

## Hard Evidence: does ‘benefits tourism’ exist?

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For all of the changes to the UK over the last century, the ideal of “fair play” still seems to be a pretty fundamental part of Britain’s national self-image. The concept that anyone – especially anyone foreign – might try to take advantage of efforts to play fair is a surefire way to generate lots of angry headlines.

So the very idea that the institutions Britain established to ensure the nation’s poorest and most vulnerable were protected financially and medically – the NHS and the welfare state – might be being systematically abused by “benefit tourists” or “health tourists” is often media dynamite.

But who actually counts as a “benefit tourist”, or a “health tourist” and how much do they cost the UK?

No agreed definition exists for a “benefits tourist”, and while a recent government commissioned report does provide a definition of who counts as a “health tourist”, this is by no means universally accepted. In practice, the use of both terms by the media and policy makers is often vague and confusing, dealing with different groups at different times to make different points.

### Benefits tourism

The lack of an agreed definition of who counts as a “benefits tourist” makes it very hard to discuss the subject with any real clarity. One definition would be someone who travels with the primary objective of acquiring benefits, but there is no useful data on motivations of this sort.

Non-EU migrants do not have recourse to public funds until they have been resident in the UK for five years, so benefits alone are not realistic as the primary motivation for non-EU migrants to travel to the UK.

So the easiest way of identifying the scale of “benefits tourism” as an issue is to look at the use of benefits by EU migrants.

The UK’s membership of the European Union means citizens of EU countries who come to the UK have access to its welfare system on essentially equal terms with British citizens, which could arguably provide a motivation for some to travel to the UK.

The chart below outlines how many EU migrants are in the UK, their employment rate, their use of working age benefits and claims for jobseeker’s allowance, and the number who are economically inactive – which would also include groups such as stay-at-home mothers, children, students and retired people. A8 refers to the Eastern European countries that joined the EU in 2004 (Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia).

Variable	Estimate/Number
Number of EU nationals living in the UK (excluding British nationals).	2,343,000
Old EU	1,092,000
A8	1,074,000
Number of EU nationals living in UK (excluding British nationals) who are currently "in employment".	1,417,000
Old EU	676,000
A8	663,000
Bulgaria and Romania	127,000
Employment rate of EU nationals living in the UK (excluding British nationals).	77.5%
Old EU	76.1%
A8	79.6%
Number of people currently claiming working age benefit who were EU nationals (excluding British) when they first registered for a national insurance number.	121,280
Old EU	62,330
A8, Bulgaria, Romania, Cyprus and Malta	58,950
Number of Jobseeker claimants who were EU nationals (excluding British) when they first registered for a national insurance number.	60,100
Old EU	25,170
A8, Bulgaria, Romania, Cyprus and Malta	34,930
Number of EU nationals in the UK (excluding British) who are economically inactive.	902,400
Younger than 15	388,500
15 to 64 years of age	340,000
Older than 65	174,000

*In order: Annual Population Survey, 2012, ONS; Labour Force Survey, 2013 Q2, ONS; DWP, February 2013; DWP, February 2013; European Labour force Survey, 2013 Q2, Eurostat. The information in this table, while informative, is not fully comparable across categories as it comes from several different sources (ONS, DWP, Eurostat), compares slightly different time periods (e.g. Feb 2013 vs 2012), geographies (UK vs GB), and groups (old EU, Accession countries, EU14, A2 and A8).*

This suggests that less than 5% of EU migrants are claiming jobseeker's allowance, while less than 10% are claiming other working age benefits. (Precise percentages are not available from these tables, as some figures refer to the UK while others are for Great Britain only.)

It also shows that the employment rate of EU migrants is 77.5% – which rises to nearly 80% for A8 migrants. While none of this disproves the assertion that some EU migrants might travel to the UK with the intention of claiming benefits, it does suggest that the vast majority of EU migrants do not use out-of-work or working age benefits. Other in-work benefits, such as tax credits, are also available.

However as in-work benefits are for the employed, it is hard to reconcile recipients of them with the view that claiming benefits is the primary motivation of a “benefits tourist”.

This conclusion is supported by a recent review of social security policies around the EU and their impacts on migration which concluded:

“No evidence shows that access to the specific special non-contributory benefit income-based jobseeker’s allowance could be considered a significant driver for EU migrants in the UK.”

However the situation is complicated further by the question of what role in-work benefits, such as tax credits (not included in the table above), may play in attracting migrants from the EU to the UK. In-work benefits are, of course, for the employed, so it is hard to reconcile recipients of them with the view that claiming benefits is the primary motivation of a “benefits tourist”.

Incorporating in-work benefits into an analysis of the attractiveness of the UK’s welfare state for migrants from Romania and Bulgaria, for example, adds further uncertainty to assessments about the economic motivations for migration.

As the table below shows, transitional controls created an incentive for migrants from these countries to the UK to be registered as self-employed, rather than to work for an employer in the limited fields available to them as a result of the controls.

Nationality	Share of those employed who are in self-employment
A2	59.1%
British	13.9%
EU 14	15.8%
A8	15.0%

*Labour Force Survey Q1-3, 2013 (average); Migration Observatory calculations*

Perversely, this meant that the UK’s transitional controls on access to benefits did not apply to the majority of Romanian and Bulgarian nationals working in the UK because self-employment provided them with, essentially, full access to the UK’s welfare state. In 2013 an estimated 69,000 Romanian and Bulgarian workers in the UK – which accounts for 59% of the 117,000 in employment – were registered as self employed, compared to just under 14% for British workers, 15% for workers from the A8 accession countries and 15.8% for workers from the old EU 14 countries.

Again, this does not prove that these migrants specifically chose to come to the UK to claim benefits. Registration as self-employed was less of a choice than a necessity for coming to work in the UK, as a result of transitional restrictions on what work they could do in the UK. However, regardless of motivation, this status did provide access to the benefits system.

### **Health tourism**

Unlike “benefits tourism” there is a definition of “health tourism” that has been used in a recent government commissioned report, which provides a useful, if not agreed, framework for understanding the concept.

The definition, prepared for the Department of Health in October 2013, acknowledges that definitions vary widely, but identifies health tourists as:

*Deliberate intent: people who have travelled with a deliberate intention to obtain free healthcare to which they are not entitled.*

*Taking advantage: frequent visitors registered with GPs and able to obtain routine treatment including prescriptions and some elective (non-emergency) hospital referral*

The “taking advantage” group includes both British citizens and foreign citizens who do not live in the UK, but use the NHS on regular visits.

The specific definition in this Department of Health report suggests an overall cost to the NHS of between £70 million and £300 million per year.

Health Tourism	Plausible additional cost (£M)	
	Central Estimate	Range
Incremental cost of <b>deliberate health tourism</b> for urgent treatment	<b>60-80</b>	<b>20-100</b>
Incremental cost of regular visitors <b>taking advantage</b>	§ <sup>5</sup>	<b>50-200</b>

Source: Prederi model

### The problem with definitions

Despite the clear definition of health tourism in the report for the Department of Health, a Daily Mail front page from October covered it with this headline, Health tourism: the TRUE cost. This was followed by the claim:

*Foreign visitors and short-term migrants cost the NHS £2billion a year, an official report warns ... The first comprehensive assessment of “health tourism” says the true cost to taxpayers is up to 100 times bigger than some estimates.*

The Daily Mail report broadened the definition of “health tourists” to include all foreign visitors and short-term migrants. Clearly this increases the costs to the NHS, but these migrants are not included as health tourists in the report, and have the legal right to use the service.

Undertaking a similar broadening of the definition of a “benefits tourist” will also, naturally, increase both the number of “benefits tourists” and the associated cost to the economy. But circumstances where, for example, a couple born in another country but resident in the UK for 30 years, and both earning £50,000 are classed as “benefits tourists” on the basis that they receive child benefit is contrary to most understandings of the term.

By failing to make adequate distinctions between deliberate abuse and lawful use – widening and narrowing definitions of these unwanted “tourists” to create more dramatic narratives – some politicians and journalists are muddying the water in an already complicated debate. If the parameters of these terms can be agreed by reporters and politicians so that the public can know who is being discussed and targeted by policies, all the better, but until then these terms are usually confusing at best, and should be taken with a pinch of salt.