5. Who gets what? A summary of current policy and access to services

Presentation by Helen Anaman, Re-patriation Social Worker, Heathrow Travel Care

Helen presented an overview of the re-patriation service provided by Heathrow Travel Care and entitlements of returnees to the UK.

The re-patriation social worker at Heathrow Travel Care is funded by the Foreign & Commonwealth Office and is a two year pilot project which is one year old. The role involves working in partnership with consular staff in London and overseas posts to provide:

- Expert advice and assistance on returning distressed British nationals with significant social care needs.
- Links, negotiation and advocacy with UK health and social care authorities and other support services.
- Practical advice and/or possible assistance with arriving distressed British nationals at UK ports.

The post is based at Heathrow but covers all UK ports through a network of contacts around other ports so people arriving elsewhere can access direct support.

In Britain, access to welfare services/ NHS is complex and there are procedures in place to prevent 'health tourism'. People returning to the UK to seek accommodation for example can also be perceived as 'queue jumping'. Many may think that the UK welfare system (that once was) means a plethora of welfare agencies will be waiting to offer support if they return and that because they are British Nationals and they've paid into the UK system (e.g. National Insurance contributions) they'll automatically be eligible for housing, finance, healthcare, etc. However the welfare arena in the UK has changed considerably.

If a person returning to the UK is in need of housing or social assistance they are expected to approach the local authority they last resided in but do have the right to

request an assessment from any local authority. However it is usual for the local authority to ask you to demonstrate connections to that area, for example in the form of family and friends residing there.

Local authorities have a duty to accommodate only those assessed as being in priority need. If someone returns to the UK with nowhere to live, just because they are homeless it does not mean a local authority has a duty to provide accommodation. It does, however, have a duty to provide an assessment of need under the Housing Act 1996. This assessment means passing a number of stages in order.

To be eligible for assistance a person:

- Must pass the Habitual Residence Test
- Be homeless – have no home anywhere in the world
- Be in priority need of accommodation
- Not be intentionally homeless
- Have a local connection to the authority to which they have applied for assistance (unless victim of violence/threatened violence)

If a person fails at any stage then the process stops.

Habitual Residence

If you have recently returned to the UK after living abroad for over two years and are in need of accommodation, part of the local authority assessment will check whether you pass the 'habitual residence test' (HRT). If you are not habitually resident in the UK you will not be eligible for assistance.

HRT is a complicated investigation, which involves looking into where your normal place of living should be considered to be. They will check:

- Where you live
- Where you work
- Where you have family or other social connections
- The reasons why you have come to live in the area
- What your intentions for the future are.

If you fail HRT you will not be entitled to benefits such as income support, housing benefit, jobseekers allowance, as these are dependant upon residence in the UK.

People may become 'habitually resident' in the UK after having lived here for a few months, at which point they could reapply to make a new homelessness application.

The Department for Work and Pensions (DWP) are entitled to interview someone and ask for evidence that they have genuinely adopted the UK as their place of 'habitual residence', and therefore decide when someone is eligible to start

receiving benefits. This could take anything up to 4- 6 months, but is not laid down in statute and the term 'habitual residence' is not defined in social security legislation. People who are exempt from HRT are returning prisoners, deportees and anyone asked to leave by a country's authorities, provided that they supply evidence to support that.

If someone passes HRT, it generally takes 2 -3 weeks for a straightforward benefit claim to come through.

A local authority has no duty of care until a person presents in person to them which can therefore make arranging a repatriation in advance very difficult. In some circumstances social services may provide accommodation for people that fail the habitual residence test under the National Assistance Act (1948). However, that person needs to be assessed as having 'social care' needs above and beyond just being destitute.

Essentially, Social Services Departments currently assert that in order for someone to meet the eligibility criteria for assistance, they need to be assessed as being "in substantial need or at risk of becoming critical need".

Certain areas are more difficult to negotiate with because of the demands on their services. For example the South East has a shortage of available housing therefore it is more difficult for people returning to this area to obtain housing, however negotiations are generally easier with local authorities in the north of the country.

If a person can provide evidence of living permanently in the UK they are able to access ongoing health care. However GP's can de-register a person after 3 months if they think they are living overseas but whether this happens or not varies between PCT's.

Decisions regarding the application of HRT and the refusal to provide services have been challenged under human rights law but are rarely successful.

6. Workshop 2: Developing solutions

The second group work exercise involved examining specific cases to draw out ideas for solutions to the problems experienced by retirement migrants, including identifying other organisations that should be involved.

The organisations identified fell into a few broad categories and were represented by many of the attendees at the meeting. Governmental bodies such as the Foreign & Commonwealth Office, Department for Work and Pensions and local authorities both in the UK and abroad were expected to be involved. Statutory bodies such as social services, coroners, police, legal authorities and advisors were also listed, as well as independent organisations and trained individuals such as charities (both in

the UK and abroad), the church, airlines, translators, mentors/ counsellors. Finally, but it was felt more importantly, the individual themselves and their families, if appropriate, should be involved in any decisions made. In addition it was felt it may be useful to involve ex-pat communities and informal local groups.

When developing ideal solutions to the sorts of problems highlighted earlier in the report, delegates were encouraged not to think practically and to develop solutions that could be refined at a later date.

Preparation and planning

There was agreement that improving the quality and accessibility of information and ensuring people had realistic expectations before moving abroad would help to ensure a more positive outcome.

It was suggested that if individuals carried out a risk assessment prior to going abroad and then received appropriate advice depending on the results of this assessment, they may be better equipped to avoid or deal with any problems. On a similar note it was suggested that scenario setting sheets and checklists could also be a quick and easy tool to get people to consider all issues and eventualities before retiring abroad.

A well maintained one-stop shop website with comprehensive information on individual countries, information and services you can access in country and also from the UK would be a really useful tool not just in preparing for a move overseas but for use while people are living abroad.

In an ideal world it was felt that the role of the family could be strengthened to better support older people residing abroad and they could perhaps be made aware of ways in which they can offer more support and advice.

It was also felt that the media bears a great responsibility for people's unrealistic expectations and that a series of programmes or other media coverage which concentrated on the realities of living abroad would be useful in helping people to prepare.

Information in country

However well prepared people are, once they are living in country and experience a problem or change in circumstance they are likely to require further information. Therefore an information service possibly being run by the British Consul could provide accurate and comprehensive information on a wide range of issues. It was also recognised that instant information in your own language would be an ideal solution to dealing with many problems.

Information and advice surrounding re-patriation also needs to be improved so that UK nationals wishing to return are fully aware of the health, housing and social care they would be entitled to upon return.

Financial

Financial solutions were recognised as key to solving many of the problems experienced by older people residing abroad.

It was suggested that an EU wide fund to provide residential care for individuals anywhere in the EU would be a useful solution. In addition it was suggested that re-patriation insurance might be useful. Among other things this could cover housing costs for the period necessary until the HRT was passed.

Legislative/ Bureaucratic

There were many legislative and bureaucratic solutions suggested that would also have a huge impact on financial problems. A change in the legislation surrounding pension credit to increase the time allowed out of the UK each year beyond the current 4 weeks and to reduce the application time frames would be useful. If people could apply for their pension credit to be re-instated immediately on return to the UK by letter and within 2 weeks it could be re-instated this would make a huge difference to people's financial situation, particularly those who are spending only part of the year out of the UK.

Clearer rules surrounding claiming benefits abroad would also help to ease many problems. It was suggested that there should be international (not just European) conventions on pensions, rights to health and social care services and welfare benefits which harmonise people's rights across the world. It was also felt that EU institutions should play a bigger role in aligning health and social care services so that the principle of 'free movement' could be more easily adhered to. In this way people could travel between EU countries and experience the same level of services and care within countries. Another alternative option suggested would be to make UK benefits exportable.

It was also felt that the habitual residence test should not be applied to a returning British national.

Finally, it was suggested that it would be useful to develop partnerships between UK voluntary sector organisations and their equivalents in countries where UK citizens tend to move to.

7. Planning a way forward

It was acknowledged that retirement migration is an issue that involves not only the UK but the other countries that people are retiring to. It was felt that there was some injustice surrounding the provision of assistance to retirees abroad and that

some countries' service providers and governments encouraged people to return to the UK if times got hard. However if an older person has been living in a country for a number of years, people felt that that country must also bear some responsibility for them. As a result it was suggested that UK government ministers needed to talk to fellow ministers in other countries to develop joined up strategies on this issue. There was recognition that involvement in other countries internal affairs and policies is an extremely sensitive area, but that if the UK sets an example and if we are seen to be offering more support, then other countries may also begin to increase their support.

Tackling issues around retirement migration should be viewed as building a Europe of the future with common values on how people should be treated, rather than a solely economic issue

Summary of ideas for addressing issues around retirement migration:

1. Obligatory risk assessment, followed by targeted advice prior to a move abroad.
2. One-stop shop website.
3. Strengthened role of family to provide support to older relatives abroad.
4. Realistic advice orientated media coverage.
5. Information service run by the British Consul in country.
6. EU fund to provide care for individuals anywhere in the EU.
7. Re-patriation insurance.
8. Immediate re-instatement of pension credit upon return to the UK.
9. International conventions to harmonise health, social and welfare rights worldwide.
10. Exportable UK benefits.
11. Non application of the habitual residence test to returning British nationals.
12. Partnerships between voluntary organisations in the UK and other countries.

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