Older people in Sweden -

Age at migration, poverty and utilization of long-term care services

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Abstract

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This thesis studies the significance of age at migration for labor market integration and old-age poverty, as well as the utilization of long-term care services by older people. This thesis comprises four studies. All four are empirical studies using register data from National Board of Health and Welfare and Statistics Sweden, comprising a total population. The results showed that age at migration is a strong predictor for labor market integration compared to other factors such as educational level and number of children. Time until getting a first foothold in the labor market increases rapidly with age at migration, starting already at age 40+. This has implications for the financial situation in older age. Findings of this thesis show that the risk of being both income and wealth poor increases with rising age at migration. This thesis also show that every third person born in a low-income country are booth income and wealth poor. Meanwhile the equivalent number among Swedish born older persons is nearly one percent.

Later in life, migration may imply a disadvantage in relation to the labor market and increased poverty in older age. However, when it comes to LTCS, utilization in older age there is a different pattern. The results from this study suggest that late in life migration does not have to imply lower utilization of

LTCS. Findings show substantial heterogeneity across and within different birth countries. Although migrating later in life may increase the risk of being poor in older age, it seems as the LTCS are relatively equally distributed across different income groups among Swedish and foreign-born older persons. The Inverse Care Law states that those who most need care are least likely to receive it, while those with least care needs tend to care services more. The results show that that the Inverse Care Law does not apply to the utilization of LTCS by Swedish-born older people, nor by the majority of older migrants. However, the Inverse Care Law does appear to operate for older persons born in low-income countries who do not have a partner.

List of Papers

This thesis is based on the following papers, which are referred to in the text by their Roman numerals.

I Gustafsson, B. A., Mac Innes, H., & Österberg, T. (2017). Age at imo migration matters for labor market integration-the Swedish example. *IZA Journal of Development and migration*, *7*(1), 1-23.

II I Gustafsson, B., Mac Innes, H., & Österberg, T. (2019). Older people in Sweden without means: on the importance of age at immigration for being 'twice poor'. *Ageing & Society*, *39*(6), 1172-1199.

III Mac Innes, H. (2020). Use of long-term care services in a universal welfare state-on the importance of age at migration. *Social Science & Medicine*, *252*, 112923.

IV Mac Innes, H., Walsh, K., & Österberg, T. (2021). The inverse care law and the significance of income for utilization of long-term care services in a Nordic welfare state. *Social Science & Medicine*, *282*, 114125.

Acknowledgments

While undertaking my master's degree at the Institute of Gerontology (IFG), at the University of Jönköping, I interviewed carers of persons who had migrated to Sweden at a late stage in their lives. There were stories of older people living in residential care facilities who could not communicate with anyone in their language. The thought of such scenarios kept some of the informants from applying for formal care services for their relatives. In the context of my work for my master's thesis, "late-life" was associated with language barriers and social isolation (Mac Innes, 2013).

A couple of years later, I was employed as a project assistant at FoU I Väst (R&D in Western Sweden), interviewing migrants aged 70 and older about their access to and participation in social meeting places. Although the aim was not to study later-life migrants, the results revealed that late-life migration had broad implications. I was now meeting people who had been in their forties when they migrated to Sweden and who were experiencing social isolation in older age. Late-life migration was described as a phenomenon with implications for participation in the labor market (Mac Innes, 2015). I particularly recall meeting an individual who was now 70 years old and told me his story of migrating to Sweden at the age of forty and applying for numerous jobs without getting a single interview. Many years later, this person's health and financial situation were poor, and except for his partner and children, he had few social contacts. He stated that getting a foothold in the labor market would have been an opportunity to acquire social connections outside his immediate family network. This would have benefitted his social life in old age. This man perceived the labor market as a critical factor for inclusion in terms of having colleagues and getting to know other people through colleagues and getting to know other people through colleagues. The results showed how different areas of life were interlinked for older people, such as the connection between old-age poverty and social isolation.

Further, it allowed me to recognize the importance and impact of previous life events on an older person's current situation. Age at migration highlighted multiple forms of disadvantage and how different welfare domains are interlinked. The thesis became for me to find out whether this was the case on an overall level.

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Introduction

Aging and migration - two global trends

Two universal trends today are the aging of the population, and migration. In the next ten years, every fifth person will be 60 years or over (UNFPA, 2012). With an increasing number of people crossing national borders worldwide, it is expected that the proportion of older migrants will gradually increase. The demographic change, with a growing number of people in advanced ages, is putting financial pressure on welfare systems worldwide (UN, 2019, Eurostat, 2021). In addition to an increasing older population, there is a global trend of an advanced age at migration. Individuals who relocate in older age comprise around 16 percent of the total amount of international migrants globally (Camarota & Zeigler, 2021). In some countries, such as Sweden, this trend has been particularly prominent. The majority of migrants to Sweden from Nordic countries and other EU countries have arrived in younger years, promoting a long work life in Sweden, and the opportunity to accumulate pension rights (Statistics Sweden, 2012). Nevertheless, during recent decades, an increasingly large share arrives as refugees or for family reunion, as middle-aged or older people to Sweden. The increasing share arriving as middle-aged or older people implies a group who may face a shorter period of residence, less time to participate in the labor market, less time to accumulate pension rights (ibid), a shorter time to learn the language, and less time to obtain health- and bureaucracy literacy. The latter may be of particular significance in relation to the Swedish welfare systems with a strong relationship between labor market participation and welfare benefits. Sweden stands out for its universality (Rostgaard & Lehto, 2001), aiming to ensure an extensive and equal access to care services as well as financial transfers to elders, who are at risk of poverty (Statistics Sweden, 2012). Despite the universalistic ambitions of the Swedish welfare state, there are indications of income inequality and an unequal distribution of care services between Swedish-

and foreign-born older people (Albertsson et al., 2004). This situation raises questions such as whether the Swedish welfare state model, with its strong emphasis on universalism, is sensitive to pluralism, differences, and diversities. Does the Swedish welfare state consider how previous life events, such as later-in-life migration, affect people´s capabilities in older age?

Timing of migration and universal welfare care services

A large part of social work practice with older people in Sweden is conducted within the care sector. Social workers assess the care needs of older people to ensure an equal distribution of care. Services distributed by public care in Sweden are called long-term care services (LTCS). These include respite care for older people meals on wheels, safety alarms, day care center activities, and support, with a companion, with transportation by either vehicle or walking, and residential care. A strong assumption in media, the political debate, and social work practice is older migrants lower take up of LTCS, in comparison to Swedish-born older people (Sand, 2012; Komp & Johansson, 2015). The assumption of a lower take up is guiding social work practice, and social workers are searching for new solutions in how to reach out to groups who are facing lower accessibility to LTCS. Still, we don't know who the unreachable care utilizer is and why this is the case. More important, we do not know what is driving an unequal distribution of LTCS. Later in life, migrants have emerged as an unreachable group with particularly demanding care needs, challenging the standard package offered by LTCS (Torres, et. al, 2015). Today, care requests outside the standard package of LTCS services may constitute a challenge to the Universalist ambition that has characterized the Swedish welfare state (Johansson & Komp, 2015). There are indications of case managers' stereotyping of later-in-life migrants in the needs assessment. This behavior emerges in the face-to-face meetings as well as in the documentation (Olaisson, et. al., 2021; Torres, et. al, 2015)). The discerning effect of such manners is yet unknown concerning utilization of LTCS. However, perceived discrimination in medical care is associated with refrainment of help-seeking behavior (Wamala, et. al., 2006, Komp & Johansson 2015) shows that later-in-life migrants experience exclusion from welfare services.

Furthermore, that they experience that welfare services are organized for older people who are financially independent (via pensions) and have a high level of trust in the welfare arrangements. There seem to be links between old-age poverty and utilization of LTCS for later-in-life migrants (Komp & Johansson, 2015).

Observers of the Swedish welfare state often stress that the Swedish pension system is spectacularly successful in pulling almost all older people out of poverty. The younger the age at migration, the greater the opportunities to accumulate pension points through a long working life. People with shorter periods in the labor market do not have the same access to the welfare benefits. A large share of migrants arriving during the last two decades from Asian and African countries have migrated at age 65 or over. Older people with short histories of employment may withdraw money from base pension. However, a full base pension requires 40 years of residency in the country. Migrating as a middle-aged or older person makes it impossible to meet this criterion. It raises the question does base pension keep older people out of poverty?" According to Statistics Sweden (2017), older people from low- and middle-income countries in Sweden will quadruple between 2016 and 2030, which urges greater attention, from a policy perspective, at this group, as financial constraint seems to be associated with later-in-life migration. An assumption may be made that an increasing share of the older population are facing a financially precarious situation. For those who do not meet the criteria to obtain base pension, means-tested allowances are available to alleviate poverty. Yet there are more than 60,000 older people in Sweden qualify for this allowance but are not utilizing it (the Swedish Pensions Agency, 2021). The question is whether Sweden, one of the most advanced welfare states, manages to alleviate income inequalities in older age.

Due to the rise in life expectancy, the portion of the population aged 65 years or over will double by year 2050 in many regions of the world. With global migration, the diversity of the older population is increasing (UN, 2021). There is a need for studies that address the increasing heterogeneity of the older population, the individual's capability to make use of the system, and the flexibility of the system to adapt to the diversity of the older population. The universal nature of the Swedish welfare state, an increasing

foreign-born older population, and evidence of rising socio-economic inequalities between foreign-born and Swedish-born persons makes Sweden a particularly interesting case for assessing whether the most disadvantaged get the support they need to better their situation.

To sum up, later-life migration seems to be a common thread for multiple forms of disadvantage in terms of labor market integration, poverty in older age, and utilization of LTCS. Current knowledge is based on qualitative, small-scale studies, we consequently do not know the extent that age at migration is a challenge for these groups of the older population, and neither do we know the degree to which interventions need to be designed to target these groups. What we need is a comprehensive analysis that draws in the entire population. In this thesis, I will draw on registry data to provide a comprehensive analysis of the impact of age at migration on labor market status, poverty, and use of LTCS. The population consists of everyone who is registered in Sweden.

Aim and research questions:

The overall aim is to investigate how the welfare state of Sweden manage to meet financial and care needs of older migrants who might be at risk of multiple disadvantage.

More specifically the aim is to investigate the significance of age at migration for old age poverty and utilization of long-term care services for older people.

More specifically:

1. How does age at migration relate to the time it takes to get a first foothold in the labor market?
2. What is the relationship between age at migration and their financial situation for older people?
3. What is the relationship between age at migration and utilization of LTCS?
4. What is the relationship between income and take up of LTCS?

Previous literature

The following section addresses the gap in research in relation to each of the research questions. Accordingly, this chapter examines the following:

1. The drivers and barriers of labor market integration
2. Why some older people have little to live on
3. Why some older people find difficulties accessing long-term care services

Drivers and barriers in labor market integration

Drivers of labor market integration are many. In the following, I will present some of them. When considering migrants' capabilities to enter the labor market, we must consider timing of migration: at what age did they arrive in Sweden? We must also look at the historical timing of this event: did they arrive during the flourishing 60s or in the financial crisis of the 90s? In the following, I will go through some of the drivers and barriers in the labor market.

Growing old early

Age is more than just a number. Research shows that one grows old early in relation to the Swedish labor market. Here barriers to enter the labor market start at the age of 40, regardless of origin (Carlsson & Eriksson, et. al., 2019). Why is this the case? Several studies from the Swedish context demonstrate a substantial age discrimination from employers. Eriksson (2012) found that the probability of getting a job for those who were 55 years old and over was 64 percent lower than for applicants who were below 30 years of age. These results are in line with international findings. Evidence of age discrimination has also been found in the European and outer European context-see Riach and Rich (2006) for France, and Riach and Rich (2010) for the UK. Studies conducted in the US sent CVs in pairs to employers: one for a 57-year-old and one for a 32-year-old. They showed that the older migrant received a less positive response than the younger applicant did (Bendick et al., 1997; Bendick et al., 1999). What do these results imply for later-in-life migrants? It appears that migrants who arrive

later in life may face an intensified risk of being disadvantaged in terms of accessibility to the labor market, and they are at risk of other types of disadvantages.

Wrong surname

Foreign-born people may be subject to ethnic discrimination. Ahmed et al. (2015) show that employers discriminate against job applicants by name. Persons with foreign-sounding names who change to Swedish-sounding names achieve better income development (Arai & Skogman Thoursie, 2009). Carlsson and Rooth (2007) show that applicants with typically Swedish names have a five to ten percent higher probability of being called for an interview than fictitious applicants with typically Arabic names. Discrimination in the labor market also covers appearance, name, and language ability. Åslund et al. (2014) showed that employers are more likely to hire workers of the same ethnicity. Arriving later in life and having the "wrong surname" may enhance the risk of being at risk of double jeopardy in relation to the labor market.

Knowing the "right people"

Access to social contacts may also be an essential driver for getting a foothold in the Swedish labor market (Eriksson 2011). Having at least one connection, regardless of type, at a particular workplace increases the probability of getting a job at that workplace, compared with not having any contact at the workplace. Having a contact at a specific workplace increases the likelihood of being employed there by 0.27 percentage points (Eliasson et al. 2017). This effect may seem very small, but in relative terms it means a tenfold increase in the probability of being employed at a specific workplace if you have (at least) one contact there. Another explanation for migrants' situation is that access to social connections can provide valuable information or open doors to new job opportunities. Several studies show that arriving later in life enhances social isolation. This may entail fewer social contacts outside the closest family kin circle, leading to fewer opportunities to obtain a job.

Number of years in school

There is a strong relationship between income and education level. Individuals with post-secondary education usually have a higher rate of work participation. Highly educated people generally have a higher income compared with individuals with a lower income. Differences in income relating to education level are more substantial for foreign-born people than Swedish-born people (Statistics Sweden, 2012).

Why some older people have little to live on

Most of the time, the transition into retirement means fewer financial resources at one's disposal (Zaidi & Gustafsson 2007). There are several reasons for this. Based on national statistics and previous research, I will in the following present some of the main drivers for poverty in older age, and in particular, among older migrants who have arrived later in life.

Slower earnings growth

In both international and national contexts, evidence shows that older migrants run a high risk of material deprivation (Jakobsen & Pedersen, 2017). One of the main contributors to poverty among older migrants is slower earnings growth during work-active years. The earnings assimilation is slower for those arriving later in life, since they have less time left of their work-active years. Friedberg, in 1992, measured the impact of age on migration and earnings assimilation. He found that age on arrival has a tremendously negative effect on migrant earnings. For example, he discovered that a migrant who arrived in the United States at age 30 is at an earnings disadvantage of 11.6 percent relative to an otherwise comparable migrant who arrived at age 10. Schafsma & Sweetman (2001) also observed a relationship between age at migration and earnings. They found that education attainment and earnings related to this vary systematically across age at migration, with those arriving around ages 15 to 18 attaining fewer years of education. There have also been some attempts to study earnings assimilation and generation on arrival in the Scandinavian context. Another example from the Scandina-

vian context is Sarvimäki (2018), who reviewed how older migrants from refugee-sending countries fared in the Finnish labor market from the 1990s until 2013. Only four percent of men born in Iraq had jobs at the end of the first year, and their average earnings were only four percent of the average earnings of Finland-born men of the same age. The gap in earnings decreased over time but continued to be significant. Ten years after arrival, the average earnings of men born in Iraq were still less than a quarter of the average earnings of men of the same age born in Finland. In the first study of this thesis We follow individuals from arrival until they obtain their first foothold in the labor market. Nonetheless, to my knowledge, no previous study has observed the relationship between age at migration and the time it takes to get a first foothold in the labor market in Sweden.

The old and the new pensions system

The question of poverty in older age is also a matter that highly concerns the design of the Swedish pension system. On 1 January 1999, a new national pension system was introduced in Sweden. The new system differs clearly from the old system in two ways. First, instead of being based on the 15 highest income years, the pension is more clearly linked to the individual's lifetime income. Second, the value of the old pension system was inflation-driven (Mattsson & Numhauser-Henning, 2017). The previous system was thus more advantageous for those who did not have the opportunity to reach a vast number of years in the labor market. In that, the old system was more beneficial for later-in-life migrants. The old system's rules only apply to people born in 1937 or earlier. By comparison, people born in 1954 or later accumulate pension credits based solely on the new system. In today's Swedish pension system, people with no prior involvement in the workforce are entitled to receive a base pension. The rules regulating a person's entitlement to a full base pension have become more restrictive over time. An older person is entitled to a base pension if having lived in Sweden for at least three years. To receive a full base pension, the person must have lived in Sweden for 40 years from the time they turned 16 until the year they turned 64. If the duration of residence in Sweden is shorter, the base pension is re-

duced by 1/40 each year. Long residence and many years in the labor market before the formal retirement age (67) are critical for obtaining base pension. Later-in-life migrants are therefore negatively affected and at risk of material deprivation. The extent of this is still unknown.

Gender, civic status, and living arrangements

There are several drivers of poverty in old age. Firstly, the risk of being poor in older age differs between men and women. Women are at higher risk of poverty in older age than men as, on average, they live longer and participate for a shorter period in the labor market. Secondly, civil status matters. For women, being married to a man with a higher income lowers the risk of being poor (Ginter & Simko, 2013). Poverty in older age is also associated with living arrangements. Windle & Burholt (2006) showed that people who live alone and are widowed, divorced, or separated run a higher risk of poverty. Among older people, homeownership may be an income to smooth consumption in times of financial constraint. The share of homeownership is considerably lower among later-in-life migrants (Statistics Sweden, 2012).

Why some older people find difficulties accessing long-term care services

There is broad agreement in the international literature that there are significant barriers to the use of long-term care services (LTCS) by older migrants in various contexts (Albertsson et al., 2004; Hurley et al., 2012; Ahaddour et al., 2016). This may be associated with issues, such as: previous experiences of welfare systems, and does one have trust in such arrangements. Does one know about such arrangements? Is it possible for one to express care needs and be understood? They all encapsulate whether older migrants have the same opportunity to have their care needs met. In the following, I will present different drivers and barriers in LTCS.

Learning a new language when someone is older

Migrating to a new country entail learning a new language. However, the language barrier is intensified for later-in-life migrants as learning a new language increases with rising age (Chiswick, 2016; Chiswick & Miller, 2015). Further, it can be difficult to obtain health- and bureaucracy literacy if not knowing the language, hindering utilization of long-term care services. If older people are not able to communicate their needs, formal care services might not be perceived as meeting those needs. Blair (2012) followed a community ambassador program in California serving the purpose of offering community-based advocates, providing a bridge between bureaucratic social services offices and older people who may not speak English or know how to navigate the bureaucracy. The latter is a clear example of how the language barrier for later-in-life migrants enhances the need for advocacy from a third party. Worth mentioning is that language programs for newly arrived migrants in Sweden primarily aim to promote labor market integration. This is reflected in the low participation of people in these programs who are approaching retirement age. This may have negative consequences for the social integration of migrants who arrive in older age.

It used to be easier to access care

In 2016, four percent of the older population was living in a residential care facility, i.e., lower than in the 1950s (Johansson, et. al., 2018). In the 1960s until the 1980s, there was a boom in the Swedish economy, and LTCS expanded enormously. During this period, 23 percent of older adults had home help, and 9 percent had some form of institutional care. Being granted LTCS was easy (Trydegård, 2017; Johansson, et. al., 2018). Since the 1990s, a redistribution has taken place from formal to informal care services. This shift may have led to higher thresholds to LTCS. Older people who may be at risk of service exclusion may find it even harder to access LTCS in times of cutbacks.

Why less money could mean less care

Poverty later in life may be associated with lower utilization of LTCS. Yet this aspect of accessibility has not been given enough attention. In other countries with co-payment strategies, it would be reasonable to assume that income has an impact on LTCS utilization. Despite the universalistic ambitions of the Swedish welfare state, there are clear indications that older people refrain from applying for care, experiencing that they cannot afford these services (Szebehely, 2000). Hart (1971) argues that even in a universal welfare system, where older people are entitled to care regardless of their economic status, there may be reasons regarding the extent to which income constrains access to care. There are indications in older reports from government commissions of inquiry in Sweden of older people refraining from applying for LTCS due to the experience of not being able to afford care services (Szebehely, 2000). There is a subjective aspect of poverty that has not been acknowledged when trying to explain underutilization of LTCS. As noted previously, financially advantaged people may have greater motivation and health literacy and be less exposed to discrimination. This also implies that disadvantaged people may have fewer incentives to apply for care due to their financial circumstances (see Dehmoobadsharifabadi et al., 2016).

In sum, getting a foothold in the labor market is conditioned by a complex set of factors. Research shows the impact of elements such as age discrimination and ethnic discrimination. Since labor market integration strongly affects the size of the pension income in older age, these factors are also crucial for later life inclusion in terms of financial wellbeing. It may be reasonable to ask whether these drivers of poverty in older age are also driving disadvantage within other domains of exclusion, such as access to LTCS. The subjective experience of not having enough money to afford care, and the lack of bureaucracy literacy connected to the time of residence, may also comprise factors that could influence the extent to which migrants are utilizing LTCS


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Theoretical perspective

If we are to understand the situation of older people, we need to look at their life courses (Komp & Hansson, 2015). The life course perspective stresses how early life events affect later-life circumstances. For instance, individuals with lower education levels are more likely to have physically demanding jobs, leading to health problems later in life (Ferraro & Shippee, 2009). Alternatively, as being studied in this thesis, no or short work participation may lead to financial constraints in older age. The older population is a remarkably heterogeneous group compared with younger age groups. One aspect of the heterogeneity of the older population concerns the diversity in life chances of older people in terms of exposure to risk and opportunity over the course of their lives. Life courses vary between cohorts, birth countries, men and women, and socio-economic groups. There is no standard life course (Mayer, 2004; Settersten, 2003). Still, the impact of early events raises the question concerning whether we are determined to age in a certain way. This thesis stretches over different life course stages: work life, retirement, and care utilization in older age, and the life course perspective provides analytical tools to understand the interaction between these life stages. The sociological life course approach focuses on the interplay of structure and agency over time (Windzio et al., 2011) when explaining the accumulation of social disadvantage. Understanding social aging from a life course perspective may help us identify connections between employment and life chances in terms of later-life wellbeing (Kunkel & Morgan, 2016). In this thesis, the life course perspective aims to frame a broader understanding of how the four studies are linked to each other. Disadvantage accumulates across different institutional spheres over the life course. This thesis stresses several theoretical questions: why do we still talk about a universal welfare state in Sweden?" Are the most disadvantaged the most underserving in terms of long-term care services (LTCS)? Is there an unequal distribution of LTCS between foreign- and Swedish-born older people?

The life course perspective explains how social problems may accumulate over the life course. Under certain circumstances, these disadvantages overlap and create multiple forms of disadvantage over the life course (Scharf et al., 2005; Scharf & Keating, 2011). The point of departure for this thesis is that age at migration may comprise a driver for multiple disadvantages during certain conditions, such as getting a foothold in the labor market, being at risk of poverty in older age, and utilizing LTCS.

Central principles of the life course perspective

The founder of the life course perspective, sociologist Glen H. Elder, and his colleagues (Elder et al., 2003), developed the life course theory when studying younger adults during the Great Depression. Elder (2018) outlined five principles that have been quoted and further evolved in slightly different ways; agency, trajectories, transitions, the timing of events and linked lives and the historical time and place (Kolb, 2014, Windzio, et. al, 2011). Agency means that individuals are agents, constructing their lives. However, this happens within the historical context of opportunities and constraints provided by structural factors (Bengtson et al., 2012; Settersten, 1999). Characteristics of the country, such as welfare state design and labor market structures, influence the life course (ibid). Individuals' lives are formed by their actions. However, individuals' lives are also shaped by their interaction with others. Linked lives mean that people are experiencing their lives while they are interacting with others (Bengtson et al., 2012). The life event of migration may affect several individuals simultaneously (Bonney & Love, 1991).

The life course of an individual is comprised of several parallel trajectories. It may be the trajectory of health (Burton- Jeangros et al., 2015). It may concern the trajectory of attaining education or building a family. All of these trajectories may be affected by the event of migration. There is no standard life course. However, welfare systems (such as the Swedish Pension system) may be organized according to the existence of a normative life course, implying a certain order and timing of events. For example, attaining a full base pension requires 40 years of residency. The normative

timing of events actualizes transitions: during the life course of going from being single to being married, or being a worker to being retired (Goldin & Katz, 2008).

Although the life course perspective has become central in social sciences over the last four decades, it has only been used to a limited extent in the literature on migration (Windzio et al., 2011). However, it has been frequently used in literature concerning aging (see Komp & Johansson 2015; Mitra & Weil, 2014; Grenier, 2012). Accordingly, this chapter examines the following:

1. Agency
2. Trajectories
3. Transitions
4. The timing of events and linked lives
5. The historical aspect of the life course

Agency

Agency can be used to understand both micro and macro aspects of the phenomena studied in this thesis. Elder (2018) suggests that individuals construct their life course through their choices and actions within the opportunities and constraints of history and social circumstances. As noted, this thesis rests on the foundation of register data. In the analysis, controls are made for factors such as education level. Viewed from the concept of agency, academic level is both a result of individual choice and structural constraint (ibid). For example, there is a clear association between parents' education level and the academic level of their children. Thus, children of highly educated people are more likely to become highly educated themselves (Statistics Sweden, 2016). Aside from the latter, a complex web of factors determines an individual's chances of getting a foothold in the labor market. These factors cannot be reduced to solely actions or social structures. Age discrimination is one structural factor affecting labor market integration for migrants that goes beyond the individual's space to maneuver. Still, people's choices matter, as people living under similar conditions will navigate and negotiate their circumstances differently (Power, 2020). This is also an essential element of the life course principle of agency.

The concept of agency is also central in the debate around older migrants' use of LTCS. Assumptions are that informal care is chosen prior to formal care. The choice may result from an active decision but may still be problematic. Researchers in the field argue that the motivation to select informal care, or "cash for care," arises when care is not offered in the language spoken by the older person (Songur, 2009). This line of reasoning sets agency to the foreground as a question of social inequality. Agency highlights the importance of knowing how to navigate the system of bureaucracy. For example, Szebehely and Ulmanen (2015) discuss whether highly educated children can more easily speak up for the social rights of their older parents, who are therefore more likely to be admitted to residential care. Knowing how to obtain one's social rights highlights the importance of agency factors, such as education level, socio-economic position, and social network. In the medical field, this know-how is labeled health literacy. In social work, the know-how may be called bureaucracy literacy. Agency may also be used to understand the needs assessment of the case manager, balancing the budget goals of the public sector with the needs of the older person. Whether or not we are able to understand patterns of the labor market, poverty in older age, or the utilization of LTCS, there is always the duality of choices and actions within the opportunities and constraints of history and social circumstances.

Trajectories

Trajectories are one way of understanding the life course and relates to a more prolonged phase within an individual's life course. A trajectory may be marked by a sequence of life events and transitions (Windzio et al., 2011). An individual's life course may comprise several parallel trajectories, such as work-life or family life.

Transitions

Transitions are changes in a state occurring during the life course that may be more or less abrupt (for example, moving away from home and starting or starting a new education-employed to unemployed and from married to divorce. These changes are labelled transitions in the life course perspective (Elder, 1994; Windzio et al., 2011). According to Elder, transitions can be treated as point-like events, being externally imposed by the person's own choice. The distinction between these two is highly consequential in initiating advantageous or disadvantageous life course developments. Externally imposed transitions may cause cumulative disadvantage. The migration trajectory may be related to disadvantages, such as higher risks of poverty, social isolation, and poor health.

The timing of events and linked lives

Timing of events implies that the outcome of societal change may vary over the life course. For example the chances of getting a new job may be smaller for someone who loses their job aged 52 than someone who becomes unemployed aged 22 (Statistics Sweden, 2012). Age at migration constitutes a clear example of what is defined as the timing of events in the life course perspective. It means that we assume that migrating as a younger person may have particular implications for the labor market, and migrating later in life may be associated with a specific impact. The overall question of this thesis has to do with the timing of events.

The notion that age at migration matters for social integration is far from new. Differences in school achievements clearly show the significance of age at migration. Similar reasoning applies to older people who arrive later in life, which implies less time for the older person to get accustomed to the new system (Hansen, 2014). If the children of the older person also arrive in adult years, this may also mean less time to get to know the system and therefore less capability to advocate the needs of the older person.

The outcome measures of this thesis do not focus on the older person's social network, any more than including children and partners in some of the studies. However, the principle of linked lives centralizes the informal care

dimensions that are not visible when using registered data. These are important in order to understand the complete care scenario.

Linked lives emphasize the interconnectedness of lives (Elder 1995; Elder et al., 2003). For instance, the capacity to gain a foothold in the labor market will also affect individuals' closest family members or larger circle of social contacts. Another example is poverty in old age. Poverty is not a social problem that exists in a vacuum. If an older person suffers from poverty, family members may have to step in to support their relative financially. A third example is when formal care services are substituted by family care, and how this may affect the family member's ability to get a full-time job. The principle of linked lives also brings to the fore how traditional intergenerational exchange of support may be disrupted when children in immigrant families acquire the new language and cultural norms more quickly than the adults in the family acquire and take on the role of interpreters for their parents and grandparents (Hernandez & McGoldrick, 1999). In this case, older people's opportunity to obtain a complete picture of their social rights may be conditioned by how their lives are linked to the younger generation.

Everything happens in a historical context

The trajectories, transitions, and timing of events take place in a historical context, with their own economic, socio-cultural, and political circumstances affecting the conditions of the individual (Winzio et. al.2012). Every historical time has different implications for whether migrants will have access to the labor market, financial wellbeing in old age, and use of the long-term care service. The significance of historical time can be observed in hindsight. Historical time may have influenced the life chances of individuals migrating as low-skilled labor working in industry during the 1960s and 1970s. The historical period encompassing the economic crisis during the 1990s in Sweden did not enable such a scenario. The data used in this thesis actualizes the historical context of the 1990s, on to 2015.

In sum, the life course binds together micro and macro knowledge. This line of reasoning acknowledges the joint impact of social structures and individuals' space to manoeuvre and navigate through circumstances. Migration implies a transition in life that may have different consequences for a person, depending on when it is carried out. The timing of events has to do with age and the contemporary historical situation.


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Materials and methods

The complexity of social problems calls for different methodological approaches. Qualitative studies have highlighted several dimensions of experienced disadvantage among older migrants (Torres, 2002; Forsell, 2004; Diwan, 2008; Albertsson, 2008; Kiwi & Magnusson, 2008; Treas, 2002, 2008; Blair, 2012). However, these valuable findings are small-scale studies and do not answer the question of whether indications of inequality can be generalized to the larger population of older migrants. The benefit of the quantitative approach is that it allows us to study the extent patterns go beyond a particular case. When research detects overarching patterns of inequality this may facilitate policy interventions (Sirkin, 2006). The quantitative approach offers several methodological options. Each of these options has pros and cons. Longitudinal and panel surveys are commonly used within aging research, enabling us to study what remains the same and what changes over time (Morgan & Kunkel, 2016). In the design of surveys, the individual researcher has an excellent opportunity to construct the research questions (Sirkin, 2006). However, a high response rate is crucial for generalizations to be made (Stedman et al., 2019). In Sweden, there are several panel studies focusing on the older population, such as the H70 gerontological and geriatric population studies in Gothenburg (Silveira et al., 2001) and Panel Survey of Ageing and the Elderly (PSAE) (Halleröd & Seldén, 2013). Surveys have the power to collect representative data and provide essential generalizations about a population. Nevertheless, some groups are more difficult to capture than others are. The response rate problem is emerging in studies aiming to include older migrants. Feldman et al. (2008) experienced recruiting issues concerning older migrants when conducting their investigations. Possible reasons for this are language barriers, not seeing a direct benefit with the participation, and distrust in researchers (ibid)). Ahaddour et al. (2016) suggest that the lack of available data on country of birth may comprise one of the main reasons for the low number of quantitative studies focusing on this heterogeneous population. In this thesis, register data is used. Sweden belongs

to one of the few countries where registry data on all foreign-born persons in the country is available. Register data, so called cross-sectional data, enables analyses that are not feasible to conduct with survey data or qualitative studies. In studies II-IV's cross-sectional data, studies are made of a particular snapshot in time, while study I uses cross-sectional data stretching over two decades and allowing for a longitudinal study (Kunkel & Morgan 2016). Having access to the total population of all Swedish and foreign-born individuals in the country provides great opportunity to compare social conditions between groups and the extent of social inequality. Register data serves the great purpose of facilitating basic research that may be deepened with qualitative studies and other types of methodological approaches. This chapter includes an overarching presentation of the materials, measures, models of analysis, and methodological considerations of this thesis.

Materials

All variables derive from register data from the National Board of Health and Welfare and Statistics Sweden. From these registers, variables are conducted that serve the purpose of explaining the studied phenomena in this thesis. In the following, there will be a brief presentation of the registers used in this thesis.

The Swedish Prescription Drug Register

To conduct an approximation of a care need, The Swedish Prescription Drug Register (SPDR) has been used. This register contains individual-based data on all prescription drugs dispensed at pharmacies in Sweden. The register contains information on age, sex, and the type of prescription drugs dispensed, including the number of prescribed drugs, the date when the prescription drugs were dispensed, and the prescribed dosage. The Pharmacist Service Company (Apotekens Service AB) is responsible for facilitating the data collection, which is mandatory for each pharmacy in Sweden. The data is then transferred to the National Board of Health and Welfare who are responsible for the administration of the SPDR, and the SPDR is updated monthly.

The Swedish Social Services Register

The Swedish Social Services Register (SSR) contains information about utilization of LTCS among the population aged 65 plus years and people with disabilities. In this thesis, I had access to data from 2015. The status of the individuals' LTCS utilization is reported on the last day of every month. The quality of this register is good. However, the recording of information varies between municipalities. This will be discussed further in the section Methodological Considerations.

The Total Population Register

The Total Population Register encapsulates essential information about the Swedish population. The register contains information on life events including birth, deaths, marital status, family relations, gender, age, and country of birth (Ludvigson, 2019).).

Swedish Multi Generation Register

The Swedish Multi Generation Register details connections between children and parents (biological and adoptive), Index people are confined to those born from 1932 onwards and those alive on January 1 1961.

The Swedish Register of Income and Tax Assessments

The Swedish Register of Income and Tax Assessments consists of information on disposable income including earnings, capital income (e.g., interest and dividends), capital gains from selling stocks and real estate, and public sector transfers (e.g., pensions, housing allowances, and social assistance).

The Swedish Register of Wealth and Tax Assessments

For many years, Sweden had a wealth tax, but this was abolished from 2008. Before that year, and gradually improving over the years, the tax authorities collected a large amount of information on the assets and debts of the en-

tire population, and Statistics Sweden has access to this information. Total household assets include the tax value of housing, of land and businesses, as well as the market value of financial wealth reported by banks and other financial institutions. The value of consumer durables and household members' rights to future pensions are not included in total assets.

Swedish Education Register

Information on education level was taken from the Swedish Education Register, which includes detailed administrative records of education completed outside and inside Sweden obtained from questionnaires or validated certificates.

Outcome measures

The outcome variables in this thesis extend over several different areas and are presented in the following.

Study I - labor market participation

The outcome variable of Study I is the time taken to get a foothold in the labor market. We define the number of years until "a foothold" is achieved as the number of years until the person first receives earnings (wages, a salary, or self-employment income) of at least two Base Units. The Base Unit is issued in different Swedish legislation, for example in regulating some social insurance benefits. It is annually updated and is linked to the consumer price index. The level of two Base Units in 2015 was equal to 89,000 SEK. A full-time worker in one of the lowest paid occupations can earn such an amount where he/she has a full-time job during four to five months a year or if working two days a week during a full year. In our data, there are relatively few people with earnings lower than two Base Units, and the same also applied to the number of people having positive earnings in the interval of two Base Units to three Base Units.

Study II - twice poverty

The outcome measure of Study II is based on Azpitarte's (2012) approach, which combines relative income poverty and wealth when measuring the risk of poverty. Twice poverty entails having a disposable income that is less than 60 percent of median income in Sweden for that year. Additionally, twice poverty entails assets of less than 10,000 SEK The definition was based on previous research.

Study III and Study IV-utilization of LTCS

Study III includes three outcome variables. Firstly, I want to measure the extent to which older people have, or do not have, contact with the public care system for the older people in Sweden. This variable therefore includes all available types of long-term care offered by the municipality, from safety alarms, meals on wheels, and personal and domestic care to residential care. Secondly, I wanted to measure the likelihood of utilization of residential care (the most extensive care service including help around the clock by staff). This variable may indicate whether there are differences in using the most care-intensive and the most expensive LTCS. Lastly, I created a third outcome encapsulating all home care, personal and domestic care. Separating homecare and residential care has the aim of investigating whether patterns change when institutional care is excluded from the model.

Study IV includes all available types of long-term care offered by the municipality, from safety alarms, meals on wheels, and personal and domestic care to residential care. Table 1 contains an overview of the materials and methods used in the studies.

Explanatory variables

The following text presents the independent variables used in each of the four studies. In some cases, the variable of certain measurements differs between studies and a clarification is made of how these measurements differ.

Socio-economic variables

Socio-economic variables have been used in all four studies. These are income, wealth, and education level.

Income

Disposable income is derived from the Income and Tax Register, which in turn obtains its information from the tax authority and various authorities that make payments to households. Disposable income includes earnings, capital income (e.g., interest and dividends), capital gains realized from selling stocks and real estate, as well as public sector transfers (e.g., pensions, housing allowances, and social assistance). Household disposable income is measured net of income taxes by totalling the income of all adult household members. In this data, by definition, a household has one or two adult members. We then adjust the disposable income according to an equivalence scale often used by Statistics Sweden.

Wealth

In addition to income, wealth stocks are derived from the Swedish Tax Register. Sweden had a wealth tax for many years, but it was abolished in 2008. Prior to that, and gradually improving over the years, the tax authorities collected a large amount of information on the assets and debts of the entire population, and Statistics Sweden has access to this information. Total household assets include the tax value of housing, of land and businesses, as well as the market value of financial wealth reported by banks and other financial institutions. The value of consumer durables and household members' rights to future pensions are not included in total assets.

Education level

Information on education level was taken from the Swedish Education Register, which includes detailed administrative records of education completed outside and inside Sweden obtained from questionnaires or validated certificates.

Demographic variables

Demographic measures derive from the longitudinal integrated data base for health insurance and labor market studies (LISA) were used in all four studies.

Age

Age is included in all four studies of this thesis. In the first study, age becomes important in relation to the labor market. In the second study, age is important in relation to the pension system and being poor in older age. In the third and fourth studies, age becomes relevant in relation to use of LTCS.

Sex

All studies include sex, categorized into males and females. This variable was obtained from the LISA register.

Country of birth

Country of birth is included in all four studies. However, studies II and IV categorize countries into low-, middle-, and high-income countries, while country of birth is used in studies III and I.

Type of municipality

In all studies, controls are made for the signficance of the type of municipality in which a person resides. The categorization in studies III and IV has been performed accordingly. Small city: at least 15,000 and less than 40,000 inhabitants in the municipality's largest urban area. Rural area: less than 15,000 inhabitants in the municipality's largest urban area, and a low commuting pattern. Large city: at least 200,000 inhabitants in the municipality's largest urban area. Mid-sized city: at least 40,000 inhabitants and less than 200,000 inhabitants in the municipality's largest urban area.

Social support indicator

The variables living with a partner, living with a child, or being married are all aimed to work as a proxy for social support. Living alone or not having any children may indicate something concerning the availability of extra support.

Variables approximating care need

Studies III and IV use the number of dispensed medicines, from the Swedish Prescribed Drug Register at the National Board of Health and Welfare, as an approximation of a care need.

Statistical methods

Survival analysis

Survival analysis entails a large number of statistical methods that are used to describe, explain, or predict the occurrence and timing of events. The name survival analysis originally derives from the fact that these methods were developed by biostatisticians to analyse the occurrence of deaths. However, these methods have also come to be used for a vast number of social phenomena including births, marriages, divorces, job terminations, promotions, arrests, migrations, and revolutions (Kunkel & Morgan 2016; Allison, 2010). Study I uses survival analysis to study the likelihood of migrants gaining a foothold in the Swedish labor market. The dependent variable in this type of analysis is the duration of time to event or if the event never occurs. Individuals are followed until an event occurs (income of two PBB) or the event never occurs. The time variable captures the length of time until an event happens. The event variable equates to one if the event occurs or zero if the event has not happened yet. Survival analysis contains hazard rates that combine the element of time and event, i.e., the probability that an event will occur at a particular time given that it has not happened yet (Allison, 2010). In Study I, we used survival analysis to study the probability that a certain individual will get a job during a certain year given that the person has not previously obtained a job. In Study I, the event registered is obtaining a first foothold in the labor market, which is measured here as having an annual income that exceeds 2 price base amounts. Separate multivariate models were conducted for immigrants from high-, middle-, and low-income countries, and for each of the four arrival cohorts conducted. These models adjust for age, sex, number of children, having a partner, having a Swedish partner, education level, type of municipality, and country of birth.

Logistic regression

Logistic regression (LR) is a type of regression analysis that belongs to a group of statistical models known as generalized linear models (GLMs). LR provides a flexible modelling strategy for analysing binary data in dichotomous outcomes, typically designated as either Y = one for success or Y = zero for failure analysis allows us to check for several confounding factors that simultaneously affect the dependent variable. Using this approach enables a clearer picture of the significance of each of these variables concerning the dependent variable (Lewis-Beck & Lewis-Beck, 2016). As the models contain several explanatory variables, a LR model estimating the significance of the independent variables was chosen. The coefficients estimated by the LR models can be interpreted as the increase or decrease in the log-odds for every unit increase or decrease in the independent variables (Ibid). LR models have been selected to analyse studies II, III, and IV since we had binary outcome variables (Hosmer & Lemeshow, 2013).

Table 1 An overview of the materials, method, and analysisuse in the studies

	STUDY I	STUDY II
Title	Age at immigration matters for labor market integration - the Swedish example	Older people without means: the importance of age at immigration for being "twice poor"
Study aims	To analyse how age at immigration to Sweden, and getting a first foothold in the labor market, is related	To examine poverty at an older age in Sweden, with an emphasis on later-in-life immigrants
Design	**Population-based longitudinal**	**Population-based cross-sectional**
Study population	Migrants that arrived in the observed years of 1990, 1994, 1998, and 2002, until 2010 (see appendix)	Inhabitants 65+ years living in Sweden in 2007
Data sources	**LISA** Total Population Register Swedish Multi Generation Register Swedish Register of Income and Tax Assessments Swedish Education Register	**LISA** Total Population Register Swedish Multi Generation Register Swedish Register of Income and Tax Assessments Wealth Tax Register (until 2007) Swedish Education Register
Outcome measures	Number of years to obtain a foothold in the Swedish labor market	Risk of twice poverty in older age
Covariates	Age, sex, number of children, having a partner, having a Swedish partner, education level, type of municipality, country of birth	Age, sex, age at migration, education level, country of birth, and if a woman were entitled to a widow's pension in 2007
Statistical model	Survival analysis	LR model

STUDY III	STUDY IV
Use of LTCS in a universal welfare state- on the importance of age at migration	The inverse care law and the significance of income for utilization of LTCS in a Nordic welfare state
To study the likelihood of the use of LTCS among older foreign-born, compared with Swedish-born, older people, across different birth countries and among migrants arriving at different ages	To investigate the relationship between income and utilization of LTCS in Sweden among older native-born residents and older migrants born in low-, middle-, and high-income countries
Population-based cross-sectional	**Population-based cross-sectional**
Inhabitants 65+ years living in Sweden in 2015	Inhabitants 65+ years living in Sweden in 2015
LISA 2015 Total Population Register Swedish Multi Generation Register Swedish Register of Income and Tax Assessments Swedish Education Register The Swedish Prescription Drug Register The Swedish Social Services Register	LISA 2015 Total Population Register Swedish Multi Generation Register Swedish Register of Income and Tax Assessments Swedish Education Register The Swedish Prescription Drug Register The Swedish Social Services Register
Utilization of long-term care services	Relationship between income and the utilization of LTCS
Age, sex, age at migration, education level, country of birth, number of prescribed medicines, living with a partner, registered children in the country, , type of municipality, and income	Age , sex, age at migration, education level, country of birth, number of prescribed medicines, living with a partner, type of municipality, income
LR model	LR model

Ethical considerations

The material used for the four studies of this thesis makes it possible to link data between registers and follow individuals over time. There are some important implications in terms of data protection and privacy. The registers used in this thesis are linked. By using encrypted serial numbers, personal identification numbers could be removed. It is important to acknowledge that the term anonymized is often misused in register-based research, as this method is more appropriately described as "pseudonymized" (McCall, 2018).

The term pseudonymized means a key file that can be used to identify individuals. This key file is protected by Statistics Sweden, which means that they are the only ones who can identify individuals. Furthermore, the information used was stored securely and accessed only by authorized persons, safeguarding research integrity. The data protection for the research material extends up to ten years after the research article has been published.

This type of research entails data being collected and analyzed for many individuals. Individuals who contribute to a register-based study do not need to be aware that they are a part of the study and, thereby, a research subject (VR, 2017). Researchers rarely request informed consent from participants in register-based research. The main reason for this is that it would be impossible considering the substantial number of participants that is sometimes far more than a million (Ludvigsson et al., 2019).

To perform the four studies of this thesis, ethical approval had to be obtained. Ethical permission was obtained from the ethical review board in Gothenburg (1068-16), with additional supplementary ethical consent for this original application for adding health variables from the prescribed drug register (Ref. no. 790-17) in 2017. Besides approval from a national ethics board, ethical permission was also attained from Statistics Sweden and the National Board of Health and Welfare.

The benefits and the risk of the research must always be weighed against each other before initiating new studies. Quantitative research has the potential to reveal overall patterns of social inequality and thus has the potential for change. For example, the multidimensional regression analyses the risk of poverty in older age across different birth groups. Some would argue that such focus would risk contributing to stereotyping and stigmatization of old-

er migrants or migrants in general. The likelihood of promoting social equality has been considered superordinate to the risk of stigmatization.

Methodological considerations

In this section I will discuss measurement problems, reflecting on the validity of the findings as well as generalizability and reliability. The reliability concerns the consistency of the measurements. Would we get the same results if the study were replicated? The validity on the other hand concerns whether the instrument actually measures what it is designed to measure (Knapp & Mueller, 2010). The generalizability concerns the extent we can draw conclusions beyond a particular case.

Generalizability

This thesis benefits from using register data collected by two government authorities: the National Board of Health and Welfare and Statistics Sweden. A significant advantage of this is the access to high quality data sets. Larger samples are more representative and allow greater validity and more generalizable findings (Smith, 2008). Another advantage is that the use of existing data sets can accelerate the speed of research, because some of the most time-consuming steps of a typical research project, such as data collection, are eliminated (Doolan & Froelicher, 2009). Thus, these materials are secondary data and were collected for other purposes (Boslaugh, 2007; Kunkel & Morgan 2016). Therefore, it may be hard to find the perfect measure answering the researcher's specific research questions. This will specifically be discussed in further text. As stated in the introduction of this chapter, there are both advantages and disadvantages of using register data. A strength of the use of high quality population-based register data is that we may, with certainty, generalize the results, as we are studying the total population. The hypothesis assuming that age at migration is of great significance for labor market integration arose when doing an interview, before I got accepted as Phd Student. The interview showed the difficulties of entering the labor market for someone migrating as early as at age 40. When studying the total pop-

ulation, this pattern turned out to be an overall pattern of migrants arriving at the same particular time. Still, as noted, there are things that register data cannot explain. Register data needs to be complemented with other types of material and methodological approaches. For example, we know the degree that foreign-born people utilize LTCS, and that are no clear-cut patterns, but qualitative studies need to investigate the extent that non-utilization is the result of exclusion, voluntarily or involuntarily. Since all four studies encompass total populations, we are able to generalize these results to the total population, thus there is a high internal validity.

The validity of measures

In the following, I will present some of the validity problems that arose when creating certain variables.

The problem of measuring income

Income is included as a variable in all four studies of this thesis. However, it is very difficult to capture the entire economy of a person by including only the disposable income, recorded in the registers. There are certain things that register data does not encapsulate regarding income. We cannot measure financial transfers between family members on a local or a transnational level (Baldassar & Merla 2014). Although we know, the existence of financial remittances between family members in the transnational context, or social support carried out at a distance or in real life, this is not something that the national data encapsulates.

For most Western countries, pension income is registered. However, this is not always the case. At a first examination of the data material in Study II, older Norwegians were generally relatively poor, which did not correspond with the expected picture. When I looked more closely at where these Norwegians lived, I saw that a large proportion lived near the Norwegian border. It was thus probable that a large proportion had continued to work in Norway but lived on the other side of the border, in Sweden. This indicates that they looked poor in statistics, but they presumably obtained a pension from Norway.

Very low number of older foreign-born persons living with their children in Sweden

Another question that emerged was why few older foreign-born persons seem to have their children living with them in the country. Parents of children aged 18 or over are seldom registered. This is noted as a large share of older people who have migrated to Sweden to reunite with their grown up children who are not registered as parents in the registers. However, if a person entered the country before the age of 18, the data had a high level of accuracy. This was found when working with the data in the study III. Due to the level of uncertainty regarding this variable, I did not include it in the last study of this thesis. What this most likely means is that the number of older foreign-born people with children in Sweden is considerably higher than the statistics tell us.

The different ways to measure LTCS between municipalities

Register data in Sweden is of high quality. Still, there are some weaknesses worth mentioning. When studying data, the descriptive showed that the variable "Stockholm," which refers to Stockholm's inner city, did not receive any LTCS. When consulting statisticians at the National Board of Health and Welfare other colleagues working with this data, I was informed that care services for these older people are registered in a separate system. The inner city of Stockholm is consequently not included in any of the models. Another question that arose was the creation of a variable encapsulating hours of care instead of a variable simply indicating whether a person receives LTCS or not. Statisticians at the National Board of Health and Welfare have also informed me that, in some cases, private providers of LTCS in some municipalities do not specify the number of hours of LTCS to the municipality. These municipalities find it more difficult to report the total number of hours of care to the National Board of Health and Welfare. Nevertheless, the private providers still report who is receiving care and what type of care. These circumstances motivated the choice of only measuring the likelihood of using long-term care.

As stated previously, there are three major categories of LTCS: personal care, domestic care, and residential care. All municipalities are obliged to issue a monthly report on all care services that follow stringent national guidelines. However, while familiarizing myself with the data and contacting statisticians at the National Board of Health and Welfare, I realized that the labelling of care services might differ between municipalities.. Some municipalities label all home care as "domestic care," while others label all home care as "personal care." As a result, it is difficult to determine the extent to which we are measuring solely domestic care or personal care when using these variables as an outcome variable. As a solution to this problem, I used three different measures in the third article:

- One measure that would encapsulate all care services. This measure would indicate whether the person received any long-term care.
- I choose to keep residential care in its original form, since this type of care is labelled the same in all municipalities.
- One variable that solely measured personal and domestic care.

Apart from this, the register seems to hold high quality data. All municipalities are obliged to issue a monthly report on all care services, following stringent national guidelines. Case managers register hours and type of care in a statistical program every time that care is approved, decreased, increased, or terminated for whatever reason. According to national guidelines from the National Board of Health and welfare, municipalities are obliged to perform regular follow-ups to ascertain whether the care requirements are still the same. All municipalities send their registered data to the National Board of Health and Welfare, which compiles the National Register for all municipalities in Sweden.

The difficulties in measuring care needs

Measuring care needs is complicated. In Study III and Study IV, a proxy measure of care need was used. If wanting to say something concerning an unequal distribution of LTCS, it is vital to create a measure indicating care needs. More importantly, it is vital to say something about care needs if wanting to identify groups with comprehensive needs who do not use LTCS. One commonly used measure is the number of in-hospital days. However, the limitation of using this variable when studying utilization of LTCS is that it only captures the care needs of those with the poorest health. As LTCS, concern older people with different levels of care needs, the care variable needs to encapsulate both minimal to extensive care needs.

As noted, I use data on a number of dispensed medicines when indicating a care need. Prescribed medicines as a variable is a contentious measure (Wettermark, et. al., 2013), while others argue that, this variable comprises an overestimation: not all medicines that are dispensed are eaten (Håkonsen, 2021). The initial idea when creating the care-need variable was to sum up the number of packages over the year into one variable. I knew that the average number of dispensed drugs a year for people ranges from approximately 6,6 for those in the age group 65-74, up to 9,8 for those who are 85 years and over. However, when studying the data of this study, it was found that this number could be much higher. Instead of creating categories in terms of low, middle, and high numbers of dispensed medicines, I found it more beneficial to create several groups of numbers of retrieved drugs. For example, when making predictions based on the estimates from the model, I saw that for those having 65 or more dispensed medicines a year was associated with a substantially higher likelihood of residential care. Number of prescribed medicines will not capture subjective measures of need (Calderón-Larranaga et. al., 2017; Ludvigsson et. al, 2021). As well noted, creating a variable aiming to encapsulate a care need is complex. Even more complex is the achievement of measuring care needs among older migrants. There are several reasons for this. In Sweden, every tenth foreign-born older person refuses to seek help from a doctor or a dentist. There are several explanations for this. One is the financial situation. About nine percent of older foreign-born men and women have refrained from visiting a dentist even though they needed it. About eight

percent of them, 65 years and older, state that they have needed medical help but have not sought it (Statistics Sweden, 2012). The consequence of the under-representation of older foreign-born people within health care may also affect the care variable of this study. If older foreign-born people refrain from medical care, this may lower the utilization of prescribed drugs. If the latter applies, this may be an explicit limitation of the care variable in this thesis. The higher percentage share with a low number of retrieved medicines (less than 9) among people born in low- and middle-income countries may be an outcome of the underutilization of health care among older foreign-born people. In addition, results from Study IV demonstrate that older people born in low-income countries, who are living alone and belong to the lowest income group, are less likely to receive LTCS. Although the data being used in this study does not have the potential to explain the reasons for this, we know that older foreign-born people withdraw from care due to financial circumstances. Furthermore, there is a strong association between poverty and poor health, which is why we would expect to find a higher utilization of LTCS among this group. If this is the case, this is an example of how social inequality concerning health care utilization leads to difficulties in measuring inequalities concerning the LTCS system.

One of the great validity problems of this thesis is that we are not able to confirm the extent to which care needs are being met from neither formal LTCS nor informal caregivers. As noted, the care need proxy is not perfect. Furthermore, it is unclear whether there is a complementary or substitutionary relationship between formal and informal care. Thus, can we expect that older people who run a low likelihood of formal care also run a low likelihood of informal care, and vice versa? The variables of living with a partner, living with a child, or being married are all aimed to work as a proxy for social support. There are great limitations with these proxies, as having family members does not guarantee that the older person is receiving social support. Further, the child variable of migrants arriving to Sweden when with adult children should be read with caution. Having the support of relatives may also entail having the support of someone who can advocate the need for care when applying for LTCS, which may influence the help-seeking behavior of the older person.

Reliability

Reliability refers to the accuracy of the data and the findings, and repeatedly obtaining the same results. The central element of the registers derives from Statistics Sweden. The data in these registers, for example tax registers, is not entered manual. The exception is the social services register for the elderly and the disabled at the National Board of Health and Welfare. The data used allows other researchers to replicate the analysis and evaluate whether or not it is valid. For instance, older Swedish-born people are as likely to utilize care when another researcher reruns the analysis ? All registers have their own specifications of variables. This enables researchers to replicate studies. Furthermore, from these variables other variables may be created. Since the coding of new variables is saved in the syntax of the software program (in this case SAS) used for the analysis in the four studies, it is possible to replicate all four studies and redo the predictions.


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Concluding remarks

In sum, several valuable qualitative findings have generated the hypotheses that are investigated in this thesis (Torres, 2002; Forsell, 2004; Diwan, 2008; Albertsson, 2008; Kiwi & Magnusson, 2008; Treas, 2002, 2008; Blair, 2012). As stated in the beginning of this chapter, the complexity of social problems calls for different methodological approaches. The studies of this thesis may have the potential to answer questions such as whether the risk of poverty is higher among older foreign-born people compared with Swedish-born people. Nevertheless, this thesis will not answer what subjective poverty looks like, nor if people living under the same financial conditions are experiencing their opportunities differently. Thus, the advantage of the quantitative approach is that it allows us to study the extent to which patterns go beyond a particular case: are people who migrate as middle-aged people, and find difficulties in entering the labor market, an exception, or part of the normal pattern? Again, research detecting overarching patterns of inequality may facilitate policy interventions. This becomes particularly important in the research field of social work. The representativeness of foreign-born people in quantitative studies has been scarce. As noted, the inclusion of older migrants in survey panels has historically been difficult (Feldman et al., 2008)). Register data therefore enables great opportunities, allowing access to country of birth data of all foreign-born people in the country. Since I also have access to year of migration for all foreign-born people in the country, this thesis will have the potential to answer to what degree age at migration comprises a driver for social disadvantage. The four studies of this thesis will not have the capacity to answer whether there is a causal relationship between age at migration and social disadvantage. However, there are several empirical findings pointing toward this direction. Firstly, extensive age discrimination exists in the labor market. In addition, the latter combined with racism would speak for a causal relationship between age at migration and labor market integration. In addition to this, we see an increased share of migrants from middle- and low-income countries arriving as middle- age

or older people. Not seldom, the latter arrive as refugees and have a lower education level degree. Statistics show that refugees risk facing a longer time before getting a job. Therefore, age at migration may be a mediator that is strongly related to labor market integration.

Furthermore, the pension system clearly sets the criterion of 40 years of residency to obtain a full base pension. Thus, this clearly speaks for a causal relationship between age at migration and poverty in older age. Lastly, this thesis has generated several new questions that may be answered through both qualitative and quantitative approaches.

Summary

Article 1

The majority of immigrants that come to Sweden arrive as younger people. However, in recent decades there has been an increasingly large proportion of middle-aged and older immigrants arriving from low- and middle-income countries. Sweden has the most extensive gap in employment between foreign and native-born people of all OECD countries (Dustman and Frattini, 2011; de la Rica et al., 2015). Research reveals the effects of discrimination in terms of racism and ageism in the labor market. A significant impact of age discrimination is found as early as the age of 40 (Ericsson & Carlsson, 2019). Discriminating mechanisms such as ageism and racism may constitute high barriers to the labor market for middle-aged and older immigrants. This study investigates how age at immigration relates to getting a first foothold in the labor market. The number of years until getting "a foothold" is defined here as the number of years until the person first receives earnings (wages, a salary, or self-employment income) of at least two base units.

Our hypothesis is that people who originate from low- and middle-income countries, and arrive aged 40 or over, are considerably less likely to gain a foothold in the labor market than those arriving from high-income countries when they are younger. During the 1990s, there was a large influx of people emigrating from the West of the Balkan Peninsula. They arrived as refugees, or in order to be reunited with family members already in the country. This influx took place during Sweden's financial crisis, with high unemployment rates and xenophobic groups in the public sphere. We follow four different immigrant cohorts that arrived during this decade and shortly after: in 1990, 1994, 1998, and 2002. An advantage of our design is that somewhat different macroeconomic situations characterized those four years, as indicated by the unemployment rates, which over the four years were 1,6, 8,0, 6,5, and 4,0% respectively. The first cohort of arrivals studied consequently entered

Sweden when employment opportunities were plentiful, subsequently deteriorating rapidly during the first years after their arrival. The second cohort arrived during the most unfavourable labor market situation. In this respect, the case was different for the two latterly arriving cohorts. We distinguish between those born in low-, middle- and high-income countries. Register data for the total population from the period 1990-2010 is used for the study, enabling us to follow these cohorts over a more extensive period. In order to study the relationship between age at migration and ears until obtaining a fist foothold in the Swedish labor, we conduct survival analysis. This type of analysis contains hazard rates that combine the element of time and event, i.e., the probability that an event will occur at a particular time given that it has not happened yet (Allison, 2010). The dependent variable in this type of analysis is the duration of time to event, or, if the event never occurs, in this study, the time it takes until the individual obtains an income of 2 base units

The idea is to measure the time it takes to get a first foothold in the labor market, given that a job has not yet been obtained. We estimate separate models for immigrants from high-, middle-, and low-income countries, as well as for each of the four arrival cohorts, totalling 12 models. The covariates include eight variables indicating age at immigration, six variables for family situation on arrival in combination with gender, six variables for the person's education measured in 2010, and four variables for the arrival region. Additionally, we include variables for country of birth. The hypothesis under investigation is that the number of years until the first job of substantive importance is longer for foreign-born immigrants originating from middle- and low-income countries who arrive when middle-aged than for their peers who come when younger, and for immigrants of the same age born in high-income countries.

When considering the logistic regression (LR) model results, we find that it is the older a person is when migrating, the more difficult it is to find a job. The timing of immigration is thus of great value for labor market integration. This study has shown us that the relationship is solid and starts at around the age of 40 for those born in the middle- and low-income countries. People with such a background who immigrate after 50 years old have bleak prospects of finding a substantive job in Sweden. It is improbable that a person

who enters after turning 60 will ever have a job in the destination country, similar to natives who are laid off following plant closures (Storrie 1996). In investigating different arrival cohorts, we have also discovered the significance of the historical time of immigration. We find support for the view that the general labor market situation is related to how rapidly a migrant gets a foothold in the labor market. In addition to age at immigration, our study has shown that several other circumstances affect how rapidly a foreign-born individual takes to find a foothold in the labor market in their destination country. Men tend to find a job faster than women do, as do those who have a Swedish partner upon arrival. Education also plays a role. The first substantive job varies by country of birth and within the three categories of high-, middle-, and low-income countries. The results also show the significance of place of immigration. Those who enter Sweden by moving to the capital region, i.e., Stockholm, tend to find a job somewhat quicker than those who enter in other areas, mainly the Malmö region.

To conclude, this study shows age at migration is of prime importance for labor market integration compared with other factors such as education level, gender, and number of children, which seem to have considerably less impact on getting the first foothold in the labor market. For example, two-fifths of immigrants from low- and middle-income countries arriving in 1990, aged 40-49, had not gained a foothold in the labor market two decades after arrival.

Article 2

Many middle-aged and older people never enter the labor market, leading to low consumption prospects for the rest of their lives and a potential risk of poverty in older age. This study examines the extent that age at migration is a driver for the risk of being both income- and wealth-poor. In order to be considered as income-poor, the disposable income of the household in which the person lives should be lower than 60 percent of the median income in Sweden for the current year. To meet the criteria for wealth poverty, the person should have net assets worth SEK 10,000 or less. Influenced by Wolff (1990) and Azpitarte (2012), we divide older people into four groups: the twice poor

(income-poor households who do not have assets amounting to SEK 10,000), the protected poor (income-poor households that have net assets amounting to more than SEK 10,000), the vulnerable non-poor (non-income-poor households that do not have net assets amounting to SEK 10,000), and the non-poor.

The descriptive statistics show that poverty status varies by marital status across the four country of birth categories. Among Swedish-born, the proportion of twice poor is the lowest among the married, followed by single females and single males. The same ranking of marital status categories is also apparent for people born in other high-income countries. In contrast, among people born in low-income countries, the rate of twice poverty is similar among married and single women but somewhat lower among single men. Although the non-Swedish-born constitute a clear minority of all older people living in Sweden, they make up a majority (60 percent) of the twice poor. The descriptive results show large differentials in level of income poverty when comparing Swedish-born (around 10 percent), high-income countries (16 percent), middle-income countries (24 percent), and low-income countries (44 percent). When considering the proportion classified as twice poor, we identify even more significant gaps between foreign- and non-foreign-born older people. Just less than one percent of the native-born population are counted as both income- and wealth-poor. This is in comparison to older people born in a high-income country (4 percent), middle-income countries (14 percent), and those born in a low-income country (33 percent). This means that it is 33 times more common among older people born in a low-income country to be twice poor than older people born in Sweden.

We conducted LR models to investigate factors associated with being classified as twice poor and not belonging to any of the three other categories introduced above. Our focus is to study to what extent age at immigration is a strong predictor of being twice poor. We specify and estimate separate models for married people (born in Sweden or abroad), single females (born in Sweden or abroad), and single males (born in Sweden or abroad). The specifications include the following characteristics: age at immigration interacted with category of country of birth (15 variables), education (six variables including one indicating that no education information is available),

and three variables for age. We define three categories of countries based on their level of Gross Domestic Product (GDP) per capita. For single females, we add a variable indicating whether they were entitled to a widow's pension in 2007. We report the parameter estimates and, based on them, predict the risk of being twice poor for a person who is 75-79 years old and has less than compulsory education. A single woman is not entitled to a widow's pension.

The multivariate models clearly show that immigrating after the age of 40 increases the probability of being twice poor in old age for all birth country groups. When immigration occurs after the general retirement age, the predicted risk of being twice poor for a person who is 75-79 years old with less than compulsory education and who is a single woman with no entitlement to a widow's pension is about 20 percent for older people born in a high-income country. When we move to people with the same education (compulsory level) and age (75-79) but born in middle-income versus low-income countries, the risk of being twice poor is considerably higher. The likelihood of being twice poor among those who arrived after 65 years old is over 30 percent (if born in a middle-income country) and over 40 percent (if a low-income country). In addition to age at immigration being related to the probability of being twice poor, the estimates indicate that education matters, as does entitlement to a widow's pension. The risk is considerably lower if the non-Swedish-born person has had a post-secondary education compared with having a shorter education. This is likely because the migrants with a longer education have been more successful at finding employment, thereby accumulating better pension rights. However, the risk of poverty is still higher than for Swedish-born people with a short education. This study also shows that a single woman's entitlement to a widow's pension approximately halves her risk of being twice poor. Life events in interaction with the design of the pension system have implications for the risk of being twice poor at an older age.

Article 3

Sweden is well known for its universal welfare system. Despite this, there are some indications that foreign-born people make less use of long-term

care services (LTCS) (Szebehely, 2009). LTCS include: respite care for older people, meals on wheels, safety alarms, day care center activities, and support with a companion with transportation by vehicle or by walking, and residential care .The debate around this issue has assumed an under-representation of foreign-born people as users of LTCS, although there is little empirical support for such a statement (Statistics Sweden 2012). LTCS, especially for late-life migrants, have primarily been framed as a challenge to the universalist ambitions that have historically characterized the Swedish welfare system (Komp & Johansson, 2015). The debate regarding the accessibility of long-term care services concerns late-life migrants, based on qualitative studies with convenient samples. The focus of such studies is the largest ethnic groups (i.e., Finns) or those that are considered the most challenging because of assumed cultural differences (i.e., people with Middle Eastern backgrounds), (Forsell, et. al., 2015). Valuable, but not necessarily representative studies have been conducted that have partially demonstrated problems concerning long-term care when migration occurs at old age (Forsell, 2004: Blair, 2012). Although this condition has not been confirmed in the Swedish context, the vast majority of the literature indicates that several factors make using LTCS challenging for older foreign-born groups. Factors that constrain access to LTCS are: language barriers, lack of information, cultural preferences, and discrimination (Albertsson et al., 2004; Hurley et al., 2012; Ahaddour et al. 2016). However, there is a lack of quantitative studies that confirm whether older immigrants are under-represented as users of LTCS. Further the extent to which the likelihood of receiving LTCS decreases with rising age at migration is also unknown. This study is the first of its kind to study a total population of all older people in Sweden, with some two million observations, where differences in care are studied, and comparing country of birth with age at migration. Health status, together with age, are two of the strongest predictors of differences in LTCS use (Kempen & Suurmeijer, 1991). If older migrants have poorer health than their counterparts have but still use fewer care services, it might indicate an unmet care requirement. In this study, we check for health (number of prescribed drugs), along with education, income, education level, and living arrangements. The material used in this study thus enables investigation of whether potential

differences in usage between foreign and non-foreign-born people still exist after controlling for predictors such as health and age. When considering the descriptive statistics regarding the use of LTCS between Swedish and foreign-born people, the percentage share is slightly lower among non-Swedish-born people. When comparing utilization of care between birth countries, the image is more heterogeneous. As stated previously, age and health are the primary explanations for differences in the use of LTCS. A positive relationship between age and deteriorating health for most people may be assumed, regardless of country of birth. When considering the relationship between the proportion with 35 or more medicines and the percentage of people 80 years or over by country of birth, a positive relationship between the age profile of the country and a high number of dispensed medicines is found. Regarding the distribution of age at immigration, we find the largest proportion of people migrating at 65 or over exists among older people born in Iraq. At the same time, people migrating in late-life are almost non-existent for the group of older people born in Finland.

LR models are conducted in order to study the probability of using LTCS. To ascertain whether the person has had any contact with LTCS, an outcome variable that includes all care services offered within the framework of long-term care is used. As it can be assumed that home care and housing preferences could differ, separate models are made for home care and residential care. In the next step, we study the probability of living in a nursing home (the most demanding care). The third step will therefore be to study the likelihood of personal care and service.

Based on the estimates from the models, the likelihood of receiving LTCS is calculated for an individual with a given number of relatively average characteristics (a sort of "standard type" of care recipient) in order to standardize the influence of individual properties for different birth countries. Predictions were calculated for a woman aged 85-89 (the most common age for recipients of LTCS), with an income of between 40 and 61 percent of Swedish median income, a low education level, with children registered in the country, living alone in Gothenburg (one of the three most prominent cities in Sweden), and use of between 35 and 68 dispensed medicines per year. The results from the LR models state that being born in a context other

than Sweden is associated with a lower likelihood of using any long-term care when making comparisons between the major categories of Swedish- and non-Swedish-born older people. This study thus confirms the underlying assumption pertaining to the debate concerning the under-representation of foreign-born people as users of LTCS. However, as older foreign-born people are a heterogeneous group, it would be far too simplistic to simply accept this finding. This comparison does not apprehend the heterogeneity of foreign-born people as a group. When considering differences between birth countries, it is clear that not all birth countries have a lower likelihood of using LTCS than Swedish-born. However, it does seem to concern the majority, and partially challenges previous assumptions on the topic. Differences in the probability of using formal care services are more substantial in relation to residential care, which may be explained by factors such as institutional preferences and language barriers. Late life has primarily been framed as a challenge to the universalist ambitions that have historically characterized the Swedish welfare system (Komp & Johansson, 2015). However, this study clearly shows that migrating later in life does not have to imply a lower usage of care services; there is significant heterogeneity between birth countries. For some countries, such as Iraq (a country that is particularly associated with late-life migration), migrating later in life suggests a higher likelihood of using LTCS. For other birth countries (East Asian countries,) late-life migration entails a lower likelihood of utilizing LTCS. What is particularly interesting is that late-life migration implies under-representation of residential care and over-representation regarding personal and domestic care. The language barrier (which might be intensified for this group) can partially explain this phenomenon. It can be assumed that the thought of living in a residential care facility, where it is hard to make oneself understood, may be daunting and lower the incentive to apply for such care. An argument can be made as to whether personal and domestic care are a substitute for residential care for late-life migrants. The results of this study suggests caution when generalizing the use of LTCS across migrant populations. However, it is yet to be ascertained whether the levels of care identified represent unmet care requirements. The extent to which language barriers, lack of information, and discrimination impede the use of LTCS among older foreign-born peo-

ple is still unknown. Country of birth may not be a useful measure to detect inequalities regarding the use of LTCS.

Article 4

The Inverse Care Law states that that those who most need care are least likely to receive it, while those with least care needs tend to use health care services more.

Even in universal systems that provide unconstrained services, vast social inequalities may endure (Hart, 1971). Sweden is well known for its supposed universality. This paper investigates the relationship between income and utilization of LTCS among older people born in Sweden and in low-, middle-, and high-income countries, and concomitantly, whether the inverse care law is operational concerning the use of LTCS. Older immigrants from low- and middle-income countries run a considerably higher risk of poverty in older age than native-born citizens and immigrants born in high-income countries. Given Sweden's universal welfare state, it might perhaps be unreasonable to assume that financial barriers to LTCS are intensified for larger groups of older immigrants. Nevertheless, there are indications that low income may hinder older people from applying for LTCS (see Szebehely, 2000), which, if that is the case, could be intensified for older immigrants. Some argue that, considering the increasing privatization of care and duality in assessing the significant gaps in poverty between foreign- and non-foreign-born people, there is a duality in the Swedish welfare state. The presumptive dualistic nature of the Swedish welfare state makes the country a fascinating case for studying whether the most disadvantaged are the most underserved. This study is one of very few analyses of this topic to register data for a total population of all older residents in Sweden, encompassing approximately two million people.

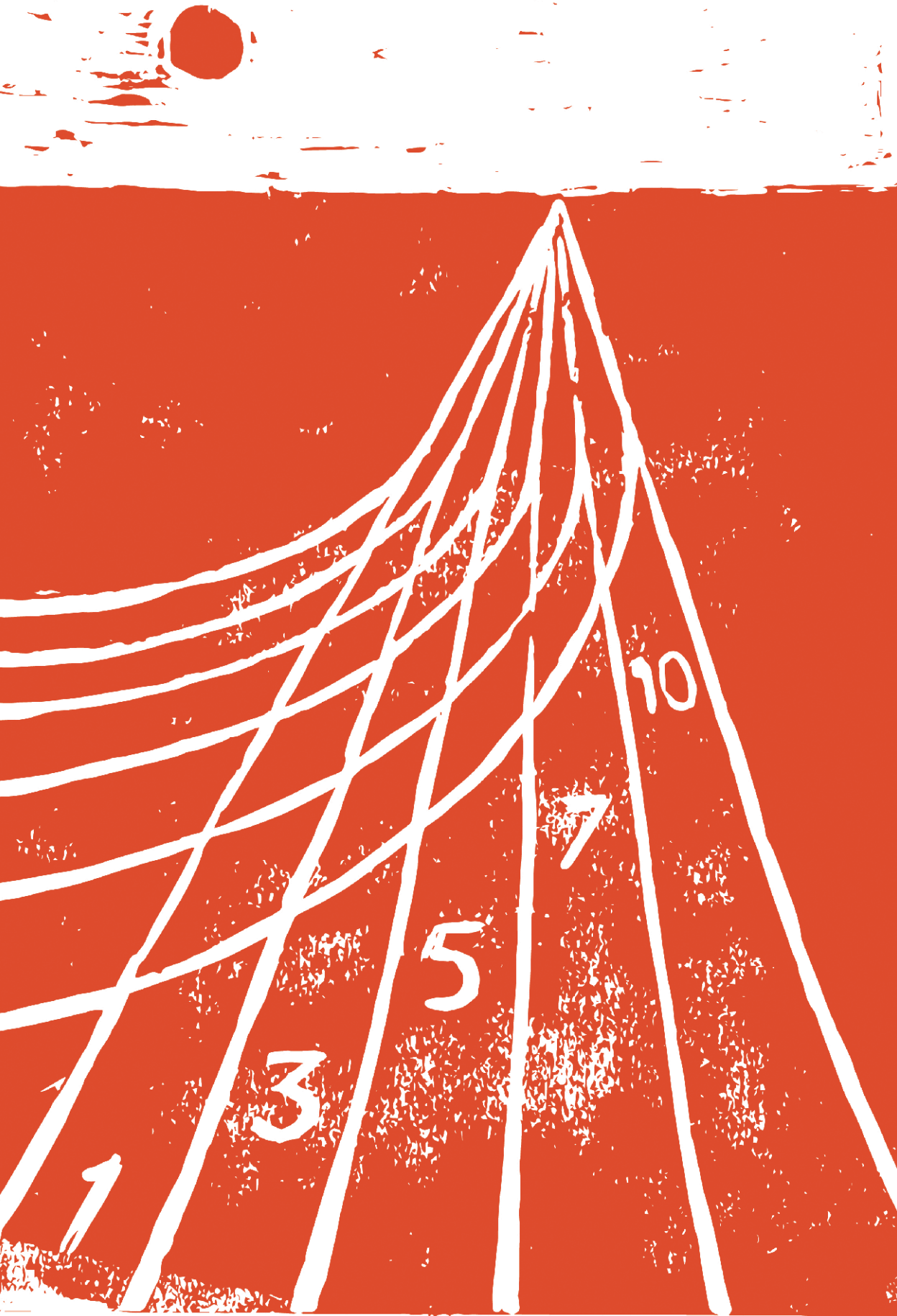
The descriptive statistics reveal substantial differences in the distribution of LTCS per income deciles. Around five percent of the highest income groups have some LTCS, while the equivalent figure is over 25 percent in decile two. What stands out is that the proportion with LTCS is considerably lower in decile one compared with decile two (around five percentage points). This

could be an indication of the inverse care law; however, these differences may also be the result of the age composition in these deciles. Since health is of major significance for the use of LTCS, we also observe the distribution of medicines dispensed per income decile. About 30 percent of the population in decile, one have 65 or more medications. In deciles nine and ten, the proportion with 65 or more medicines is around ten percent. The descriptive statistics show substantial differences in care use between the low- and the high-income groups. Another interesting finding is that the proportion that has nine medicines or less is more substantial compared with decile two. We know that there is an under usage of medical care among older, foreign-born people, and the higher number of low usage of medicines may thus also be an indication of the inverse care law.

In studying the direct relationship between income and utilization of LTCS, we conduct LR models to investigate the relationship between income and utilization of LTCS among older people born in Sweden and low-, middle-, and high-income countries. We specify and estimate separate models for older people having a partner (born in Sweden or abroad), and older people living without a partner (born in Sweden or abroad). In the models, we check for the contribution of covariates, such as age and gender, for the variance in the use of LTCS. Gender includes two variables, corresponding to men and women. The age variable is classified into six variables (65-69, 70-74, 75-79, 80-84, 85-89, and aged 90 or older). Education level consists of four variables (including one indicating that no education information is available), age at migration, and number of prescribed medicines. To study the direct relationship between income and utilization of LTCS, we combine GDP groups (1-3) with disposable income. The ten income deciles were categorized into five groups (decile one, decile two, decile three, deciles four to seven, and deciles eight to ten). (The reason for merging deciles four to seven and eight to ten is that there were not sufficient observations among some birth countries).

When controlling for all the covariates included in the models, the results from the LR models for Swedish-born and older people born in a high-income country not having a partner show that the possibility of LTCS is almost the same regardless of income group. Consequently, the inverse care

law does not operate for these groups. A possible explanation for the similar patterns between Swedish-born and older people born in high-income countries is that a vital portion of the latter were born in other Nordic countries. As the welfare systems in the Nordic countries largely mirror each other, this may enhance the understanding of how to navigate the formal care system in Sweden, and thus improve access to LTCS. In addition, we may assume language barriers to be less of a problem for these older people. When turning to older people born in low-income countries who do not have a partner, we find that the likelihood of utilizing LTCS is lower for older people in decile one compared with decile two. This would suggest that there are indications of the inverse care law for older people born in low-income countries who do not have a partner. When examining the extent to which the inverse care law applies for those having a partner, we find that the overall likelihood for LTCS is considerably lower for those having a partner in comparison to those not having a partner. To conclude, the universal care system seems to work for older people born in Sweden and older people born in low-, middle-, or high-income countries. However, the results do indicate that the universal welfare system may not sufficiently support equitable LTCS utilization for older people who do not have a partner and are born in low-income countries.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Discussion

The following chapter will discuss:

1. Summary of key findings
2. Understanding the results from a life course perspective
3. Policy implications
4. Suggestions for further research

Summary of key findings

The overall results of this thesis show age at migration matters for migrants who are 40+ at migration and born in low- and middle-income countries. For these people, age at migration is of prime importance for labor market integration compared with other factors such as education level, gender, and number of children, which seem to have considerably less impact on getting the first foothold in the labor market. The time it takes to gain a foothold has already increased from age 40 for individuals born in low- and middle-income countries. Many middle-aged and older people never enter the labor market, leading to an increased risk of being twice poor in older age. This entails having an income that is lower than 60 percent of the median income and wealth of less than SEK 10,000. It is 33 times more common among older people born in a low-income country to be twice poor than older people born in Sweden. The significance of age at migration for old-age poverty highlights the importance of understanding social problems in older age from a life course perspective. The risk of poverty in older age, versus the more universal distribution of LTCS, clearly illustrates that the accumulation of disadvantage in older age may be present in some areas of life but not in others. The results concerning LTCS utilization challenge the stereotypical image of older migrants. In contrast to previous assumptions of an existing underutilization of care among older migrants, this thesis shows that there is substantial heterogeneity across and within different birth countries regard-

ing utilization of LTCS. The results suggest that later-in-life migration does not have to imply lower utilization of LTCS. For Swedish-born older people, nor in the case of the majority of older migrants, this thesis does not show that those who most need care are least likely to receive it. However, the inverse care law does appear to operate for older people born in low-income countries who do not have a partner. For this group, the results demonstrate the interconnected nature of multiple disadvantageS. A conclusion based on these results is that it would be more fruitful to reason about an eventual accessibility problem as a matter of income combined with other types of disadvantages, rather than a matter of cultural preferences only. The substantial heterogeneity in the utilization between birth groups and age at migration makes it difficult to argue against such a statement. Conclusively, the LTCS system is more redistributive than the financial transfer system. The LTCS still seem to operate according to universal principles, while this is not the case with the financial transfer system. The overall results of this thesis suggests a dual welfare state rather than a universal one.

Understanding the results from a life course perspective

Timing of events

The results of this thesis may be understood by using concepts from the life course perspective-that the timing of events matters, and thus age at immigration matters. Migration implies a change in the life course with a distinct before and after. This thesis shows that the effects of such change relate to the life stage at which the individual encounters the event: migrating as a 20-year-old or a 40-year-old matters, concerning the labor market. For the latter group, this may be explained by increasing difficulties in learning a new language with rising age (Chiswick et al., 2016). There are also structural barriers linked with the timing of events. Employers discriminate against middle-aged and older workers, and there are increased barriers to the labor market (Carlsson & Ericsson, 2019). Furthermore, the timing of events matters concerning the financial wellbeing of older age. Access to a full base pen-

sion in Sweden requires migration early in life to meet the requirements of 40 years of residency. For migrants arriving at age 40 +, it is impossible to meet these criteria. Reasoning can also be done concerning whether the timing of events may explain the lower utilization of residential care among later-in-life migrants. There are indications of the stereotyping of this group. Forsell et al. (2015) show that case managers have stereotypical images concerning the care needs of later-in-life migrants. The effect of stereotyping concerning the utilization of LTCS is yet unknown. However, perceived discrimination in medical care is associated with the refrainment of help-seeking behavior (Wamala et al., 2006). Case managers' stereotypical images may have the potential to put some alternatives to LTCS in the foreground. For example, suppose the stereotypical image declares that, later in life, migrants receive care in their home rather than in a residential care facility. In that case, the case manager may promote such an alternative. The results of this study do not say anything about whether formal care is complemented or substituted for informal care. However, previous studies (Forsell, 2004; Diwan, 2008; Blair, 2012) show that informal care among later-in-life migrants becomes essential when the older person cannot speak or understand the language. Evidence is inconsistent concerning whether there is a substitutionary or complementary relationship between informal and formal care. If the latter applies, we may assume that the older people who receive home care are also more likely to receive informal care. I ask if it is easier for later-in-life migrants, who depend on their children for translation, to uphold a complementary relationship between informal and formal care if they live at home before living in a residential care facility. May this be one of many possible explanations for the detected pattern of lower utilization of residential care among this heterogeneous group?

Agency

Barriers to LTCS may be understood from an agency perspective. Not knowing the language and being dependent on next of kin may cause obstacles to navigate one's social rights. The concept of health literacy is most often used when discussing the accessibility of health care. I suggest the relevance of

the idea of bureaucracy literacy in the context of this thesis, highlighting the unique resources required and possibility of navigating the bureaucracy of the LTCS system and the bureaucracy of the Swedish Pensions Agency.

Trajectories and transitions

The results of this thesis highlight different trajectories encapsulating the normative trajectory of a long work life: the normative trajectory of successful aging in terms of having the money to spend on leisure activities to uphold an active lifestyle. As noted previously, life trajectories entail changes, for example going from employed to being unemployed and going from being employed to being retired. These transitions may be externally imposed or imposed by the person's own choice. The distinction between these two is highly consequential in initiating advantageous or disadvantageous life course developments. Externally imposed transitions may cause cumulative disadvantage. Losing a job may be related to different types of disadvantages, such as facing higher risks of poverty or social isolation and poor health.

Historical time and place

Lastly, the results of this thesis also demonstrate the significance of the historical context. This applies when following the different cohorts arriving during the 1990s. The likelihood of getting a job differs according to the business cycle, one year to another.

Policy recommendations

I suggest the following policy implications based on the results of this thesis:

Policy recommendation 1: Promote access to financial support through a broadening of the incorporation of the case manager role within the administration of the financial transfer system

The high level of twice poverty among older people born in low-income countries may indicate something about the extent to which the financial transfer system is accessible. Does the system provide the right conditions for the individual to have agency in relation to the system, or does this system rely on the individuals, or their relatives' bureaucracy literacy? Today, financial transfers can be accessed digitally from the Swedish Pensions Agency's website, which may constitute a barrier for older people who might not be accustomed to this. The large number of older people (60,000) in Sweden who are entitled to this support, and yet do not utilize it, may be an indication that such services need to be more accessible. An argument can be made that there is a need for social work with older people in order to expand beyond LTCS. When older people apply for LTCS, a case manager who might assist him or her in the application process assesses their needs. Similar assistance is not available at the Swedish Pensions Agency when needs are assessed for financial support. An argument can be made that the large numbers of older people who are entitled to financial support but do not use it would decrease, if they were offered help from someone who could assist them through the application process, in a way that is similar to that of the case manager function.

Policy implication 2: Work to combat disadvantage in older age by applying a life course perspective and a multidimensional understanding of exclusion

The results from this thesis suggest a multi-dimensional understanding of social problems. The latter means an understanding of the interconnected nature of disadvantage and the accumulation of disadvantage over time. By applying this approach, social workers may avoid homogenizing the social problems of the older foreign-born population in Sweden. For example, by ensuring that LTCS utilization is not reduced to encompass solely cultural preferences but considers multiple aspects of accessibility.

Suggestions for further research

I Labor market integration has been one measure to prevent and defeat social exclusion in Europe. However, this study points to the need for other inclusion measures, as a substantial proportion of the Swedish population will never enter the labor market. Given the heterogeneity observed and the range of countries included in this analysis, it is clear that it is unlikely that there is one primary determinant, or indeed a small set of determinants, driving these differences. Future research could usefully examine some of these potential driving factors.

II Further research in this area needs to address the poorest sections of the older foreign-born population, particularly those who do not have a partner. A more concentrated research initiative is required to identify whether or not unmet care requirements exist among these groups, or if individual members of these populations are choosing not to access LTCS.

III Further research needs to investigate the extent to which the language barrier impacts the likelihood of people utilizing LTCS.

IV Further research needs to be done investigating the extent to which discrimination exists in needs assessment and how this impacts LTCS utilization.

V Further research needs to address factors of importance concerning rejection of applications for LTCS.

VI Further research needs to investigate the underutilization of financial support administrated by the Swedish Pensions Agency.

Sammanfattning på svenska

Världens befolkning lever allt längre vilket innebär att andelen äldre personer har ökat under de senaste decennierna. Under senare årtionden har även migrationen ökat i olika delar av världen. Med en ökande andel äldre och människor som migrerar förväntas den heterogena gruppen äldre migranter öka. Den demografiska förändringen sätter ekonomisk press på välfärdssystemen över hela världen (FN, 2019, Eurostat, 2021). En global trend är också att människor migrerar senare i livet. Sverige är ett land som särskilt har präglats av en sådan trend under senare decennier. Att migrera senare i livet har visat sig vara associerat med olika former av social ojämlikhet; exempelvis svårigheter att lära sig ett nytt språk och en kortare tidsperiod att förvärva pensionsrättigheter före pension. Detta skulle kunna peka på ökad risk för fattigdom vid hög ålder. Trots den svenska välfärdsstatens universalistiska ambitioner finns indikationer på inkomstskillnader och ojämlik fördelning av omsorgstjänster mellan svensk- och utrikesfödda äldre personer (Albertsson et al., 2004. Den sammantagna kunskapen om äldre personer som migrerat sent i livet bygger på kvalitativa småskaliga studier och mer fragmenterade former av sekundärdata. Följaktligen vet vi inte i vilken utsträckning ålder vid migration är en utmaning för dessa grupper av den äldre befolkningen.

Det övergripande syftet i denna avhandling är att studera betydelsen av ålder vid migration för arbetsmarknadsetablering, risken för dubbel fattigdom vid hög ålder och användningen av formell äldreomsorg.

Design och metod

Denna avhandling bygger på registerdata från Statistiska Centralbyrån (SCB) och Socialstyrelsen. Data från dessa två myndigheter har kopplats samman efter godkänd etikprövning. Sverige tillhör ett av få länder med data över samtliga individer i hela-populationen. I följande text presenteras en sammanfattning av avhandlingens fyra studier.

Sammanfattning av de fyra studierna i avhandlingen

Studie 1

Denna studie undersöker hur ålder vid invandring är relaterat till att få komma in på arbetsmarknaden. Vi skiljer på de som är födda i låg-, medel- och höginkomstländer. Antalet år tills man kommer in på arbetsmarknaden definieras här som antalet år tills personen först får en inkomst (lön, en lön eller egenföretagarinkomst) på minst två prisbasbelopp.[1] Hypotesen som undersöks är att antalet år till det första jobbet ökar med stigande ålder vid migration. I denna studie följs fyra olika invandrarkohorter; de som anlände till Sverige under åren 1990, 1994, 1998 och 2002. En fördel med studiens design är att den synliggör makroekonomiska situationer präglade de fyra åren, t.ex. arbetslösheten och variationen i denna .

Registerdata för total populationen från perioden 1990-2010 används för studien,, vilket gör att vi kan följa dessa kohorter över en mer omfattande period. För att få en bättre förståelse för hur ålder vid invandring är relaterat till antal år tills man i kommer in på den svenska arbetsmarknaden genomför vi överlevnadsanalys. Denna typ av analys innehåller riskfrekvenser som kombinerar tid och händelse, det vill säga sannolikheten att en händelse inträffar vid en viss tidpunkt givet att den inte har hänt ännu (Allison, 2010). Den beroende variabeln är varaktigheten av tid till händelse eller om händelsen aldrig inträffar. I denna studie undersöks antal år det tar tills individen får en inkomst på 2 prisbasbelopp. Tanken är att mäta tiden det tar att komma in på arbetsmarknaden, givet att ett jobb ännu inte har fåtts.

Resultaten från de statistiska analyserna visar att ju äldre en person är vid migration, desto längre tid tar det att komma in på arbetsmarknaden. Redan vid 40 års ålder ökar tiden till ett första jobb. Vidare innebär migration vid 50 års ålder små utsikter att få jobb i Sverige. Sammanfattningsvis påvisar denna studie att ålder vid migration har större betydelse för tiden det tar att komma in på arbetsmarknaden jämfört med andra faktorer som utbildningsnivå, kön och antal barn.

[1] Nivån på två basenheter 2015 var lika med 89 000 SEK. Ett sådant belopp kan en hel-tidsarbetande tjäna in i de lägst betalda yrken där han/hon har ett heltidsarbete under 4-5 månader om året eller om han/hon arbetar 2 dagar i veckan under ett helt år

Studie 2

Att många migranter från låg- och medelinkomstländer aldrig kommer in på arbetsmarknaden innebär potentiell risk för fattigdom i högre ålder. Denna studie undersöker i vilken utsträckning ålder vid migration påverkar risken för att vara både inkomst- och förmögenhetsfattig. Inkomstfattig definieras som att den disponibla inkomsten i hushållet där personen bor är lägre än 60 procent av medianinkomsten i Sverige för innevarande år. Förmögenhetsfattigdom definieras som att ha en nettotillgång värd 10 000 kronor eller mindre. Vi delar in den äldre populationen i fyra grupper: de dubbelt fattiga (inkomstfattiga hushåll som inte har tillgångar som uppgår till 10 000 kr), de skyddade fattiga (inkomstfattiga hushåll som har nettotillgångar som uppgår till mer än 10 000 kr), de utsatta icke-fattiga (icke inkomstfattiga hushåll som inte har en nettoförmögenhet som uppgår till 10 000 kr) och de icke-fattiga. Registerdata för år 2007 används då förmögenhetsskatten i Sverige avskaffades detta år.

Den deskriptiva statistiken visar att det är 33 gånger vanligare bland äldre födda i ett låginkomstland att vara dubbelt fattiga än äldre födda i Sverige. Den beskrivande statistiken visar också att andelen dubbelt fattiga varierar beroende på civilstånd mellan de fyra födelseländernas kategorier. Bland svenskfödda är andelen dubbelt fattiga lägst bland gifta, följt av ensamstående kvinnor och ensamstående män. Samma rangordning av civilståndskategorier är också uppenbar för personer födda i andra höginkomstländer. Däremot, bland personer födda i låginkomstländer, är andelen dubbel fattigdom liknande bland gifta och ensamstående kvinnor men något lägre bland ensamstående män. Resultatet från de multivariata modellerna visar tydligt att invandring efter 40 års ålder ökar sannolikheten att vara dubbelt fattig som äldre för samtliga födelselandsgrupper. För en ensamstående kvinna, som inte är berättigad änkepension, är risken för dubbelfattigdom 20 procent om hon är född i ett höginkomstland, har migrerat vid 65 års ålder eller äldre, är 75-79 år och har en kortare utbildning är grundskola 9 år (den vanligaste utbildningsnivån hos personer som är 65 år eller äldre) .När vi predicerar sannolikheten för dubbel fattigdom för en person med samma egenskaper, men född i ett medelinkomstland, är sannolikheten över 30 procent. För en person född i ett låginkomstland är motsvarande siffra över 40 procent. Föru-

tom att ålder vid invandring är relaterad till sannolikheten att vara dubbelt fattig, visar modellskattningarna att utbildning också är av stor betydelse. Risken för att vara dubbelt fattig är avsevärt lägre för utrikesfödda som har en eftergymnasial utbildning, jämfört med att ha en kortare utbildning. Vidare är risken för att vara dubbelt fattig betydligt lägre hos kvinnor som är berättigade till änkepension.

Studie 3

Föreställningen om att äldre utrikesfödda är underrepresenterade som mottagare av formell äldreomsorg[3] har varit mycket stark i den äldreomsorgspolitiska debatten. Endast ett fåtal småskaliga studier existerar med begränsade möjlighet att klarlägga ett sådant påstående. Omfattande internationell och nationell forskning påvisar barriärer för mottagandet av formell äldreomsorg för äldre utrikesfödda. Det handlar om språkbarriärer, brist på information, kulturella preferenser och diskriminering (Albertsson et. Al, 2004, Hurley et. Al., 2012; Ahaddour, et. Al, 2016). I flera studier lyfts äldre som migrerat sent i livet som en särskilt utmaning för den universalistiska äldreomsorgen. Det handlar om att det skulle finnas särskilda önskemål som är svåra för den formell äldreomsorgen att tillgodose (Torres, et. Al, 2015; Komp & Johansson, 2015). Samtidigt saknas studier som visar att ålder vid migration skulle bidra till en lägre sannolikhet att ta emot offentlig äldreomsorg.

En av flera tänkbara förklaringar är att svårigheten att lära sig ett nytt språk ökar med stigande ålder (Chiswick,2016), vilket skulle kunna leda till att personer som migrerar sent i livet i större utsträckning har det svårare att få access till formell äldreomsorg. Denna studie är den första i sitt slag som studerar en totalpopulation av alla äldre i Sverige, med cirka två miljoner observationer, där skillnader i formell äldreomsorg studeras genom att jämföra födelseland och ålder vid migration. Materialet som används i denna studie gör det alltså möjligt att skatta omsorgsbehovet genom att kontrollera för antalet förskrivna läkemedel tillsammans med utbildning, inkomst, utbildningsnivå och boendesituation, och undersöka om det fortfarande finns

[2] ;Samtliga insatser som erbjudes in om den offentligt finansierade om-sorg, alltifrån trygghetslarm till äldreboende)

potentiella skillnader i användning mellan utrikes och inrikes födda personer efter att kontroller för dessa variabler gjorts.

När förekomsten av äldreomsorg jämförs deskriptivt mellan utrikesfödda och inrikes födda, är andelen äldreomsorgsmottagare något lägre bland utrikesfödda. När jämförelser görs mellan samtliga födelseländer är bilden mer heterogen. I de logistiska regressionerna analyseras sannolikheten för följande; att ha någon typ av insats inom äldreomsorgen; att ha personlig omsorg och service eller att bo på särskilt boende. Denna uppdelning av insatser har gjorts för att fånga upp äldre som endast har få insatser och kanske ett mindre omsorgsbehov än de som har en omfattande mängd insatser och kanske ett mer omfattande omsorgsbehov. Baserat på resultatet beräknas sannolikheten att få formell äldreomsorg för; en lågutbildad, ensamboende kvinna i åldern 85-89, som har barn folkbokförda i landet, har en inkomst på mellan 40 och 61 procent av svensk medianinkomst, och som använder av mellan 35 och 68 expedierade läkemedel per år.

Resultaten visar att utrikesfödda har en något lägre sannolikhet att ta emot någon typ av formell äldreomsorg än svenskfödda äldre. Denna studie bekräftar antagandet att utrikesfödda äldre som grupp är mindre sannolika att använda formell äldreomsorg. Men eftersom äldre utrikesfödda är en heterogen grupp skulle det vara en grov förenkling att helt enkelt acceptera detta fynd som en övergripande sanning för denna grupp. Resultaten från analyserna som omfattar samtliga födelseländer visar ett annat mönster. Det är långt från alla födelseländer som har lägre sannolikhet att använda formell äldreomsorgjämfört med svenskfödda äldre. Detta resultat motsäger delvis tidigare antaganden om en övergripande underrepresentation av utrikesfödda som omsorgsmottagare.

När jag jämför skillnader i sannolikhet för olika typer av omsorg framkommer tydligt att sannolikheten att få omsorg på särskilt boende är lägre för utrikesfödda än att få omsorgen tillgodosedd i hemmet av hemtjänst. Detta resultat skulle kunna förklaras av faktorer som institutionella preferenser och språkbarriärer. I tidigare studier har sent i livet-migranter beskrivits som en utmaning för de universella ambitioner som historiskt har präglat det svenska välfärdssystemet (Komp & Johansson 2015). Denna studie visar dock tydligt att sent i livet-migration på en övergripande nivå inte behöver innebära en

lägre användning av formell äldreomsorg. Det finns betydande heterogenitet mellan födelseländerna i omsorgsanvändning. För vissa länder, till exempel Irak (ett land som är särskilt förknippat med migration i slutet av livet), tyder migration sent i livet på en högre sannolikhet att använda hemtjänst och en något lägre sannolikhet att få omsorg på äldreboende. Språkbarriären (som kan förstärkas för denna grupp) kan delvis förklara detta fenomen. Man kan anta att tanken på att bo på ett boende där det är svårt att göra sig förstådd kan vara skrämmande och minska incitamentet att söka denna typ av omsorg. Man kan argumentera för huruvida hemtjänst är ett substitut för omsorg på särskilt boende för äldre som har migrerat sent i livet till Sverige. Resultaten av denna studie tyder på att man bör vara försiktig när man generaliserar användningen formell äldreomsorg för äldre utrikesfödda. Det återstår dock att fastställa om de identifierade vårdnivåerna representerar ouppfyllda omsorgsbehov. Vidare kvarstår att studera i vilken utsträckning språkbarriärer, bristande information och diskriminering hindrar användningen av LTCS bland äldre utrikesfödda personer. Födelseland kanske inte är en övergripande prediktor i studier som rör ojämlik fördelning av omsorg.

Studie 4

I en universell välfärdsstat som Sverige förväntar vi oss en jämlik distribution av äldreomsorg, d.v.s. att man har lika tillgång oavsett ekonomiska förutsättningar. Trots detta finns det indikationer på att äldre personer avstår från att ansöka om formell äldreomsorg för att de inte upplever sig ha råd (Szebehely , 2000). Dessa indikationer utmanar bilden av den universella välfärdsstaten. I denna studie prövas hypotesen om den reverserade omsorgslagen, myntad av Tudor Hart (1971) som menar att de med störst behov av omsorg inte per definition behöver vara de grupper som i störst utsträckning använder omsorg. I denna studie undersöks relationen mellan inkomst och användning av formell äldreomsorg bland äldre födda i Sverige, hög- medel- och låginkomstländer samt om det finns indikationer på att den reverserade omsorgslagen är verksam här. Äldre migranter från låg-, medelinkomstländer och höginkomstländer löper en betydligt högre risk för fattigdom än svenskfödda äldre och äldre födda i höginkomstländer. Givet den universel-

la välfärd som kännetecknar Sverige vore det därför otänkbart att anta att det existerar finansiella barriärer för formell äldreomsorg. Samtidigt finns indikationer på att äldre avstår från att söka hemtjänst då de upplever att de inte har råd (Szebehely, 2000). Om detta är fallet skulle barriärer för den formella äldreomsorgen kunna antas bli intensifierade för äldre utrikesfödda som är särskilt riskerar att drabbas av fattigdom och som även möter andra typer av barriärer för äldreomsorg. Den nordiska välfärdsstatens universella karaktär, i kombination med stora skillnader i fattigdom bland inrikes och utrikesfödda äldre (Gustafsson, et. al, 2019) gör Sverige till ett särskilt intressant exempel för att studera om de mest missgynnade ekonomiskt även är underrepresenterade avseende användning av äldreomsorg.

Logistiska regressionsmodeller har genomförts med en utfallsvariabel som omfattar all äldreomsorg. Då inkomst antas kunna påverka individer olika beroende på om hen bor tillsammans med partner eller inte, görs separata modeller för inrikes födda med och utan partner, och personer födda i låg-, medel- och höginkomstländer, med eller utan partner. Den deskriptiva statistiken visar på skillnader mellan olika inkomstgrupper och fördelningen av formell äldreomsorg. Omkring fem procent av de högsta inkomstgrupperna har någon typ av formell äldreomsorg, medan motsvarande siffra är över 25 procent i decil 2. Det som sticker ut är att andelen med formell äldreomsorg är betydligt lägre i decil 1 jämfört med decil 2 (runt fem procentenheter). Detta innebär att de allra fattigaste har lite mindre formell äldreomsorg än de som har det något bättre , men fortfarande i en inkomstgrupp som klassificeras som traditionell inkomstfattigdom. Detta mönster skulle kunna vara en indikation på den reverserade omsorgslagen. Resultaten från de logistiska regressionsmodellerna visar att möjligheten till formell äldreomsorg personer är nästan densamma oavsett inkomstgrupp för svenskfödda och äldre födda i ett höginkomstland utan partner . Följaktligen gäller inte den reverserade omsorgslagen för dessa grupper. En möjlig förklaring till liknande mönster mellan svenskfödda och äldre födda i höginkomstländer är att en viktig del av de senare är födda i andra nordiska länder. Eftersom välfärdssystemen i de nordiska länderna till stor del speglar varandra kan detta öka förståelsen för hur man kan navigera i det formella vårdsystemet i Sverige och därmed förbättra tillgången till LTCS. Dessutom kan vi anta att språkbarriärer är ett

mindre problem för dessa äldre personer. När vi tittar på äldre personer födda i låginkomstländer som inte har en partner, finner vi att sannolikheten att använda formell äldreomsorg är lägre för äldre personer i den lägsta inkomstgruppen (decil 1) jämfört med den näst lägsta decil (2). Detta mönster skulle tyda på att den reverserade omsorgslagen råder för dessa äldre. När vi undersöker i vilken utsträckning den reverserade omsorgslagen gäller för de som har en partner, finner vi att den totala sannolikheten för formell äldreomsorg är betydligt lägre för dem som har en partner jämfört med de som inte har en partner. Sammanfattningsvis påvisar den här studien att den formella äldreomsorgen fungerar för äldre personer födda i Sverige och äldre personer födda i låg-, medel- eller höginkomstländer. Resultaten tyder dock på att det universella välfärdssystemet kanske inte i tillräcklig utsträckning stödjer en jämlik fördelning av offentliga finansierad äldreomsorg-utnyttjande för äldre personer som inte har en partner, födda i låginkomstländer.

Teoretiskt perspektiv

Avhandlingens fyra studier rör flera socialpolitiska diskussioner. En sådan är huruvida den universella välfärdsstaten fortfarande är universell. Diskussion förs till viss del i artiklarna kring dessa frågor. För att knyta samman avhandlingens fyra studier har jag valt att använda livsloppsperspektivet då avhandlingen rör tidens betydelse vid migration i relation till arbetsmarknaden och olika välfärdssystem. Centrala begrepp från Livsloppsperspektivet används för att binda samman de fyra studierna i avhandlingen. Det handlar om agentskap; betydelsen av livsbanor och transitioner, tajmingen av händelser och hur individers liv är sammanlänkade (Elder 1994, Windzio et al. 2011). Agentskap handlar om hur individer konstruerar sina liv inom ramen för strukturella möjligheter och hinder. Exempelvis kan individers val av äldreomsorg vara påverkade av systemets utformning och tillgänglighet, men också individens val och preferenser av omsorg. Vidare kan individers val av omsorg vara påverkade av institutionella faktorer så som tidigare erfarenheter av välfärdssystem och om det finns tillit till myndigheter. Livsbanor handlar om hur olika teman i individens liv utvecklar sig över tid, så som familjeliv, arbetsliv eller migration. Transitioner berör övergångarna inom

dessa livsbanor. Det kan handla om att gå från arbetstagare till pensionär. Tajmingen av livshändelse blir särskilt central i denna avhandling som sätter stort fokus på ålder vid migration (ibid). Antagandet är att ålder vid migration är associerat med multipla nackdelar i relation till arbetsmarknaden och välfärdssystem. Individens livslopp sker inte i ett vakuum utan är också sammanlänkat med andra livslopp. Att gå från arbetstagare till arbetslös kommer sannolikt påverka den närmaste familjen. Migration innebär inte sällan att en hel familj bryter upp. Att individers liv är sammanlänkade blir viktigt att se i samtliga studier i denna avhandling; offentlig äldreomsorg är relaterat till den omsorg som ges av anhöriga. Likaså kan fattigdom bland äldre påverka möjligheten till social delaktighet för denna grupp.

Avslutande diskussion och slutsatser.

De övergripande resultaten av denna avhandling visar att ålder vid migration har betydelse för migranter som är 40+ år och äldre vid migration,. För de senare är migrationsåldern av största vikt för arbetsmarknadsintegrationen jämfört med andra faktorer som utbildningsnivå, kön och antal barn, som verkar ha betydligt mindre inverkan på att få det första fotfästet på arbetsmarknaden. Tiden det tar att få fotfäste ökar redan från 40 års ålder för individer födda i låg- och medelinkomstländer. Många medelålders och äldre personer kommer aldrig ut på arbetsmarknaden, vilket leder till en ökad risk att bli dubbelt fattiga i högre ålder. Det innebär att ha en inkomst som är lägre än 60 procent av medianinkomsten och förmögenhet under 10 000 kronor. Det är 33 gånger vanligare bland äldre födda i ett låginkomstland att vara dubbelt fattiga än för äldre födda i Sverige. Ålderns betydelse vid migration för ålderdomsfattigdom belyser vikten av att förstå sociala problem i äldre ålder ur ett livsloppsperspektiv. Risken för fattigdom i äldre ålder kontra den mer universella fördelningen av LTCS illustrerar tydligt att ackumuleringen av underläge i äldre ålder kan finnas inom vissa områden av livet men inte i andra. Resultaten angående formell äldreomsorgsanvändning utmanar den stereotypa bilden av äldre migranter. I motsats till tidigare antaganden om ett existerande underutnyttjande av vård bland äldre migranter, visar denna avhandling att det finns en betydande heterogenitet mellan och inom olika

födelseländer när det gäller utnyttjande av LTCS. Resultaten tyder på att migration sent i livet inte behöver innebära lägre utnyttjande av LTCS. För svenskfödda äldre och för majoriteten av äldre utrikesfödda gäller inte den reverserade omsorgslagen, undantaget är äldre personer i den lägsta inkomstgruppen som är födda i låginkomstländer och som inte har en partner. En slutsats utifrån dessa resultat är att det skulle vara mer fruktbart att resonera om ett eventuellt tillgänglighetsproblem som en fråga om inkomst i kombination med andra typer av nackdelar, snarare än en fråga om enbart kulturella preferenser. Den betydande heterogeniteten i utnyttjandet mellan födelsegrupper och ålder vid migration gör det svårt att argumentera emot ett sådant påstående. Slutligen är LTCS-systemet mer omfördelande än det finansiella överföringssystemet. LTCS verkar fortfarande fungera enligt universella principer medan detta inte är fallet med systemet för finansiella överföringar.

Policy-implikationer

1. Öka tillgängligheten av äldreförsörjningsstöd genom att återinföra handläggarrollen på Pensionsmyndigheten så att äldre personer har möjlighet att få stöd i hur de ska fylla i ansökan om äldreförsörjningsstöd.
2. Motverka social exkludering i hög ålder genom att arbeta utifrån ett livsloppsperspektiv.

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