

PEER-LED CARE PRACTICES AND 'COMMUNITY' FORMATION IN BRITISH RETIREMENT MIGRATION

Abstract

This article uses ethnography of British retirement migration in Spain to explore how care practices among migrant peers operationalize 'community' in place. Social, economic and political transformations, including shrinking welfare state provision, family at a distance and marketized care, have generated care deficits. I show how peer-led care practices help mediate these deficits, assisting individuals in 'getting by' and providing safeguards against exploitation, while constituting some sense of 'community' as well as personal meaning in liquid contexts. However, I show how temporal, spatial and social limitations render this community fragile and exclusive, while practices aimed at mediating between family, state and market, set boundaries of responsibility. Nevertheless, I argue for critical reflection on the potential of these emerging peer-led welfare architectures especially in the contexts of heightened mobility, austerity, transnationalism and an ageing population.

Keywords

Retirement migration • care • community • friends • ageing

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Received 16 June 2016; Accepted 30 May 2017

Introduction

A multitude of transformations in contemporary society ranging from the demographic shifts of an ageing population, changing family expectations, the increasing participation of women in paid labour and welfare state recalibration have, as Williams (2014) terms, generated a 'crisis' in care. International migration is implicated as both a cause and a solution: contributing to fragmenting familial and social relations that generate care deficits, but also providing a care workforce through international migrant labour, following the increasing marketization of care (Shutes & Anderson 2014). Migration studies have predominantly focused on the ways in which care is mobilised by a global transfer of reproductive labour from the global South to the North, with care needs met by migrant workers, entrepreneurs and providers (ibid.) and has documented the continued role of transnational families in caregiving (Zontini 2010, Baldassar & Merla 2014, Horn & Schweppe 2016). However, other care practices provided by migrant peer networks in settlement localities have been considered less. This article highlights the care-oriented actions of peers, friends and volunteers in fragile social constellations made in post-migration settings, demonstrating how they constitute 'community', however tenuous that concept is in current times.

The article draws on almost fifteen years of intermittent ethnographic research within a dynamic social constellation of British

retirement migrants in Spain, whose existence reflect many tenets of what Bauman (2000) terms 'liquid modernity'. On the one hand, the retirees' actions are ostensibly individualistic and pleasure-oriented, with 'community' here created ironically through a 'multitude of individual acts of self-identification' (Bauman 1992: 136). On the other hand, empirical research shows that far from 'the decline of the social' espoused to come from weakening familial, associational and class-ties (Putnam 2000), there are high levels of social capital¹ among retirement migrants, generated through associations, charity work and volunteering (Casado-Díaz 2009; Haas 2013; O'Reilly 2000).

To what extent the 'community' in such sites becomes a bolster in an uncertain world (Bauman 2001) is an important consideration. Retirement migration is an insecure business; British migrants are living outside their country of birth in an ambivalent position, while following the financial crisis in Spain and Brexit vote, there is even more uncertainty threatening their residence and access to health and social care. British migrants have an older average age than the Spanish population, at least according to the official population register, the *padrón* (Instituto Nacional de Estadística 2016: <http://www.ine.es/fjxi/tabla.do>). As Hall & Hardill (2016) explain, while many moved when they were in good health in the 1980s and 1990s, more recently, the population of British retirement migrants includes vulnerable pensioners with fewer financial resources and limited language competence (Hardill *et al.* 2005). Currently, the pensioners

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who have acquired a residence permit in Spain (the *residencia*) are not immediately eligible for healthcare if they return to the UK, as they are no longer 'ordinarily resident'. Moreover, the UK is experiencing a crisis of adult social care following the decreasing public spending despite rising numbers of older people, with sharp service-reductions including significant cuts in community-based services like home-care (Burchardt *et al.* 2015).

Given this structurally ambivalent position, families might be an important provider of care to migrants. However, family-based care is by no means guaranteed for retirement migrants, since not everyone can count on close family members; while for others who might be able to, research shows how the expectations for transnational care are not always free of conflict (Zontini 2010). Some retirement migrants have health and social care needs that require more intensive engagement than care at a distance can provide, involving daily washing, dressing, sleeping, eating and managing excretion within the private space of the home (Twigg 2006). In Spain, this type of work is increasingly conducted by market-based institutions and entrepreneurs, or managed through private arrangements among individuals for a fee (see Gavanas 2017).

In this article, I argue that peers have a crucial role to play in addition to the state, family and market. Research has drawn attention to the importance of migrants' personal, family, community and ethnic networks for 'getting on', especially in the labour market and education (Cheung & Phillimore 2014). Their care practices, however – those acts which the help migrants 'get by' – have been less well considered. I explore how through peer care activities, individuals contribute to emerging group structures, with their actions constitutive of and defining a type of community emerging in the transient and liquid conditions identified by Bauman (2007). Drawing on Ryan *et al.* (2007), I also consider the differentiation of types and levels of support offered by migrants' networks, demonstrating how the migrants' care operating across geographically dispersed sites provided mainly instrumental and auxiliary support rather than intensive care for physical needs. As such, I expose how much of the care work involves mediating with other structures, that is, the state, family and market to arrive at longer-term solutions.

Inevitably, relating care practices to the nebulous concept of 'community' opens a proverbial can of worms. However, despite scholars calling for its abandonment (Bell & Newby 1974), 'community' continues to have saliency 'as a vehicle for interrogating the dialectic between historical social transformations and social cohesion' (Amit 2002: 2). The understanding of community has shifted from conceptualisations as 'an actualized social form' to 'an idea or quality of sociality' (Amit 2002: 3). The first notion refers to Tönnies' (1887/2002) *Gemeinschaft*, where the community is a naturally occurring phenomenon formed by people living together, sharing beliefs and developing unquestioned loyalties of kinship and friendship, in contrast to the impersonal contractual relations and coexistence of people in modern *Gesellschaft*. This version of social solidarity was also envisaged by the Chicago School scholars as formed through shared residence in neighbourhoods (Park 1925) and evidenced in many community studies portrayals of the 1960s. However, later work began to detach the idea of community from actual social relations (Amit 2002) emphasising more its creation than natural occurrence. Anderson (1983/1991) shows how the nation is conceived as an 'imagined community', while scholars such as Cohen (1985) emphasise the symbolic and relational construction of community, acting as a buffer against globalization.

Particularly influential in the debate has been the work of Bauman, who considered the role of community as a site where

identity is sought, as a nostalgic repository and escape from the individualization and fragmentation of identity in postmodernity. For Bauman (2001), liquid or light forms of modernity have ushered in contingent and emergent forms of order replacing the predictable, solid nature of relationships of the past founded on pre-existing identities based on occupation, class and gender. Bauman's work is relevant to understanding this context, wherein retirement migrants are emblematic of his 'tourists' who are only loosely connected to the place of settlement (2007: 78). They are able to exploit the freedoms generated by migration to construct their identity anew, in a place where past achievements of occupation and status are ostensibly deemed irrelevant (Oliver and O'Reilly 2010). However, with receding State intervention, such migrants must also take responsibility for themselves and their own future fate.

In liquid modernity, Bauman (2000) sees community as a limited vehicle of longing, an individualized expression created for individual needs. However, for critics of individualization, Bauman exaggerates the degree of change, overlooks many of the solid forms of sociality and denies the reflexive capability of individuals to *collectively* engender change (Giddens 1991). These aspects of both structure and agency are demonstrated eloquently by Karen O'Reilly's (2012) application of Giddens' structuration theory and other types of practice theory to a number of case studies of migration, including the British residents on the Costa del Sol. The perspective is also resonant with other developments critical of individualization, particularly through the re-reading of Heidegger in community studies, understanding subjectivity as Being no longer 'conceived in isolation' but 'a mode of "Being-with" others' (*Mitsein*) (Heidegger 1962, Parkin-Gounelas 2012). Here, the individual identity is not a barrier to community, but a recognition of one's own particularity combined with an awareness of common finitude (death) can lead to community, albeit less here as shared solidarity than a negative community created through notions of loss (*ibid.*)

These developments in conceptions of community are relevant to understand how migrants individually negotiate their own and other care paths within the contingent and fragile social constellations. I have written elsewhere (Oliver 2008) of the migrants' cognizance of their own limited temporality, interpreting their current experiences of freedom through the awareness of their own mortality. As such, the Heideggerian notion of 'being-toward death' is helpful in understanding the migrants' actual actions to help people 'get by' and providing meaning to those engaged in these practices. Such actions invest any 'ideas' of community with real 'social content and context' (Amit 2002:17), and by doing so, they not only address care deficits exposed by life in liquid contexts but also guide migrants into ethnically preferred lifestyles and contribute to diasporic formation (Olsson 2017; Haas 2013). As I will show, their small acts generate fleeting conditions of community out of ostensibly individualistic pursuits.

Methodology

The article is based on ethnographic research totalling over eighteen months conducted during field visits in 1999–2002, 2004–2005 and 2012–2013, among British Retirement Migrants in a coastal town and village east of Málaga in Southern Spain. The site was a popular destination for retirement migrants mainly from Northern Europe, including British, Dutch, German and Swedish people. Participant observation was conducted at the migrants' social groups and in their homes, and throughout their daily activities including trips out in the

region. Activities and conversations were recorded in detailed field notes made throughout and at the end of the day. Semi-structured narrative interviews were held with 80 retirees and 27 local people and service-providers, including a slight majority of women in the migrant sample, and a majority coming from the lower-middle class professions. Through intermittent visits and contact outside of formal fieldwork periods, I built up long-term relationships that have enabled me to follow up on individuals and gain insight into social relationships and ageing experiences over time. My analysis draws on all data-sources although concentrates here on the perspectives of those involved in care – as recipients, providers or both.

The argument is developed in three sections, providing an understanding of the operation of peer care practices and their role in forming and defining the limits of 'community'. First, I explain the contexts (spatial, temporal and social) to demonstrate the fragility of the social constellations along Bauman's terms, which help to simultaneously dissolve yet construct community. I then advance my first line of argument to consider peer-led care practices as a specific and limited set of social relations which play a role in (partially) solidifying community and generating meaning for those involved. Finally, I show how these actions exist in the interstices of market and state provision and transnational family relationships, showing how peers' mediation of these other sources of care helps define the character, boundaries and limits of this ephemeral but nonetheless practical community of individuals.

Contexts: Embedding and disembedding community in international retirement migration

The community of retirement migrants was not tightly bounded in the traditional sense of being tied to a specific locality. In Spain, the retirement migrants live in sites characterised by mobility and transience, and these features are evident in the infrastructures they inhabit. Although traditional Spanish 'white villages' or urbanisations (see below) might be key spatial loci for the imagining of community, in fact, retirement migrants lived dispersed across a large site of both rural and urban domains. A common sight dotted around the coast and villages in southern Spain are 'urbanisations' (which are named appropriately as '*comunidades*' in Spanish). These are large collections of houses sharing common ownership of gardens, roads, swimming pools, tennis courts, or even golf courses and collectively employing services, including security guards. Found on the edges of towns or in more remote areas, 50% or more of the properties are rented out seasonally to tourists, but dwellings are also inhabited by longer term migrants. Other retirement migrants live in flats and apartments in towns, with annual fees for upkeep and common use of lifts or swimming pools while others live in their own houses in towns, villages or scattered around the *campo* (countryside).

The seasonal inhabitation of much of the housing stock through tourism generates a sense of impermanence and disembeddedness. Speculation in housing had also generated abnormal residential patterns, with some developments left vacant or half-empty in the region following the financial crisis in Spain. The crisis led to large-scale unemployment and job losses, particularly in construction and real estate, and contributed to a property market crash that has failed to see prices return to anything like former levels (see O'Reilly 2017). In the countryside to the East of Málaga where I did fieldwork, there were urbanizations that had been built but were never inhabited after developers went bankrupt, leaving abandoned, eerie traces of ghost



Figure 1. Unfinished and abandoned urbanisation in countryside to the east of Málaga (author's photograph)

villages across the landscape (see Fig. 1). The crisis affected migrants' embeddedness too, leading some people to sever ties with Spain. A retired British couple Penny and Sam, who were engaged in their own lengthy battle to stop their illegal property being bulldozed explained: 'Houses have become worthless and people with mortgages have struggled. And a lot of people have given up, they've handed their keys in and have gone back to the UK' (interview 2013).

This sense of instability and loose connection to the settlement (Bauman 2007) is reinforced by the perception in Spain of retirement migration through the lens of tourism. O'Reilly (2012) documents how tourism operated as a process of social change and created material and infrastructural developments that paved the way for British lifestyle migration. Being intra-EU mobile citizens, the retirement migrants are understood in administrative terms as engaging in 'residential tourism' (see Mantecón & Huete 2011). Moreover, the migrants' lives were inflected by tourism, since they regularly hosted visitors, travelled around the region themselves and saw the comings and goings of 'snowbirds' (seasonal inhabitants). Their tenuous relationship to locality was also evident in the failure of thousands of British migrants to register as official residents, meaning that local services received only limited contributions (Mantecón & Huete 2011). The population estimates of actual numbers of British migrants in Spain far exceed the registered total in 2014 of 300,286 (*Instituto Nacional de Estadística* 2016: <http://www.ine.es/jaxi/tabla.do>). Other research shows how they exploit the structural and legal gaps of their transnational lives by selectively 'picking and choosing where their optimum benefit lies' in welfare and health services or even fraudulently claim benefits in the UK² (Coldron & Ackers 2009; see also Ackers & Coldron 2007, Ackers & Dwyer 2002).

Despite these spatial, temporal and social features that inhibit community embeddedness, other features of transnationalism, mobility and ageing were ironically more constitutive of it (see O'Reilly 2017). First, the process of retirement migration itself was uniting, creating a critical mass of people with fewer commitments to work, family, and so on, who had time to be sociable. Martin, a British man explained that in his old street in Birmingham, there were probably three retired people, while the other 100 would be getting out of their houses at 8 a.m. to go to work and not returning until 6

p.m. In the urban area, where he lived with his wife, he explained it was the reverse with 100 people retired (field notes, May 2013). This he felt, generated opportunities for spontaneous acts of sociability embedding community, while the experience of migration provided a shared history too, connecting people together by perceived common actions and motivations. Martin narrated this 'connection', 'building' and drawing together of individuals as follows:

You've got a group of people from a myriad of backgrounds but they are connected by the fact we have left our home country and we have come to live here. So, there's the platform on which to build. Most of these people have therefore been reasonably successful in what they do, whatever it was, to be able to have the mentality and the finances to do something that they want to do. So, they're dragged together by that. And the other thing I would say is [that] a significant proportion are very socially aware. They have social skills. (Interview 2013).

As Martin's explanation shows, the perceived middle class characteristics of new migrants here were narrated as ingredients for new community formation (cf. Leiverstad 2017 on working class migration). Sally, a retired nurse explained that people's mobile experiences equipped them with skills and competences in managing social relationships, producing a kind of transnational habitus that eased social encounters. She explained, 'We've lived in all sorts of places, so we have that confidence'. She referred to her own journey in having to force herself to overcome shyness when living in Denmark with her husband, an officer in the RAF (Royal Airforce). She explained, 'I just had to get on with it and speak to people in social situations.'

The similarities of individuals in terms of age, class and race (since a majority of the migrants were white) helped with community formation. Temporal aspects were relevant too, since organisations that had started out as small, informal networks had over time become better established. For example, when I started fieldwork in 1999, Judy had initiated a history group, involving a few like-minded souls who met regularly in a bar. Thirteen years later the group had become a much larger, more embedded incarnation, with meetings held in the town's *Centro Cultural* and monthly lectures boasting turnouts of around 100 people. Community embedding was also achieved through publication of novels about early migrant experiences in the 1960s, 70s and 80s, which were eagerly bought and read by some retired migrants. Anniversaries were held to celebrate the longevity of social groups, aiding the emergence of a remembered imagined history of settlement in the area. For example, the urbanisation in which Martin lived was described by him as, 'The oldest civilisation in the region' which had 'just celebrated its 40th anniversary' through the publication of a book based on inhabitants' reminiscences. The book included reference to its 'continuing spirit' and 'self-belief' despite the fact that 'faces might change' (Bardsley n.d.: 47). The conclusion offered suggestions for the future including the construction of a retirement home as an 'arms-length part of the Community' (Bardsley n.d.: 61) indicating the residents' dual ambitions to care for members and create material and symbolic evidence of belonging (Olsson 2017).

Embedding of community over time was also achieved by the settlement of some long-term residents; some people who I met in the late 1990s had moved to Spain in the 1970s or 80s and by 2013 had lived there for around 40 years, speaking fluent Spanish. Even so, the liquid elements of this site still shaped current experiences. For example, I met Rachel in the late 1990s as she was one of the

earliest British migrants in the area. Rachel had married a Spaniard in the 1970s and spoke fluent Spanish. However, in the late 2000s following her partner's death, she met a new partner through the migrant events and returned to live in England. Her experience shows how even the most embedded individuals had a transnational sensibility that might ground them in the locality only tenuously.

Individual and group care in retirement migration

Given the precarity of (liquid) community as well as its countervailing tendencies for sedimentation explored above, now I consider the way in which caring practices operate within these contexts as constitutive of community. It is no exaggeration to say that peers and friends were hugely important in the migrants' lives and 'looking out for others' was a central motto of migrants. Sally, the retired nurse explained: 'people will always be willing to help if they can'. Work by Roseneil & Budgeon (2004) and Spencer & Pahl (2006) confirm the wider societal shift of declining familial relationships and increased significance of private and informal relationships. These relationships are developed in Spain among people who may have only recently met, but nonetheless might extend to caring, intimate acts (see Haas 2013). I show how these care actions help create community, while their effects are still limited by the characteristics of the liquid community that restrict their extent and scope.

An example of the strength of bonds developing is given in the case of Martin, who was the principal carer for his wife, Jenny, in 2014 recovering from a hip operation. He was adamant that his friends provided an essential buffering in the contexts where he explained there was a 'Spanish philosophy and ethos that the family will nurse'. The couple had no children and only brothers, nieces and nephews in the UK but Martin felt buoyed by the many friends he felt he could call on locally, explaining '[I would] be spoilt for choice at 3 a.m. if I had to pick up a phone and ask for help' (Interview 2013). He described his peer group in his urbanisation as 'almost a fellowship. That's the best word I can think of, it becomes a fellowship'.

Judy's situation provides another example. I knew Judy from 1999 as the popular and charismatic leader of the history club. In 2012, I returned to Judy's top floor flat of an apartment block near the noisy disco quarter where she lived alone following the death of her live-in partner. I experienced some alarm since Judy, then in her eighties and experiencing dementia, failed to respond to calls and nobody knew where she was. It became subsequently evident however that Judy was supported by a range of individuals and groups in her daily life. One morning in 2012, we went together to the history club which she had founded, where in recognition of her contribution she had been named the honorary president. She sat in the back row, where her loud observations about the speaker were benignly tolerated. Later, we ate in a local English-style bar close to her apartment, where Judy was a regular customer. She ate only half of her dinner and spilt a drink accidentally. Pete, the bar owner quickly and jovially cleared up the mess, while his wife took Judy's remaining food and prepared a 'doggy bag' for her to eat later at home, an apparently regular practice. I discovered that Judy's friend Tricia had also helped Judy to employ Norma, a former registered nurse in the UK to provide home-care.

Judy's wrap-around care tapestry included friends and informal commercial actors, such as the bar-owners and home-carer, but it was also cemented by the communities of practices created within the organised groups that functioned to further create, anchor

and maintain community in these fluid sites. One example was an ecumenical centre which had been set up in 1994 by a Spanish pastor responding to what he perceived as unfulfilled welfare needs of the expatriate population. Despite being a group structure, the Centre Director Anita explained that it was run on informal and non-institutionalised lines, with her job there akin to trying 'to make a big family' (Interview 2013). The management did not ask people to become members, but requested rather for attendees to provide telephone numbers of next of kin or close friends so that they could take steps if they had not seen people for a while or heard of problems through the grapevine. In this way, the centre became a mooring-point of structural orientation in the midst of otherwise loose social networks.

The Centre acted as an umbrella through which many self-organised hobby and social groups operated. While these groups were primarily oriented to leisure, they generated bonding social capital (Casado-Díaz 2009) and provided indirect light-touch caring functions, enabling people to keep an eye out for each other's wellbeing. Peter, who ran the musical appreciation society explained how some people came to overcome loneliness:

Tricia is on her own and so is Viv. Quite a number of people who come are fairly lonely and the cup of tea at half time is the high point of the day, a lot of chat goes on then and so on. That's good and that's all part of it. (Interview 2013).

Anita explained that the Centre itself rarely had to do too much for people 'because between the friends they just help each other' (Interview 2013); although in addition to informal support, direct care was also provided through a care-team operating from the centre. The team comprised twelve volunteer carers (two men and ten women, including four who spoke Spanish) and had a broad and flexible remit, as Sally explained:

[It] is a bit different; we do anything and everything actually, we will do it if we can do it. We do translations and things like that, we go to the hospital, we go to the doctor, we go and visit people if they are housebound or if they're just out of the hospital and they need company or a bit of shopping or somebody going and making a cup of tea. (Interview 2013).

These actions are hardly those of an insecure group of individuals, united by co-presence into a thin community that Bauman describes. Sally who ran the care team lived defiantly alone in an isolated hill top house (despite her house being burgled) and she regularly drove people around without charging for petrol. She was proud that even at an advanced age, following her husband's death, she challenged herself and it was clear that her care work gave her purpose. This corresponds more with the Heideggerian sense referred to earlier, where being with others, relating uniquely to others, especially in awareness of finitude, is the fundamental essence of existence. Community becomes a form through which individuals are able to escape loneliness, loss and emptiness. Anita confirmed this with her explanation of the Centre: 'it became the place where people can give their time, their talents to help others and to give a purpose to their lives' (Interview 2013; see also Haas 2013). As a result, the daily care and caring practices offered by both individuals and informal groups created welfare webs that went beyond only self-interest or expectations of reciprocity.

On the other hand, because of the liquid features of the community identified earlier, it was vulnerable to fissures and

dissolution, implicating care practices. In particular, the wide dispersal of retirement migrants to the East of Málaga meant that the care team served people across three towns and many urban areas, numerous smaller villages and hamlets as well as in the isolated rural locations. People's care needs also emerged at different points in time meaning that the relatively small number of individuals commonly experiencing a problem did not always coalesce into enough critical mass to sustain groups (see Ryan *et al.* 2007). For example, in 2013, a fledgling Stroke support group was established, which aimed to be a self-help service for those who were caring for partners who had experienced Stroke. Yet it struggled to attract newcomers in 2013 and subsequently closed down due to lack of attendees. Sally explained in an email correspondence in 2016, 'We did wonder why people weren't interested, but usually it's not until they themselves need something that they think about things like that'.

The community created via informal care networks also proved brittle because not everyone was included in the social networks (see Hall and Hardill 2016; Haas 2013). Shared age and class backgrounds helped create relationships as explained earlier, but some felt that some group activities were exclusive; as Peter explained, describing his first reaction to the Centre: 'I actually didn't like it. I looked around and thought gosh they're all old, almost cliquey. That they all knew each other and I was a stranger'. As explored in an earlier article (Oliver and O'Reilly 2010), friendships in the migrant communities concealed classed divisions, formed of networks of people 'like us', who shared similar types of cultural capital (Casado-Díaz 2009). Martin's 'fellowship' mentioned earlier included, a lawyer, a dentist, a nurse, a fireman and a secretary, and while he claimed this to be 'a fairly wide spread of backgrounds', he acknowledged that the network was fairly homogeneous, with shared 'mentality and finances', since 'each of them in their field was quite successful in what they did. They were all people who did it well and got on' (Interview 2013). Furthermore, those with less financial security were less able to volunteer their time and resources, with even a small micro-economy run by individuals seeking payment for odd jobs, sorting out finances, cake-baking, transport and assistance at hospital. Norma explained her role as Judy's carer:

It's progressed, I take her to the doctors to save her getting a taxi or a bus as it's a long journey. And I go in with her now so I know what's going on. And I can also say that I think she might need this or what have you? On the other hand, I go and get heavy shopping for her, and Malcolm my partner will do little jobs around the house because there's a little bit of maintenance and things. And I sort out her paperwork and file it. She will admit she's terrible at filing, but it's just to keep an account of things. (Interview 2013).

These paid activities were the same as others gave voluntarily. However, payment was justified through comparison with the formal commercial transactions of market services operating outside the community. Sally, the care-team leader for example explained her friend Lydia's paid care work as follows:

Lydia has no money, so she does need to get paid for it and I think she's cheap at the price actually. People have complained to me but if they went to [hire] one of these companies and they had to go to Málaga, they would be paying them by the hour. But Lydia charges a flat fee of €50 and sometimes she's there for eight hours and she's using her own car. (Interview 2013).

However, community solidification was also restricted by other migrants' traits and characteristics, including the older age of peer volunteers that restricted their capacity to help others for long periods (Oliver 2008). Anita, the Centre Director also reflected on 'this sense of independence of British people', which inhibited people admitting that they might need help. Carers also experienced tensions between living 'their own lives' and being responsible for others (ibid.) Sally explained:

Sometimes it becomes too much, you just can't. As volunteers, it's too much. People have their own lives to live. They can't be responsible on a day-to-day basis as an on-going thing to look after somebody. Something else has to be done, the family have to step in or something else has to be done. (Interview 2013).

This sentiment sums up the limitations of peer care work, which was supportive or auxiliary but rarely extended to direct physical home care. The voluntary groups and friends most often helped 'scaffold' individuals through various practical and supportive acts, rather than engaged in physical or intimate social care. And although these care practices helped to form community of sorts, there were limits to the nature of care offered precisely because of the individuals' characteristics and social, spatial and temporal features inherent to this social constellation.

Interrelationships with family, state and market welfare structures

To this point, I have emphasised the care practices operating within and expressing community, while pointing out the limitations. However, a further dimension needed is an understanding of the interrelationships of these peer-led care practices with other more permanent state and market welfare structures. As Hall & Hardill (2016) identify, the British retirement migrants in Spain use a mix of four broad modes of care provision to meet their needs: state/public, family/community, market/for-profit, and voluntary/not for-profit. Considering the interrelationships of these domains sheds light on the boundaries of voluntary care, demonstrating also the limits of community.

As explained earlier, the retirement migrants' peer networks operated in a sphere in which care deficits emerged from minimal state provision of social care services. British pensioners move from a 'liberal' North European welfare state to a Southern European one, where there is less focus on institutionalised social care. The pensioners registering officially in Spain are entitled to free Spanish healthcare through EU reciprocal arrangements (Hall & Hardill 2016), including provisions under the 2006 Dependency Law (*Ley de la dependencia*) to assist older people and promote their independence, for example, through payment for home care services. In theory, these were available for eligible British registered pensioners, but following the financial crisis, the support appeared to be difficult to access.

On the other hand, many British retirement migrants had a distant relationship with the Spanish welfare services, especially as some were not even registered and/or did not speak Spanish. It was in these cases that the voluntary groups and peer support were important in bridging contacts with both Spanish and UK state services and helping individuals to access state support. Sally explained the rationale for establishing the Stroke self-help group as, 'to try and help people with the red tape to know how you get things from social

security here in Spain as a foreigner' (Interview 2013). A crucial role was also to mitigate expectations of what the social care should be and how much the State should provide. Sally explained: 'it's a big problem for [British] people here because there is not the same kind of back up [in Spain]. Lydia was talking about the Macmillan nurses³ but they wouldn't have that sort of thing here [...and] the social worker said, "yes all these things are supposed to be available but we just have no money"' (Interview 2013). Such gaps in cultural expectations were problematic, especially in migrants' responses to state institutional/residential care, as Anita, the ecumenical centre manager explained:

Because they are English people with English traditions and English culture, put in a home, in a *Spanish* home. The noise, the food, the timetable and all these things that [...] for a person that is not used to that, it's very difficult. (Interview 2013).

In Spain, residential care is less common since care is still largely seen as the families' responsibility. This expectation has faded in many parts of the world, but even when families could be relied upon by migrants, friends played essential roles in informing and communicating with them, identifying when more intensive support was needed and assisting with next steps in tandem with the other actors of state and market. Friends often contacted and recruited carers when needed; for example, Norma had been enlisted to work for a male client by his female friend after he had asked her to wash and shave him (following his reluctance to ask his Argentinian domestic helpers to change the nature of their duties). Norma explained how the friend too 'couldn't do it and didn't want to do it. So, that's when she looked out for someone like me'.

These negotiations reveal how the arena of care is used to assert the boundaries of responsibility, with friends and volunteers placing the problem of more intensive care needs squarely back in the hands of the individual and/or their family. Volunteers spelled out alternative options, refuting expectations to solve care deficits themselves; Anita the Centre Director explained in an interview in 2013: 'we are clear to tell them this is as much as we can do. These are your alternatives, these are the homes available, this is the help available, please do something'. Where there was no family to call on, volunteers made important decisions about the nature and quality of market-based care. Sally and Anita from the Centre found Alice (a former centre volunteer) a private care home when she experienced deterioration in her mental functioning. Sally explained:

I said 'You know what? Alice has enough money to move and we ought to look around'. We went to this one in [local town] and it's like a 4-star hotel. It is wonderful but expensive. But you know Alice has the money, so what else will she do with it? (Interview 2013).

In bridging contacts between family, state and market solutions, volunteers and friends therefore sometimes had to take responsibility for financial and personal affairs. They liaised with legal entities, translated at notaries, or telephoned banks in the UK to arrange transfers, engaging in processes that could become complicated and time-consuming in fluid contexts of transnationalism. Yet, among the people I spoke with, these practices were recognised as essential to avoid exploitation arising from the liquid contexts in which individuals lived. Norma, Judy's carer, therefore kept in touch with Judy's two sisters in the UK since Judy was insistent that she did not want to return there, but Norma recognised Judy's vulnerability:

In the time I've known her, she has got worse; she's got her banking into a bit of a muddle and even her sister said to me she doesn't realise how much money she's got. But she has got money and she's sort of not aware where it is. But we know where it is, but she's forgotten. We're in the middle of sorting that out – and her pension. (Interview 2013).

In these circumstances, peers became vital safeguards protecting members from mistakes and exploitation. Yet through these activities they could find themselves in uncomfortable situations themselves, even being seen as potential exploiters. This was the case when Alice, a former centre-user, who had no significant family relationships, moved into a care home and wanted to rearrange her inheritance to go solely to the Centre. Sally, a volunteer, wrote letters to authorise the transfer of money from the UK to Spain on Alice's behalf but explained, 'What a performance that was, as well. Because you can imagine, can't you? Being suspicious about all this money leaving the UK and coming to Spain to they knew not what!' This suspicion was worsened at the notary when the lawyer sought Alice's permission. He read the details aloud in Spanish to Alice (who had dementia) but when asked if she agreed, she said 'no'. As Sally explained, 'I nearly fell off the chair of course, you had this awful feeling that here was this woman who was accompanying her, and she was making a will that was leaving all this money to this centre!' (Interview 2013). Sally attracted suspicion that she was exploiting Alice, rather than ensuring that Alice's wishes were respected. The example reveals the rather thankless nature of the voluntary work involved in mediating between individuals and other state and commercial actors.

Conclusion

The article first draws attention to the role of peer care practices within post-migration networks and demonstrates how they might create tenuous communities in a globalized world. Amidst the fragility of these social constellations of older retirement migrants in Spain, voluntary and friendship practices among peers emerged to partially meet care deficits caused by shifting familial and weakened state support structures. The article draws attention to these small social actions, which were important in both providing care and mediating solutions to care deficits. They gave individuals steering and assistance in finding solutions, working together with families, health and welfare services, lawyers and commercial care providers. Second, the analysis confirms the importance of a broader understanding of migrant networks that captures better the distinctions between different types and levels of support (Ryan *et al.* 2007). Here, it emerged that migrants helped others 'get by' through auxiliary care, organisational assistance and emotional, psycho-social support. However, this support rarely extended to direct, physical, intimate care. The limits of peer care were also evident in the inward-focus of community actions, aimed at other migrants from Northern Europe sharing similar age, racialized and class backgrounds.

The article exposes, nevertheless, how in dynamic and fleeting contexts of liquid modernity, some notion of community emerges. The fragmentation of social ties and weakening family relationships acting as the backdrop to these migration processes provided a surprising springboard for expanding and newer forms of social care, producing a type of community that goes beyond Bauman's reading. Relationships might have been fluid and short-term, and the community of individuals joined by co-presence was vulnerable to change. Nevertheless, through the need to be with others and/

or perhaps even because migrants would be reliant on these processes themselves in the future, relationships were meaningful and extended to care practices. In carrying out care work, individuals and groups' work gave reassurance to individuals that they were a part of something broader than their own personal retirement endeavour and individual survival (Bauman 2007:103) escaping the danger of nihilism if living purely individualistic lives. Through this labour, individuals were able to show that despite a care deficit, their community would look after its own. Such practices emerged to some extent because they *had* to, because of the limited degree to which individuals could rely on state provision. Nevertheless, I invite further reflection on the potential for emerging peer-led welfare architectures in the contexts of heightened mobility, transnationalism and an ageing population. As the analysis shows, these practices cannot be a solution to gaps and failures exposed by neo-liberal practices and activities, a way of letting states 'off the hook' for care responsibilities in times of austerity. Rather it is clear how these practices work *in tandem* with other structures; they are unable to entirely meet deficits exposed by neoliberal agendas and practices alone.

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Acknowledgements

The author would like to thank all of the research participants who gave so freely of their time to this study. She would also like to thank the the Special Issue editors, Karen O'Reilly and Erik Olsson for their encouragement throughout the process as well as the anonymous reviewers and John Eade for their comments on earlier drafts.

Funding

The research was funded by a British Academy grant [SG113184].

Notes

1. Defined by Bourdieu (1986: 248-249) as 'the aggregate of the actual or potential resources that are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance or recognition'.
2. Coldron and Ackers (2009: 583) cite the Department for Work and Pensions (2006: 20) showing fraudulent pensions credit claims of overseas pensioners totalled £23 million between 2004 and 2005.
3. Palliative care nurses.

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