

SWEDISH RETIREMENT MIGRANT COMMUNITIES IN SPAIN: *Privatization, informalization and moral economy filling transnational care gaps¹*

Abstract

This article analyses the Swedish international retirement migrants (IRMs) in Spain and their consumption of domestic and eldercare services. In a transnational position and in the absence of stable structures and institutions (i.e., family, state and market provision), the IRMs are a part of liquid communities of care. It is argued that between themselves, and in relation to entrepreneurs and workers, the Swedish retirement migrants are part of a moral economy of care, reflecting the collective and individual consequences of the migration – as well as the labour market and welfare context in Spain. To IRMs, the moral economies mitigate the changing conditions of family and welfare in a transnational context. Solidarity and care among IRMs, as well as personalized relations with workers and intermediaries become even more important when relatives are physically absent and the Swedish welfare services (which are traditionally more extensive than the Spanish equivalent) are inaccessible. Therefore, the IRMs partake in a moral economy making gaps and inequalities more manageable, while creating coping strategies in the face of unaffordable market solutions.

Keywords

retirement migration, international eldercare, domestic services, moral economy, informalization

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In contemporary 'liquid' societies, change is the only permanence and uncertainty the only certainty (Bauman 2012). However, aging has traditionally been associated with the opposite of mobility, although mass tourism has made today's elderly mobile as manifest in the North-to-South retirement migration phenomenon. Rather than primarily being attached to family and place in their country of origin, the Northern European retirees pursue transnational lives and form temporary communities, modifying their strategies as they go along. Cheaper international travel and communication as well as enhanced international portability of pensions in the EU further enable more Northern European retirees to move or live transnationally (King et al. 2000:13). But how do Swedish retirees deal with provision of care and domestic services as they are ageing in Spain, navigating state, market and family transnationally? This article analyses the Swedish international retirement migrants (IRMs) in Spain and their consumption of domestic and care services (i.e., eldercare and cleaning) in terms of privatized services consumed internationally, as opposed to the more extensive public services as well as unpaid family care they might have access to had they stayed in Sweden. The concept of domestic services can refer to a number of tasks (e.g., cleaning, laundry, cooking, care, etc.), which might overlap, that is, it may be difficult to distinguish between these elements of work in practice (Lutz 2011). In particular, I discuss paid and unpaid as well as formal and informal (regulated and

unregulated) arrangements for domestic services formed around the IRMs in Spain in relation to community.

Moving seasonally or periodically between Sweden and Spain, and experiencing gaps between family, state and market provision, IRMs are a part of liquid communities of care. As Bauman points out, people in community tend to reach decisions that are not just for profit (2012:xix); solidarity and norms of morality can be significant as well. I argue that between themselves and in relation to entrepreneurs and workers, the Swedish retirement migrants are part of a moral economy of care, reflecting the collective and individual consequences of migration – as well as the labour market and state context for provision of services and care in Spain. Moral economy is here defined according to Sayer (2007: 262): 'the moral norms and sentiments that structure and influence economic practices, both formal and informal, and the way in which these are reinforced, compromised or overridden by economic pressures.' The term moral here refers to exchanges that have goals other than merely economic profit, such as the accumulation of symbolic and social capital as well as social cohesion (Näre 2012:400). Facing a patchwork of options for getting by as they are ageing, the IRM moral economies mitigate the changing conditions of family and welfare in a transnational context since they cannot access relatives or public Swedish eldercare services from abroad. Solidarity and care among IRMs, as well as the

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personalized relations with workers and intermediaries, form a moral economy making increasing international gaps and inequalities more manageable, while creating coping strategies when full reliance on market provision is unaffordable.

The moral economy framework highlights the social commitments and obligations, and the ways in which they grapple with the erosive tendencies of economic processes (Bolton & Laaser 2013: 510). Using a moral economy approach to the social and consumption strategies of IRMs allows me to 'connect the analysis of radical political economy, the (a)morality of markets under liberal capitalism and the lived reality of everyday work situation for a range of people' (Bolton & Laaser 2013:511). Taking place within the home and symbolically charged 'family' (where the gendered metaphors of (grand)parent-child relations are associated with certain household/care tasks), domestic and homebased eldercare services illustrate how the emotional aspects of work may play into the labour process itself (Näre 2012, Aguirre 2013, Anderson 2000, Lutz 2011). The service and care economy around IRMs (and particularly domestic and care services) illuminates how the market is a social and political construction that is being shaped and re-shaped by social, political and moral struggles and mediated by institutions, individuals and communities. In other words, the actors' reflections, norms and practices and social connections shape, and are shaped by, national and international markets.

In this article, first, I identify the gaps in provision, between state, family and market. Secondly, I discuss how these gaps are filled by volunteers, workers and entrepreneurs. Thirdly, I investigate the ways in which these provider-recipient relations are characterised by obligation, gratitude, and respect. Simultaneously, to Swedish IRMs, care and domestic service relations provide a sense of community (as well as an alternative to life in Sweden). In addition, there are also financial aspects to these relations, and as I will demonstrate, among those who participate – some pay a bigger price and fall through the gaps. In what follows, I will provide a background to the privatized transnational care/welfare context of IRMs in Spain. Subsequently, after a brief presentation of method and material, I will demonstrate how IRMs and their care and domestic service providers engage in moral economy – in order to discuss the implications to different parties involved as well as situating them within a wider political economy.

Privatization and organizing IRM care between welfare states, markets and family

Swedish retirees are part of a growing number of Northern European IRMs as well as others (e.g., students, workers, entrepreneurs and job seekers) who reside seasonally or permanently in Southern European destinations – especially in coastal areas in Spain. Among IRMs there is a large variety of socio-economic conditions, health statuses, as well as residential arrangements: those with scarce economic means, as well as from working and lower middle class backgrounds – as well as middle- to upper class IRMs with dual residences in Spain and Sweden (Blaakilde & Nilsson 2013). The transnational lives of Swedish IRMs are situated within and between the Swedish and Spanish welfare states involving different ways of distributing the responsibility for eldercare between state, market and family. Sweden represents one of the highest, and Spain one of the lowest, levels of state funded eldercare provision in Europe (Lister *et al.* 2007; Williams & Gavanas 2008), which makes the Swedish case particularly interesting in terms of care strategies. Due to EU Freedom of Movement rights, the Swedish citizens are free to

reside in Spain. The IRMs may either be seasonal residents in Spain (living up to six months per year in Spain, while being registered as permanent residents and taxpayers in Sweden) or registered as permanent residents in Spain (which means paying taxes in Spain and a special 'living abroad' tax in Sweden called SINK²). If IRMs are registered as permanent resident in Spain, they (along with other Swedish citizens) have full access to the Spanish social security system (after five years). If IRMs live in Sweden for more than six months per year and/or keep a permanent residence in Sweden (as opposed to a summer house or 'holiday apartment') they are obligated to pay their taxes in Sweden (which are higher than Spanish ones and may make a difference for those with high incomes). In order to receive continued pension payments, the Swedish retirees receiving their pension abroad are obligated to submit a certification each year to prove that they are still alive.

IRMs, and other Swedish citizens who are seasonal residents, only have rights to emergency care in Spain, but they may also apply for planned care in Spain funded by the Swedish social security system (in case the queue is longer in Sweden). If they fall ill or pass away in Spain and need transportation back to Sweden, the Swedish consulate does not pay the costs.

Eldercare has been increasingly marketized, privatized and cut back in the Northern European welfare states since the 1990s, including Sweden, where an increasing share of providers are run by private companies and paid for privately as well (Meagher and Szebehely 2013). The tax deducted private domestic services (called RUT) have been increasingly used by the elderly, partly replacing previous public provision and IRMs who are registered as tax payers in Sweden (i.e., the majority) have right to these deductions in Spain (Gavanas 2016). In addition, eldercare has been increasingly privatized in the sense of an increasing share of unpaid family care: between 1988 and 2010 the share of Swedish elderly with private help from relatives have increased from 40 to 65 per cent – especially in low income families (Ulmanen 2015).

In Spain, IRMs enter a heavily segmented and insecure labour market as consumers. Since the late 1990s, the Spanish labour market has been characterized by temporary contracts (over 30 per cent), weak unions, an extensive informal economy and low wages; the national minimum wage was 645,30 euros per month at the beginning of my fieldwork in 2013 and 50 per cent of formal employees in Spain earned less than 1,000 euros per month (Ibañez and León 2014). High unemployment, above 20 per cent, has been a steady feature during the last three decades. According to the most recent figures from Spanish National Statistics (INE), 23 per cent of all contracts in Spain are temporary, and this number is higher than 30 per cent in touristic and agricultural regions such as Andalucía and the Canary Islands (INE 2012). All these structural features impact the positions of workers who provide services to IRMs, which indirectly impacts the options and strategies of IRMs. For instance, the Swedish IRMs registered as tax payers in Sweden may use Swedish tax deductions in Spain for domestic and care services. IRMs do not generally find it worthwhile to use the Swedish tax deductions (called RUT) for cleaning and care because the rates for both formal and informal domestic services are much lower in Spain as compared to Sweden.

The conditions for ageing in Europe are changing: for IRMs as well as future retirees currently providing services to them. In the words of gerontologists Vincent *et al.* (2006: 217): 'it appears most likely that a person's "welfare" and "quality of life" in old age will increasingly reflect their individual life course and their achieved material, knowledge, social and entitlement resources. The

complement is that an older person's welfare situation will be less and less a function of the welfare regime in their country or countries of residence'. However, this only applies to a small minority of IRMs in a relatively privileged economic position to pick and choose at an international market. The rest of the IRMs are still tied to the welfare state provision, as they become dependent on extensive eldercare (Gavanas 2016). Thus, when asked how long they intended to stay in Spain, interviewees tended to say that they planned to stay for as long as their health and finances permitted them. For example, Sigrid³, a widow in Carejas on the Costa del Sol said:

There is nothing here – there is no *hemtjänst* (home based eldercare). So, you need to get private (services). That's the thing: everyone starts looking around when the clock ticks: 'now it's time, we are moving back home!' It's like you enter safety when you come home to Sweden, that's the thing. You don't get that safety here, you don't. Especially when it comes to those of us (widows and singles) who live alone, that's the thing.

So IRMs, like Sigrid, respond to broader structures and changing regulations as well as changing health and family circumstances, by re-evaluating their situations throughout their migration trajectory and reformulating their strategies. The IRMs tend to re-consider their plans when they reach a point of dependency and face the meagre alternatives in Spain without enough family members around to provide unpaid care. Until then, as we will see below, some IRMs are making themselves consumers of care and domestic services on an international market – without the Swedish state provision. Both seasonal and permanent IRMs may purchase private insurance for a number of reasons: in order to minimize risk (in case something occurs that would require more than their emergency EU health insurance, which every EU citizen has a right to); to ensure shorter queues and higher quality care; or in order to have access to clinics where there is Swedish or English speaking staff. However, private insurance can be very expensive, especially for those with certain health conditions such as diabetes. For instance, whereas the majority of IRMs manage to call upon various transnational resources and re-locate when they can no longer manage independently in Spain, social workers, intermediaries and organization representatives reported of cases where IRMs fall between the gaps and lose control over their lives (Gavanas and Calzada 2016b). For instance, the interviewees working with care and domestic services for IRMs spoke of IRMs who, due to various circumstances and unforeseen events, fall through the gaps and end up isolated with health or alcohol issues and without help from authorities, organizations or social networks.

For retirement migrants (as well as other transnational families), the heavy reliance on unpaid family care in Spain becomes problematic (Hardill et al. 2005). Life in Spain can change abruptly if economic, physical and social resources diminish, and if IRMs gradually reach dependency on eldercare – and/or if their partners and friends pass away. Lack of fluency in the Spanish language (despite learning attempts by many) may cause desperate situations for IRMs who do not return to Sweden: 'When a migrant needs health care or personal support, especially 24-hour care, limited Spanish-language skills pose major problems' (Hardill et al. 2005:777). This is particularly important for IRMs with dementia or Alzheimer's. Unless they have the resources to pay privately or have access to unpaid family support, low to medium income IRMs who stay on in Spain rely on charities and volunteer organizations that provide home visits, hospital visits and interpretation (Hardill et al. 2005) – or support from fellow IRMs.

The privately hired carers and domestic workers who provide domestic services to IRMs are Spanish and Nordic citizens as well as third country nationals, mostly from South America.⁴ IRM consumption is surrounded by a long-standing tourist infrastructure (Woube 2014) and a Nordic labour market where companies related to tourism, property or health is managed by, and hiring, Scandinavian speaking staff (Breivik 2015:37). There is a clear segmentation dividing domestic services and providers in terms of gender, language and national background (Gavanas and Calzada 2016a). Low-skilled work such as cleaning and domestic services are generally carried out by Spaniards or South American workers, whereas the Scandinavian migrant workers manage and carry out eldercare services, where IRMs (who tend not to speak Spanish) require Swedish speaking intermediaries or providers.

Method and Material

This article is based on the project 'Swedish retirement migrants in Spain' (2013–2015), which investigates the relations between IRMs, those who provide their services and the consequences to work and care in the Ageing Europe. Semi-structured interviews were carried out with 80 IRMs, 120 workers/entrepreneurs (87 workers and 43 entrepreneurs who carry out IRM related services) as well as 20 experts (public and organization officials and specialized media). Among workers/entrepreneurs, 69 workers in the private sector, 18 workers in the public sector and 43 entrepreneurs were interviewed. IRM interviews were made with individuals, couples or groups, while most interviews with workers/entrepreneurs were carried out individually. All interviews are anonymous, recorded and transcribed, with consent forms signed according to the Swedish board of ethics. They were made in the interviewees' language of choice, that is, Swedish (with most IRMs), English (with some service providers) or Spanish (with most service providers). With a few exceptions, workers/entrepreneurs' national backgrounds are either Spanish, Scandinavian or South American. All non-Spaniards had residential and work permit in Spain, but a large proportion are working informally, especially in the cleaning and care sectors (22 interviewees were working only informally, or were combining formal and informal jobs). The interviewees were in 24 villages/towns located in two of the three main Spanish destination regions for the Swedes (the third one being Costa Blanca according to the Spanish Census of 2011); the Southern coast of mainland Spain ('Costa del Sol' in the region of Andalucía) as well as the Canary Islands. Interviewees encompass the large variation in the conditions, arrangements and motivations of IRMs as well as entrepreneurs and workers who provide their services. The interviewees were selected thematically, ensuring maximum variation along relevant parameters, such as age, gender, family situation, socio-economic background, living arrangements as well as length and timing of migration. For workers and entrepreneurs, we also maximized the variation regarding national background and the type of service provided (e.g., health care, cleaning, repairs and refurbishments, real estate, etc.), the work status of the person interviewed (entrepreneur, self-employed, salaried worker), and her/his position in the informal economy (only formal contract; only informal arrangements; combination of formal and informal work). The data was subsequently coded in Atlas.ti (software for qualitative analysis) and analysed thematically with a focus on the parts of interviews addressing strategies for care and domestic services.

Workers and entrepreneurs that provide services to IRMs have either a salaried contract, or they are self-employed or own a company.

The legal difference between being self-employed and owning a company in Spain has to do with the administrative procedures to be followed and economic obligations in case of bankruptcy; also, the self-employed workers can own a company without having to hire workers. However, I distinguish between self-employed workers that do not hire or subcontract the work of others (named 'self-employed') and those that have employees or subcontract work (named 'entrepreneurs'). This distinction proves to be important in the lives of interviewees. Among the self-employed, there are those who work formally (registered as self-employed workers and paying taxes and social security contributions) or informally (not registered or paying taxes).

For this article, I have specifically focused on those parts of interviews that covered issues on moral and (in)formal strategies as well as relations relating to care and domestic services. The semi-structured interview guide to both IRMs and workers/entrepreneurs regardless of the type of service included questions on (experienced or observed) care and domestic service strategies of IRMs; although some of the 'younger' and/or healthier IRM interviewees might not have faced these issues yet, but could still relate to experiences of parents and friends. Interviews lasted for 1 to 2 hours and IRM as well as worker and entrepreneur interviewees were contacted through local associations, businesses as well as the networks of social centres such as the Swedish Church, but also through 'street approach' walking up to IRMs in different residential areas (including camping sites), cafes and meeting spots around town as well as through advertisements in Swedish contact zones. The interview questions to both groups of interviewees had three parts: first, a demographic part; secondly, questions about the migration trajectory; and thirdly, experiences concerning developments in the IRM field.

Moral economy from the perspective of Swedish IRMs

I argue that the ways in which IRMs manage social and consumer relations is best understood through the concept of moral economies, a theoretical approach that previously has not been associated with the field of IRM studies. Below, I will firstly describe the workings of moral economies between fellow IRMs, followed by a description of the ways in which moral economies are articulated between IRMs and service providers and intermediaries.

1) Relations between fellow IRMs

Interviewees especially value the solidarity and care between IRMs and seek a social life they are lacking in Sweden; this theme keeps resurfacing in interviews. Within their social networks, the IRMs check up on each other and help in emergencies, for instance by means of phone chains. However, none of the initiatives I came across during fieldwork, in neither the Canary Islands nor the Costa del Sol, had become substantial enough to persist over time. This lack of collective capability can also become a source of disappointment, especially for the IRMs who are single or widowed, whose friends have passed away or moved back to Sweden. Paradoxically, IRMs' individualist pursuits as independent international consumers, thus, intertwine and sometimes clash with forming collectivist moral economies in Spain.

Like the British IRMs in Spain, the Swedish IRM interviewees maintain an ethos of helping each other out and being 'like a family' (King et al. 2000:148-152, Oliver 2008:113). For instance, a Spanish

speaking IRM on Isla del Sol provides unpaid services to the IRM community by translating Spanish news ('a hobby that costs money'), accompanying IRMs to doctors, dealing with IRMs who die and their mourning relatives and helping IRMs' with computers (he initially tried to charge 20 euros per hour but it turned out not to be popular). Interviewees who have been around longer and master the Spanish language speak of mediating for recently arrived IRMs. One interviewee even described this claim of solidarity in terms of military service; an obligation that is compulsory for the sake of migrant community during a certain phase or generational period. Yet other interviewees were disappointed, claiming that fellow IRMs and Swedish organizations like the Swedish Church, weren't helping enough.

IRMs may volunteer to keep themselves busy, to get to meet people, to feel useful or because they (also) need some extra income (O'Reilly 2000). This widespread work by IRMs within the IRM community is part of the unregulated and informal economy, which blurs with the formal economy in the sense that those who are working formally (IRMs as well as not-yet-retired workers) at real estate agencies, restaurants and so on, are often involved in the informal economy in the form of labour or exchange of goods (O'Reilly 2000:122f). All these aspects are encompassed by moral economy, which helps us understand what is going on and how IRMs cope in flexible systems and liquid communities.

There are IRMs who work informally for other IRMs, providing care and intermediary services (O'Reilly 2000:122f, Woube 2013). In addition, at Swedish organizations, those volunteering are often IRMs who help other IRMs with 'everything' out of solidarity – especially IRMs who have lived in Spain for many years and speak Spanish fluently. One IRM interviewee on Isla del Sol spoke at length of the many benefits of an IRM care network. This not only enables IRMs to stay active and independent, but also replaces the need for family help among those IRMs who are widows, widowers or single.

2) Relations between IRMs and service providers and intermediaries (formal, as well as informal)

In addition to the IRMs helping each other, there are intermediaries also in the IRM areas, that is, the workers and entrepreneurs catering to IRMs with domestic and care services, hair salons, real estate agencies, cafes and so on, who help IRMs out with 'everything' for no extra charge, for example, driving them to and from the airport, translating letters from the Spanish authorities and companies, dealing with staff at medical facilities and so on.

In terms of what is available, when IRMs require cleaning services, there are formal companies as well as informal services for 5–10 euros per hour, obtained through word of mouth in social networks. IRMs legitimize their use of informal options in a number of ways: that is how things work in Spain; it is cheaper (i.e., salary levels are lower in Spain); there is such high unemployment here; the worker is a friend of a friend and we are helping out by hiring him/her; the Spaniards are more interested in informal arrangements. It is not uncommon for IRM interviewees to rationalize these practices with the moral benefit of 'helping out' someone unemployed or poor by consuming their services. For example, a female IRM in Torremoros on the Costa del Sol hires a cleaner recommended by her Swedish hairdresser; a Chilean woman married to a Swedish man. The worker cleans her house once a week and her Swedish IRM neighbours use her services too. They all pay her informally in order to 'help her out' financially – 'that's what it's like here,' said this IRM interviewee. IRMs may combine cleaners (who tend to speak Spanish only, and possibly some English)

with a Swedish speaking caregiver who they hire formally or informally at a rate of 15–20 euros per hour. For instance, a Swedish ex-nurse in Guadamecer on Costa del Sol offers home care services informally to the Swedish IRMs for 15 euros per hour during weekdays (20 during weekends) and also recommends informal Spanish cleaners when IRMs need to supplement her services. However, she said that most IRMs have already hired a Spanish cleaner informally before they contact her. In Sweden, hiring domestic workers informally would have been extremely controversial and crystallizing multiple issues around consumer and employer morality (Gavanas 2006), but in Spain, other moral rationalities in line with ‘Spanish’ informal practices had become normalized among the Swedish IRMs. Interviewees often discussed informal domestic services (called *svart* ‘black’ services in Swedish) as a taken for granted standard among the Swedish IRMs in Spain, with statements like: ‘it is not black; it is pitch black’, and ‘in my circles, one pays cash, “svart” and it’s a simpler process’. Among IRMs, Sabina was an exception of an interviewee who has mixed feelings about the informal labour market, which illustrates how IRMs are likely to relate to the ‘Swedish’ moral standards around informal care and domestic services, where, until recently, social democrat and feminist norms of employer morality have been prevalent (Gavanas and Calleman 2013):

Interviewer: Are there no solutions for those retirees who would not like to move back, for those who would like to extend their time here?

Sabina: I have heard that it is very difficult, you need to pay out of your own funds privately, to get help, someone who perhaps comes over and washes for you, does shopping, cleaning and those kinds of things. There is not the social safety here, like we have at home (in Sweden).

Interviewer: And if you are ill and need someone who comes over to help out when you cannot do your cleaning and shopping?

Sabina: Then I suppose I need to hire someone. If it is just temporary, I guess I have enough friends here who can come and help out. But the thing is that it is very easy to get cleaning ladies and those kinds of services. Unfortunately, in that case it is informally on these islands, but it is like that here since they have been tourist islands and most people work informally. That is why everyone has such low wages. [...] This is a double-edged issue for me. I have been very involved in the Union, so I feel that their situation doesn’t get better but at the same time one knows. Well, at least they get some money there! But it is still wrong because they never ever get on their feet.

In other words, as Sabina explained the ways in which domestic services are organized among IRMs in Spain, she also reflected upon moral implications from a ‘Swedish’ perspective, based on her professional background in the Swedish Union. Formally registered cleaning-eldercare- and domestic service companies are also used by IRMs and tend to be much cheaper than the Swedish equivalent in Sweden (despite tax deductions), due to the low wage levels in Spain. However, according to the Spanish regulatory system for formal domestic service companies, it may be unclear to the customer whether the subcontractors are hired informally or not: whether the subcontracting self-employed workers pay taxes and social security fees.

The importance of trust, personal recommendations and social networks in selecting domestic service providers increase

tendencies towards informal alternatives. When it comes to cleaning services, informal workers may compete by offering lower prices, but not when it comes to services where language skills in Swedish are required, such as for eldercare services. For instance, a Swedish entrepreneur in Guadamecer on Costa del Sol said that the informal market used to be a big competition for her company. She claimed that IRMs can hire a cleaner informally, but they will never hire someone informally for important matters such as going to the doctor. For this matter, they prefer not to take the risk and instead they hire a formally registered company like hers. One interviewee, the head of a company that provides domestic services for Swedish IRMs in Andalusia, said: ‘I dare not send one of my workers to any household for cleaning services, because I know shortly an informal worker would offer to do the same job for 5 euros an hour’. She was annoyed with informal competitors who offer cleaning services for half the normal salary: ‘You know how much effort it will take to raise these salaries? We live in a banana republic’. Competition with the informal market for cleaning jobs led her to abandon this area of services, and concentrate on eldercare services where demand for Swedish speaking staff is higher among IRM customers. In sum, the relations between IRMs, and between IRMs and care and domestic service providers, all blend into a moral economy where cheaper informal alternatives for domestic services and eldercare are easily available and generally (with few exceptions like Sabina), normalized among the Swedish IRMs as an acceptable option.

Moral economy from the perspective of service providers

When it comes to paid labour (for instance migrant or Spanish domestic workers and carers working formally or informally) a moral aspect is reflected in the workers’ and entrepreneurs’ preference for clients and employers who are considered good, just and treat them with respect rather than necessarily paying much more than other potential clients or employers (Näre 2012:407). While the moral discourses of IRMs may draw upon notions of solidarity and obligation between fellow nationals or migrants, the providers who participate in moral economy with IRMs approach its relations differently while pursuing the Swedish customers or employers as part of a strategy for economic subsistence. From the perspectives of workers (Spanish and others) interviewed for this project, the Swedish IRMs had a good reputation compared to other customers because they were generally considered ‘grateful’ and respectful. In other words, these workers selected the Swedish IRMs as customers out of other reasons than necessarily paying higher rates for their services.

For instance, a Uruguayan woman working informally as a cleaner and carer said that she would never work for Spaniards. She does not like the ‘Spanish manners’, she said she values respect, and sometimes Spanish people do not respect workers as professionals. Scandinavians are exactly the opposite according to this interviewee; they are very respectful. She communicates in English with them, and she feels more comfortable around them. For another example, a Spanish woman working as a cleaner and carer at a formal company on Isla del Sol said that Swedes and Spaniards are different as clients. Swedes are demanding but very polite, but Spaniards have a ruder way of demanding things.

There was a preference for Swedish companies as employers and customers among worker interviewees of all national backgrounds (Swedish, Spanish and South American). For instance, one Spanish cleaner in Guadamecer said that working for Spaniards and Swedes

is completely different. She felt that Swedish people value her work and that makes her feel good. They are very respectful when they tell her to do something differently. Some joke and tell her that they want her with them in Sweden. They are very 'grateful'.

Thus, one aspect to moral economy is the personalized obligations and interactions between providers and customers of domestic and care services. For instance, care and domestic workers may feel like part of their customers' families. For such reasons, the migrant Swedish carer Mia felt that it is 'a matter of principle to take time for the elderly' – which in practice entails she does not charge for all her work. In another example, the migrant Swedish care worker Martin considers his business partly driven by voluntarism:

The business is not profitable, most of it is solidaristic. If I wasn't the kind of person I am, I wouldn't do this.

Furthermore, among intermediaries, the entrepreneurs or migrant workers with a background in Sweden and/or family relations in Sweden, there are those who express a wish to help the Swedish IRMs out of obligation or compassion: to symbolically 'return' help that one has received oneself in a similar situation, for example, as a migrant in Sweden. For instance, a Swedish hair dresser on Costa del Sol said his hair salon works as an information centre, he helps the Swedish IRMs out with everything: buying medicines, going to the doctors, finding an apartment, renting out apartments, finding work, employing a cleaner and so on. He never charges for his intermediary services, he does it out of solidarity and says it is because he knows all too well what it is like to arrive somewhere as a migrant and in need of help.

The moral economy and its tendencies for unpaid work may eventually further the workers' and entrepreneurs' financial interests, but it may also become a burden for providers with weak positions in the labour market. The IRMs' continued existence in Spain is conditioned by the segmentation, unemployment and precarity of the Spanish labour markets in tourist regions: workers with low wages and 'flexible', unpredictable, insecure and partly informal working conditions (Gavanas and Calzada 2016a). Workers from outside the EU, in low paid and informal work, are those in the most vulnerable positions within the global political and moral economy.

Concluding discussion: linking moral and political economy

Bauman describes precarity, uncertain old-age prospects, as well as a deepening imbalance between individual freedom and security as one of the consequences of the accelerating liquefaction of modern life (2012:170). The Swedish IRMs, and the volunteers, workers and entrepreneurs that cater to them, clearly illuminate how moral economy is filling the gaps between unstable and shifting institutions such as family, state and market. In other words, the empirical results of this article allow for an analysis of what happens when retirees from a Scandinavian welfare state (traditionally with one of the highest rates of public provision in Europe) find themselves in a privatized situation abroad – without access to unpaid family care by relatives or public Swedish eldercare. Subsequently, this article makes an important contribution to the knowledge on International Retirement Migration – empirically as well as by theorizing the connections between moral economies and transnational care gaps. In IRM communities, the provider-recipient relations are characterized by obligations, gratitude, respect and solidarity. These non-monetary aspects of market

relations may provide a sense of community (belonging to the same international and localized social networks) and personalized labour relationships. The moral economy among and around IRMs also has financial aspects, being enmeshed with market oriented exchanges and strategies for survival. Based on ideas and rationalizations of community based solidarity and altruism, the moral economy facilitates the workings of market relations while serving as a strategy to mitigate gaps between market, family and state provision.

Moral economy in the destination communities of IRMs crystallize major developments in the international and intergenerational distribution of labour, social rights and mobility. To IRMs, the moral economy they are a part of in Spain becomes the socially active and solidaristic alternative to life in Sweden, which is considered less socially active and less solidaristic. Some IRMs mobilize unpaid volunteer care networks where the IRMs provide care to each other but are often frustrated in the process. Moral economies are also filling the void in the absence of the Swedish welfare state (or any type of public provision for IRMs who are registered as Swedish taxpayers while in Spain): care by the community.

Simultaneously, formal and informal providers of care and domestic services have different inroads to the moral economy with IRMs. Among all who participate, some pay a higher price than others. Those who have the most disadvantaged conditions in IRM destinations are the unskilled workers struggling with unemployment or temporary contracts and migrant workers – especially from outside the EU – because their salaries and social rights are the lowest and their risks of poverty are higher. They are also part of a moral economy where personal relations of respect and family like exchanges matter.

In sum, the transnational strategies for care and services by the Swedish IRMs illuminate how markets are shaped by, and shape, individual and collective moral norms which interact with wider processes of privatization, informalization and socio-economic stratification.

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Notes

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2. SINK refers to Special Income Tax for Non-Residents. The previous percentage 25% was changed to 20% as of January 2014
3. To preserve the anonymity of interviewees, all names of people and locations are pseudonyms.
4. It is unclear whether there is a preference for South American domestic workers among Swedish IRMs or whether the prevalence of these national backgrounds have to do with the establishment over time of specific migrant networks.

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