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SWEDISH RETIREMENT MIGRANTS TO SPAIN AND THEIR SERVICE PROVIDERS

The aim of the project *Swedish retirement migrants to Spain and their migrant workers: interlinked migration chains and their consequences to work and care in ageing Europe*¹ was to understand in depth Swedish retirement migration to Spain, paying special attention to:

- The local market that this migration has generated.
- The relations among all the actors that have a role in the provision of goods and services for Swedish/Scandinavian retirement migrants.
- The strategies that retirement migrants develop to obtain care provision when dependency needs appear.

Fieldwork

The fieldwork took place in 2013 and 2014. We interviewed 80 Swedish international retirement migrants (IRMs), 120 worker/entrepreneurs as well as 20 experts in 24 municipalities of the Southern coast of Spain as well as the Canary Islands. Interviews in the Southern coast of mainland Spain have been carried out for the most part in the province of Málaga (Costa del Sol). Interviews in the Canary Islands were made in the two main islands (Tenerife and Gran Canaria). Names of people and places have been changed in all dissemination activities (publications, seminars, presentations, etc.) to maintain interviewees' anonymity.

The selection of these areas was made on the grounds of an empirical study of the distribution of Scandinavian retirement migrants in Spain (using Local registers data - Padrón) as well as a review of previous research and literature (e.g. Durán 2012; Echezarreta 2005; Huete and Mantecón, 2011).

Swedish retirement migrants in Spain

A varied group

The Spanish Statistical Institute has only 18.194 Swedish nationals registered as Spanish residents (January 2016), but previous research suggests that the number is much higher. During our fieldwork we found that a large number of the Swedish retirees with whom we spoke were not registered as Spanish residents.

The majority of IRMs are seasonal residents who spend the summer months in Sweden, where they are registered as permanent residents. There are also IRMs who are registered as permanent residents in Spain, and possibly planning to remain in Spain. The majority of IRMs are born in the 1930s or 1940s, and our interviewees were men and women in a range of family situations; couples, singles, widow(er)s and with or without adult children and grand-children in Spain, Sweden or elsewhere. The economic conditions of interviewees ranged between those with high, average and low pensions, resources and savings. Among IRM interviewees there were different professional and socio-economic backgrounds; there were former CEOs, nurses, truck drivers, engineers, civil servants, service workers, construction workers, etc. Among IRM interviewees there were those who owned multiple houses, for instance in full service urbanizations with mostly Northern European residents. There were also IRMs who lived in apartments (bought or rented) and those who lived in camping caravans and even outdoors on beaches, benches and in caves. Some IRMs travel freely between residences they own and/or

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0223. The research team comprised Dr. Anna Gavanis (IP); Dr. Inés Calzada (researcher), and two assistants devoted mainly to transcribing interviews (Virginia Páez and Gunilla Rapp).



rent in Sweden and Spain while others only have a residence in Spain and could not afford to go back to Sweden neither for visits nor permanently.

Like previous IRM studies, we found that interaction between IRMs and Spaniards was limited beyond business oriented relations unless IRMs have a Spanish partner and/or had worked extensively in Spain previous to retirement. Despite sincere attempt to interact with Spanish locals, most IRMs mainly tended to interact socially with other IRMs from Scandinavian or Northern European backgrounds.

Among IRMs at risk for precarious positions are especially singles and widows, who become much worse off economically and socially when their partners (who, in heterosexual relations, usually earn much more than them) pass away. Participation in the social life of the local IRM groups and associations (meetings, trips, lunches, etc.) is circumscribed by economic resources (Oliver & O'Reilly 2010). For instance, it is very common for IRMs to act as paid or unpaid intermediaries to each other (Woube 2014) and a major motivator, next to solidaristic reasons, is the need for extra income – especially in the case of widows and single IRMs.

The market of provision for Scandinavian retirement migrants

Structure of the market

Swedish IRMs' living arrangements, economic situation, health status, family situation, gender and length of stay in Spain condition the types of provision available.

IRMs that live in urbanisation or compounds with a majority of Scandinavian residents tend to rely on the staff of the urbanisation/compound to get all kind of services, help and information. Urbanisations (private house clusters/ "gated communities") have a large permanent staff of salaried workers composed of gardeners, clerks, security guards, administration personnel, cleaners and painters. National background clearly structures the positions of workers. Non-skilled and semi-skilled manual jobs are overwhelmingly occupied by Spaniards. For the most part, these workers speak only Spanish, and their interactions with the residents of urbanisations are reduced to friendly waves and 'hellos'. By contrast, salaried workers with Northern European backgrounds can be found in skilled jobs in the administration of urbanisations and compounds.

Those IRMs that do not live in urbanisations for mainly Scandinavian or Northern European residents can get service provision in their native language and according to their cultural preferences by contacting any of the companies oriented to Swedish and Scandinavian clients that have flourished in areas with large Scandinavian populations in Spain. In general, these are small companies that act mainly in three sectors: housing (real state agencies; home maintenance); health & beauty (general practitioners, dental clinics, hairdressers) and food (supermarkets, restaurants and cafés). The existence of these ethnically niched 'swedified' services substantially facilitates the process of settling and living in Spain for IRMs, and this is mentioned repeatedly when we ask interviewees how Swedish IRMs deal with day-to-day issues.

The entrepreneurs that own these companies always have a Scandinavian background (they were born in Sweden/ Scandinavia or spent many years living and working there). As for the salaried workers of companies with a Scandinavian niche, the profile is similar than what we can see in urbanisations for foreign residents. Unskilled and semi-skilled jobs are filled by Spaniards and South Americans that speak only Spanish, with a clear gender division regarding the tasks performed (cleaning is dominated by women, repairs is male dominated, with more of a gender-mix in other areas such as cooks or bartenders). Salaried workers in skilled and/or customer care positions are either Swedes with a long experience in Spain, or Spaniards with a clear Swedish connection (a Swedish mother, father or partner, years of migration in Sweden).

To rely on the staff of the urbanisation, or in any of the well-advertised companies that cater to the needs of Scandinavian IRMs may be the easiest way to get services, but it is also the more expensive. Urbanisations have high annual fees, and companies headed by Scandinavians (even if they are small ones) tend to have prices over the Spanish standards. But in addition to these companies, there is a plethora of self-employed workers that provide occasional (formal and informal) services to IRMs such as translation, repairs, cleaning or elderly care. They do not have a stable source of income and rely on maintaining a wide network of contacts to make a living. Self-employed Spaniards and South Americans are hired mainly in cleaning tasks, whilst



Scandinavians can be found in translation and skilled care (elder-carers, masseurs, nurses, etc.).

The living conditions of providers

The workers and entrepreneurs that make a living providing services for Swedish IRMs compose a heterogeneous mix of backgrounds, trajectories and working conditions. National background, educational level and gender structure the labour market that caters to IRMs demands and preferences. In turn we may discern a complex hierarchy of professional positions clustered around the IRM phenomenon.

Salaried workers

Salaried workers in urbanisations and compounds for foreign residents, or in companies oriented to the Scandinavian IRM market are for the most part satisfied with their jobs. They value the stability of the job and the proximity of family (most were born or have lived for many years in the village). In general, they have shorter working days than entrepreneurs and self-employed and, in contrast with the former, their depictions of a normal week include more things apart from work (family, friends, strolls, pub, sport). Spanish and South American salaried workers primarily compare their conditions with those in the Spanish labour market, and they feel privileged working at urbanisations/compounds for foreign residents or in companies run by Swedish people. Although salaries follow Spanish standards, working conditions are better in all respects, for instance regarding the predictability of schedules and payments, and the absence of “hidden” burdens (like unpaid extra-time) and employer’s respect for the conditions signed in the contract.

Salaried workers with Scandinavian background tend to occupy more skilled and better paid jobs than Spaniards or migrants from other countries, but this is not reflected in a higher job satisfaction. Salaries are lower in Spain than in Sweden, and working hours longer. For them, living in Spain has benefits and disadvantages, and many have considered moving back to Sweden at some point. This is especially true for Scandinavian workers with children, who tend to worry about future prospects for their children if they remain in crisis and unemployment ridden Spain.

Entrepreneurs

The success of companies oriented to Scandinavian clients partly relies on their ability to act as intermediaries between the retirement migrant and the Spanish society.

Mediation between IRMs and actors in the destination society is based on common language and perceived common culture and the relations of IRMs with actors in their Spanish destinations are based on notions of quality and trust. Intermediaries are workers or entrepreneurs with bi-cultural backgrounds that serve as a connection between the Spanish system and the IRM community. As part of or in addition to the tasks associated with their profession or business, intermediaries offer advice and help on a variety of topics, making “understandable” Spanish society to Swedish residents and translate IRMs needs to workers.

Among entrepreneurs, the recently arrived do not make ideal intermediaries because they are not fluent in Spanish and are still struggling to adapt to the new country. They offer services to IRMs in the “Swedish way”, and provide places to speak Swedish, but they cannot help much in solving the complications of daily life. In contrast to the recently arrived, the entrepreneurs who have been living in Spain for long periods and that have connections in both communities (friends, family, workmates) and with bi-cultural experience are of fundamental importance in the lives of Swedish IRMs.

Self-employed

Among the different positions in the market of service provision for IRMs, self-employed tend to have the worst conditions: they work a lot, carry a variety of tasks, have no fixed working hours, and those who are partly or completely in the informal market have no labour protection or social security. The perception of the job differs according to national backgrounds. For Spanish or South American workers that make a living from cleaning, handyman work or caring for elderly, a job is more about survival than about finding “the good life”. As for Scandinavian workers, they like many things about living in Spain and possess the exit mobility of returning to their Scandinavian welfare states, but those that are not receiving a pension from their background country and rely only on their earnings helping IRMs have to always be on call. Problems appear if the person can no longer work due to illness.



IRM's strategies to get care services

Private solutions

IRMs tend to move to Spain as couples and return to Sweden as singles when one passes away. Having a partner around or not (that is, having unpaid family care) has a great impact on mobility and options for independent ageing. This has gendered implications in heterosexual couples, since women tend to live longer and earn less than men (whom are usually older than their wives) and are likely to take on greater care responsibilities. Without access to public provision and unpaid family/ social network provision, the elderly care puzzle shifts to privately paid market solutions.

The most common solution for services among IRMs is to hire Spanish or South American domestic workers informally, at an hourly rate around 10 euro or less. IRMs find these workers by word of mouth in Scandinavian meeting places (associations, church, restaurants and media), through intermediaries or even by recommendation from Spanish social workers. IRMs may combine domestic workers (who tend to speak Spanish and possibly English only) with a Swedish speaking carer (whom does not necessarily need to be a Swedish citizen with a main background living in Sweden) who they hire formally or informally at an hourly rate of 15-20 euro.

There are some formally registered home care/ service companies run by Swedes in IRM areas that can provide this type of workers with bi-cultural experience. However, one should not overestimate the number and client base of Scandinavian-oriented home service companies. As far as we have seen, they are small companies in an initial phase of development that have difficulties to find a substantial amount of paying customers and to find staff with the required qualifications (knowledge of both Swedish and Spanish languages, preferences and experience in elderly care) and are forced to compete with an informal market characterized by miserable salaries (even as little as 5-8 euro per hour). A Swedish entrepreneur that runs a care service business in Guadamecer (Costa del Sol) explained that she stopped offering some basic services like cleaning or shopping because she could not compete with the low prices charged informally by Spaniards.

In Costa del Sol we found some private elderly homes especially focused on Northern European or Scandinavian IRMs but, since they are completely privatized with no portable subsidies from Sweden, they are way too

expensive even for those with relatively high pensions. Private elderly homes that focus on Spanish clients do offer lower prices than the ones focusing on Northern Europeans, and their managers are more than willing to attract IRMs but, as far as we have seen, their efforts to adapt their services to non-Spaniards have not been met by substantial demand from Scandinavian IRMs.

The (limited) use of public social services by retirement migrants

According to our interviews, the majority of Swedish IRMs return to Sweden once they reach dependency on extensive eldercare. Many IRM interviewees plan to stay on in Spain only as long as they can remain physically independent. Some of those who may still wish to remain longer in Spain might be advised to return to Sweden, for instance by relatives, organizations and public authorities. During the fieldwork we interviewed 19 social workers in ten villages on Costa del Sol and the Canary Islands characterized for having substantial numbers of retirement migrants among their residents. In the majority of the municipalities social workers told us that that retirement migrants constitute a minority among those that receive in-home help or cash transferences. However, there is a large area in Isla del Sol where social workers expressed worry by the increase in applications coming from retirement migrants, that they calculate to be close to 20% of care recipients.

Regarding the process of social intervention, social workers agreed that in most cases they are not contacted directly by the retirement migrant in need of help, but by some other actor such as a doctor, a landlord or a friend. Health care professionals play a fundamental role in this process. In the majority of cases it is a doctor who alerts the social services after having treated an IRM that they perceive to be in a state of need or abandonment. In the most extreme situations, the social worker is contacted by the president of the homeowners association where the IRM lives because her/his abandonment shows: piled rubbish at the door or bad smell coming from the apartment.

The process of evaluating the needs and resources of the claimant is difficult with retirement migrants. The first problem is the language. The majority of Scandinavian IRMs that require help from the social services do not speak Spanish, and town councils do not have interpreters among their staff nor a special budget to pay for



them. The second problem has to do with the lack of integration of Scandinavian IRMs in the Spanish system and society. Social workers are unable to gather information from the family or the primary care doctor if the person has not been registered in Spain and has no family nearby. Thirdly, social workers mention the strong reluctance of Scandinavian elderly to receive help from the social services. And finally, all social workers refer to the scarcity of public funds, a problem that affects social services in general, and that makes it impossible to create special programs/help for IRMs.

Conclusion

The pieces in the 'elderly care puzzles' that form the patchwork of services around IRMs depend on the accessibility of a number of options: public/ private provision, social/ volunteer networks, family situation, as well as the preferences and conditions of different groups of IRMs. Gender, health, socio-economic conditions, as well as Swedish and Spanish provision of health- and eldercare, influence the mobility of IRMs, especially in the case of widows and single women with low income.

While healthy and physically active middle- to high income IRMs exert a high degree of mobility with their transnational lives, low income IRMs might end up in a state of immobility which worsens as they enter dependency on extensive eldercare. Unpaid family care and social networks turn out to be important strategies in a welfare state like Spain, compensating for the lack of access to publicly funded eldercare. When age related dependency reaches a certain level, the ability to pay for private care provides the only possibility for IRMs to stay in Spain.

The labour market catering to IRMs is segmented by the language, nationality and gender of workers. For instance, IRMs mostly hire cleaners who are Spanish or South American women; carers who are Swedish speaking women with Scandinavian background; and handy-men where managers tend to be Scandinavian whereas subcontractors Spanish or South American.

The aspirations of IRMs are conditioned by the globalized labour market where workers/ entrepreneurs (and some IRMs) operate and precariousness prevails. The

relation between IRMs and entrepreneurs/ workers is partly based on the absence of social rights or access to welfare provision as well as the high rates of unemployment, informalization and underpayment in these areas in Spain. Informalization takes place from above (by corporations, governments and subcontractors) and below (by marginalised actors such as low-income workers and self-employed/ small business owners) in this field: but also from the middle, through IRM strategies.

At a cross-national level, new inequalities are created between Northern and Southern EU citizens as well as between the EU and the rest of the world. In today's EU, the shrinking Swedish Welfare State mitigates various aspects of precarization for Swedish citizens (including returning migrant workers and retirees) while moral economies are filling the void in the absence of the welfare state and the physically present family.

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