

---

## **Analysing Long Term Care policies. The case of Spain and Sweden**

---

*María Ángeles Tortosa Chuliá*<sup>1</sup>  
Universitat de València  
*Gerdt Sundström*<sup>2</sup>  
Universidad de Jönköping

**Recibido:** 21-03-2022

**Aceptado:** 15-04-2022

---

<sup>1</sup>angeles.tortosa@uv.es

<sup>2</sup>gerdt.sundstrom@ju.se

### **Análisis de Políticas de Cuidados de Larga Duración (CLD). El caso de España y Suecia**

*Resumen.* Analizamos los enfoques de las políticas de atención a largo plazo (LTC) en general, utilizando España y Suecia como ejemplos. A pesar de sus diferencias, especialmente en la vida familiar, la cobertura de sus servicios es un poco diferente, aunque Suecia depende en gran medida de los municipios para la prestación de servicios, mientras que España tiene una administración más compleja. Un problema importante para LTC es evaluar las necesidades de las personas mayores. El uso de información macrodemográfica de arriba hacia abajo a menudo da como resultado escenarios catastróficos. Las políticas sobre LTC también deben utilizar una perspectiva de abajo hacia arriba, con microinformación sobre las personas mayores. Las perspectivas ascendentes sugieren consecuencias menos graves del envejecimiento para LTC, al incluir información sobre recursos y necesidades, quejas y problemas de las familias y servicios. Existe información de abajo hacia arriba entre los trabajadores sociales, particularmente en áreas menos urbanizadas donde los servicios sociales funcionan mejor; especialmente en Suecia, menos en España. El problema es cómo alimentar el proceso político con esta información. En ambos países, la pandemia de covid-19 reveló importantes deficiencias en los servicios sociales y la atención médica, y lo peor en las principales áreas urbanas. Las intervenciones tanto en España como en Suecia resultaron insuficientes o mal dirigidas. Lamentablemente, la pandemia no cambió las proyecciones públicas de LTC: se necesitan perspectivas políticas tanto de arriba hacia abajo como de abajo hacia arriba para futuras reformas de LTC, también para reducir las cargas de cuidado familiar.

*Palabras clave:* Cuidados larga duración (CLD); España; Suecia; Necesidades personas mayores; Enfoques de políticas.

*Clasificación JEL:* I31, J11, J14.

### **Analysing Long Term Care policies. The case of Spain and Sweden**

*Abstract.* We analyse approaches to Long Term Care (LTC) policies generally, using Spain and Sweden as examples. Notwithstanding their differences in, especially, family life, their service coverage is little different, although Sweden relies heavily on municipalities for service delivery, whereas Spain has a more complex administration. A major problem for LTC is to assess needs of older people. Use of macro demographic information top-down often results in catastrophic scenarios. Policies about LTC should also use a bottom-up perspective, with micro information about older people. Bottom-up perspectives suggest less severe consequences of ageing for LTC, by including information about resources and needs, complaints and problems of families and services. Bottom-up knowledge exists among social workers, particularly in less urbanised areas where social services function better; especially in Sweden, less so in Spain. The problem is how to feed the political process with this information. In both countries, the covid-19 pandemic revealed big shortcomings in social services and health care – most of which was known beforehand – and worst in major urban areas. Interventions in both Spain and Sweden proved insufficient, or mis-directed. Regrettably, the pandemic did not change public LTC projections: There is a need for both top-down and bottom-up perspectives in future reforms of LTC, also to reduce family care burdens.

*Keywords:* Long Term Care (LTC); Spain; Sweden; Needs of older people; Policy approaches.

*JEL codes:* I31, J11, J14.

## **1. Introduction**

Population ageing and the financial sustainability of pensions, health care and social services is a matter of concern in many countries, and was highlighted during the Covid-19 pandemic. Administrations, politicians, and the general public need information about this, but they live and act in societies with a history, and different ways to organize public issues and private lives. Therefore, common and seemingly simple and straightforward indicators and forecasts of ageing and needs of older people, can be misleading or outright meaningless, whether national or local. This can be true also of comparisons of, for example, services, over time in one country, between local units in one country, and between countries. Different types of information tend to be collected and – possibly - used, depending on the way a society organizes itself.

Forecasts on services for older people usually rely heavily on aggregate information and especially demographic trends to describe future scenarios, and financial and political challenges. We call this a top-down perspective, although policies about old age care should be seen also from a bottom-up perspective, in which macro demography has less weight and the micro information from actual life of older people, their social contributions, and family situation gets more attention. This might guide us to new ways to support older people or enable them to provide for themselves, where the future may look less frightening and more realistic. After all, ominous forecasts done decades ago did not materialize.

The aim of this article is to review the approaches and information used in Spain and Sweden – and the ones not used but needed – for political decisions about their LTC policies.

In Sweden there are now political demands for the state to take charge of health care and social services, after serious shortcomings in regions (responsible for health care) and municipalities (responsible for social services) during the pandemic. Neither national, nor local plans and information existed, or was unsatisfactory when existing. A similar situation was revealed in Spain. Demands for better planning and more government attention on social services and health care for older people and the population at large are raised in both countries.

## **2. Features of public services for older people in Spain and Sweden**

Spain and Sweden differ in how they handle issues of demography and health, due to traditions, social policies, finances, their administrations and somewhat different family life styles. While Spain maintains legal filial obligations for financial and practical support, Sweden abolished this for off-spring - but not for spouses - in 1957. Unlike Sweden, there was no universal long-term care (LTC) for older people in Spain until 2007.

Spain provides LTC (called Sistema de Atención a la Autonomía y Dependencia: SAAD) with a uniform national program for attention by level of need. Yet, enrollment has been unequal as assessment of needs and service provision was entrusted with the 17 regions, varying in their level of coverage and efficiency. These regional governments transfer money to 8,500 municipalities – many of them quite small - to provide direct care, all facing rising demands for care and most lacking finances to cover these needs. The ambiguity established in the SAAD law on how to delegate functions and financing to municipalities creates a great and confusing diversity in services and outcomes. Municipalities are entrusted with Home Help and many had to create municipal associations to provide basic services (Ramos,

2010). As a result, requests for help and assessment of needs take long, and after assessment there are long waiting lists for actual service delivery (about 2 years of waiting).

In Sweden health care and services for needy older people (who don't have an able spouse) is a public responsibility with a long history. It was poor relief till the late 1940s, and only then transformed to a universal service. Initially relying on the medieval 2,500 parishes, it became in 1862 an obligation for the new municipalities, geographically duplicating the parishes, in 1952 and the 1970s reduced to presently 290 units. Municipalities by law finance and run public services, and do needs assessments and interventions. Dissatisfied clients can appeal decisions to the administrative court free of charge. Municipalities have to plan and provide for their residents' needs, and during three-four post war decades of economic growth Sweden expanded its public services vastly to provide extensive services for older persons, children, and other persons with needs. Municipal taxes rose from 5-6% to today's average of 32 % of earned income.

Tax equalization between Swedish municipalities to adjust for municipal differences in age structure and many other factors, is not fully adequate, and the administration of these transfers is opaque (most income tax in Sweden is municipal, and most people only pay this; a smaller group with high incomes also pay progressive state tax). Swedish public services for older people have declined since the 1980s, more than halving coverage rates of both Home Help and institutional care. At the same time, older people are on average healthier: Needs have changed, become more complex (health care and personal care) and emerge later, often when living alone. Expectations in the population are still to get adequate health care and services when needed. Moreover, family care for older people is extensive: It is in fact bigger than public care, and has increased in recent years, probably reflecting both cutbacks in public services and expanding family ties (below).

### **3. Conventional perspectives of policies and projections of need of LTC**

From a political point of view, the challenge is how to assess needs of older people. A common approach has been to use aggregate information such as demographic proxies, typically the proportion of older people, say 60+ or 65+, or sometimes 80+, as an indicator of need in the population. At times, other indicators, such as dependency ratios (older people relative to active population), or the number of dementia sufferers are used.

Examples of these top-down scenarios are legion, and in some recent forecasts on demography and ageing other worries are added about the functioning of services for older persons in many countries and the balance between work and care (Colombo et al., 2011; Lipszyc et al., 2012, Bloom & Lee, 2016). The situation is complicated by WHO recommendations to provide 5 % of elderly persons (65+) with institutional care and more after pandemic situation; this may be too much or too little, depending on the situation of older people at large, and the availability of other services.

There are always inherent uncertainties in any research model or prognosis that can - and often will - invalidate results, such as inappropriate methodology, disregard of significant "risks", or significant social preferences and changes that are ignored or misunderstood. A concrete example is an old analysis of substantial local variations in Home Help coverage in Sweden. When the ratio of older people who live alone and need help was accounted for, Home Help coverage was roughly equal, targeting some 55 % of this group (Davey, Johansson & Sundström, 2006). Coverage may have to be unequal to be equitable. Variations in the much more expensive institutional care remain unexplained. Recent Spanish LTC plans propose an

assumed WHO recommendation of raised coverage rates of institutional care. It is welcomed by the nursing home industry, but we have been unable to find the source and doubt it; needs vary locally and nursing homes were hubs of contagion during the pandemic.

How we assess needs of older people has consequences: Macro perspectives, often heavily demographic, tend to promote financial and social worries. Addressing this issue Van Kersbergen & Vis (2015, p.115) suggest a move beyond “normal” science and to consider other aspects of the welfare state: “Welfare state outcomes fundamentally affect people’s interests, capabilities, life chances and life cycles, so we should study the welfare state’s role in producing or moderating inequality, poverty, stratification, mobility, education, employment and so on” (p.120). Recent proposals to improve demographic indicators and caring ratios (Sanz, 2017; Spijker, J. 2020) still don’t capture the situation of real individuals and their families.

There are also some recommendations to use bottom-up perspectives for LTC decisions (European Commission, 2018, 2021; Izquierdo & Vicente, 2021). These perspectives can change policies and make the characteristics of older people and their families more visible. At present these perspectives receive attention in academia, with rising recognition of the significance of future ageing of the population. It is suggested that the social, economic and political level should adopt or facilitate the “silver economy” or “ageingnomics”, where older people are a central part of development and prosperity (Huertas & Ortega, 2019; Catalán & Maudos, 2021; Oxford Economics & CENIE, 2021; Yanguas, 2021).

As already mentioned, the top-down perspective is generally applied in analyses and decision making at the international, national or local level. Although it typically uses aggregate information about demographic, family and work variables, it usually has an emphasis on the financial consequences of LTC policies, and more often than not forecasts a gloomy future for both state and family. With direct and indirect costs, we will see exhausted public finances and family resources. The most important fallacy of this perspective is to see only or primarily negative effects of ageing. It neglects, i.a., families, family transfers and the family-work balance, older people as givers of support, help and care, and effects of new technologies.

#### **4. Indicators used in forecasts**

Spain and Sweden differ in their history and social make-up, but are not very different in some other regards relevant for LTC issues, as shown in Table 1.

OECD and European Commission forecasts suggest scenarios of unsustainability and a future “crisis” in caregiving (Colombo et al., 2011; Lipszyc et al., 2012, European commission, 2015; 2018; 2021). It will be impossible to cover persons in need and governments will have to ration their benefits and services, and/or increase taxes drastically. The prognosis is dark for the economy, family burdens, and work conditions, although some studies disprove that there will not be enough economic growth to cope with the financial impact of ageing (Acemoglu & Restrepo, 2017; Dorling & Gietel-Basten, 2018).

**Table 1. Socio-demographic overview of older people in Spain and Sweden (2019-2021)**

	SPAIN	SWEDEN
% pop. 65+	20 (2021, INE)	20 (2020)
% Forecasted for 2050	31 (2020, INE)	24 (2020)
% " 2070	29 (2020, INE)	24 (2020)
Life expectancy at age 65	21 (2020, INE)	21 (2020)
Completed fertility rate	1.2 (2020, INE)	1.67 (2020)
% 65+ living alone	23 (2020, INE)	34 (2020)
% 65+ living w partner	60 (2020, INE)	61 (2020)
% poor 65+	16 (2018, EnRed)	15 (2019)
% working 65-74	7 (65-69, 2019, EnRed)	19 (2020)
Median income 65+ 1000s €/year	19 (2020, CENIE)	23 (2019)
% use public Home Help 65+	4 (2017, IMSERSO)	8 (2020)
% institutionalized 65+	4 (2020, EnRed)	4 (2020)
% women working 20-64	46 (2020, INE)	78 (2020, SCB)

**Note:** Poverty defined as less than 60% of the median income = "risk of poverty", 1% "real poverty". Disposable income/consumption unit

Living w partner may include others as well; 1-2 % of the 65+ in Sweden live with other person(s) Median income: 10 SEK set = 1 euro.

**Source:** Own elaboration.

Dementia is frequently expected to worsen the demographic scenarios and the sufferers are set to increase in absolute numbers world-wide, but maybe at a slower rate than expected before (WHO, 2021; OECD, 2021). At least one careful study found a substantial decline in dementia rates among 85-year old Swedes between 1986 and 2008 (Skoog et al., 2017).

Another indicator often used or referred to, is the supply of potential caregivers, which seems even worse if we consider women's rising labour force participation, assumedly conflicting with caregiving. An example is the so-called caregiver support ratio, here the ratio of women 45-59 to older persons, sometimes 65+, sometimes 80+. Typically, these ratios cover only women this age, and sometimes single women, supposedly available to care for parents.

In both Spain and Sweden, the ratios have declined: in both countries in 2019/20 this ratio was 4.7; in 2050 it will be 2.04 adults per 80+ persons in Spain, and in Sweden 2.4 (our own calculations on official population prognoses). When baby boomers are 80 years old, their arithmetic access to caregivers will be halved. The assumed access to (potential) caregivers for older persons is shown in Table 2.

**Table 2. Evolution of potential caregivers for older persons in Spain and Sweden**

Spain, 1900 – 2019				
Year	Women 45-59 per 1 000 65+		Female labour force participation %	Women among informal daily carers aged 50 and over %
	All	Single*	All	
1900	718	--	--	
1950	800**	--	15 (UN)	
2000	501	--	39 (World Bank)	
2019	565	--	46 (World Bank)	76***

**Note:** INE data census different years.

\*\* Assuming that age groups 45-49 and 50-54 each had c. 400 women per thousand older people (80+), one may estimate that there were c. 1200 women 45-59 per thousand older people (80+). We don't know the number of 80+ in the population, but likely small at this time, so wouldn't change the trend very much.

\*\*\* OECD (2021).

**Sources:** For Labour force participation: UN Historical Statistics for 1950-1970; World Bank Data for 2000 – 2019.

Sweden, 1900 – 2020				
Year	Women 45-59 per 1 000 65+		Female labour force participation %**	Women among informal daily carers aged 50 and over %
	All	Single* All		
1900	858		156 19	
1950	923		180 30	
2000	586		82 68	
2020	467		125 74 (2021)	54 (2019) ***

\* Never married

\*\* 1900 – 1950 all women, 2000 and 2021 labour force surveys age 16-64.

\*\*\* OECD, (2021).

**Source:** Sundström 2019 (1983), with more recent data from Statistics Sweden.

## 5. When top-down perspectives meet reality

While middle-aged women (and men) do in fact provide much informal care, studies suggest that a large share of all hours of caregiving is indeed provided by older persons, who care for a partner or others, both in Spain and in Sweden, and probably also elsewhere (Nilsson and Sundström, 2014; Abellán et al., 2017; Sundström et al. 2018; Socialstyrelsen, 2021). In fact, children who are (potential) caregivers for old parents are often also old.

In Sweden the arithmetic decline of potential caregivers was in fact paralleled by an increase in children “available” to older persons. More people have children, and more have them living near, although rarely in a shared household. In 1954 22% of older Swedes were childless, in 2020 just 10%.

Older people in both countries cherish autonomy, and the number of older people living alone increases slowly in Spain (23% in 2020), but has declined in Sweden, from about 40% in the 1980s to c. 34% (2020), with big local variations: in larger cities some 40% of older Swedes live alone, in smaller communities about 25 - 30 %. Data on the households of older (and younger) people by municipality are readily available, but are not used in planning.

A recent study suggests a “rebound” of families at large in, especially, northern Europe (Esping-Anderssen, 2016). In Spain, 49% of older persons 65+ were married in 1970, rising to 56% in 1991, and stabilizing at 61% in 1999 (the never-married declined from 11% in 1970 to 8% in 1999, and widowed from 39% to 30%) (IMSERSO, 2002). In 2020 60% of the 65+ lived with a partner (and possible others; 58% were married to their partner). 8% in



2020 were unmarried, living together with a child (CSIC, 2021). Older Swedes increasingly have partners into advanced ages, rising from 44% in 1954 to 61% of the 65+ in 2020. The percentage living together with children declined from 27% in 1954 to today's 1-2%. Family ties expand, for example, more middle-aged people have parents alive, and 6% of older people are still "children", quite unusual just forty years ago. Swedish generations often live near each other, but very seldom together.

Caregiver support ratios were used by the European Commission (2015, pp 165) that suggested substitution/complementarity between informal and formal care, with scenarios of convergence between them in all European countries (more services in kind and cash benefits to caregivers). But all these alternative scenarios raise costs.

## 6. Family life, care and work in Spain and Sweden

Spain is considered "familistic"; for example, adult children leave their parents much later than in most other European countries, especially the northern ones. Surveys show frequent contacts among family members – although not unique for Spain - and family members often live geographically quite close and probably closer than in, for example, Sweden (Puga, 2004; Sundström, 2009; 2019). During the financial crisis, the Spanish family and especially ageing parents is a resource for family members who lost their jobs and home. Many remain in, or return to the home of their ageing parents, creating more multigenerational households, and it is common that older persons help adult children and family financially and in other ways also in the Nordic countries (Sundström et al., 2014).

In Spain 37% of older people help family or – less common - others financially; in 8 out of 10 cases children. Only 6% of older people receive economic help from family, mostly from children. (CIS barómetro, 2018; UDP, 2020; IMSERSO, 2021). In Sweden the first kind of help is common, the second type is rare. Older people don't want to live with their children, and v.v.; they want to live rather near, but independently. Increasingly, this is the case also in Spain (López Doblas, 2005; Sundström, 2019).

The top-down perspective often includes information about labour market conditions, adding to the macro scenarios an ageing labour force. Some aspects of working conditions in Spain and Sweden are potentially relevant for caregiving. For example, unemployment rates are higher in Spain, and a much lower proportion of women work - although increasing rapidly - and more often in full-time jobs than in Sweden. Cash benefits for family carers are common in Spain, while very rare in Sweden. During the era of economic growth, Sweden introduced family, tax and work policies that support an equalitarian participation of men and women in paid work and in family obligations, with generous maternity/paternity leave and day care programs to conciliate family and work.

With weakened public finances, public services in Sweden apply stricter needs assessments for LTC, in fact rationing services. These changes are blamed for observed increases in family care for older persons (Ulmanen, 2015), but more caregiving may also, or mainly, reflect just mentioned greater access to close family, particularly partner and children (Johansson et al., 2003; Sundström, 2019).

Swedish and other Nordic surveys indicate that most carers see no conflict with work. One reason is that most caregivers provide rather little help (most recipients need little help, on average), another that many caregivers are older themselves and already have retired, and they are often caregivers with great commitments for partners or others. In a longitudinal Swedish study (from age 10) subjects were asked about past caregiving - an era

of less extensive services - when they turned age 65 in 1994. Altogether 22% were or had been caregivers, but for less than a quarter (5%) caregiving had conflicted with their work: They didn't always have to stop working, but maybe change their work schedule etc. (Socialstyrelsen, 2006). Recent cross-sectional data suggest similar patterns (von Essen et al. 2021; Socialstyrelsen, 2021), including a Danish survey in 2021 (AeldreSagen, 2021). In the latter survey 78% were (24%) or had been (54%) caregivers for one or more older persons. In that survey as in the others, most caregivers only did "minor" tasks, but often for a long time.

The Spanish labour market has long suffered from low employment rates and "dualization" between persons with or without fix jobs; the unemployment rate is high, close to 15% in 2021, and many families live in risk of poverty and/or work in the shadow economy.

During recent decades, Spain has stimulated equalitarian gender participation and wages, and also launched initiatives to promote conciliation between work and family life, and the situation of female workers has improved somewhat (OECD, 2017; 2016; 2017). Overall, 16 % of jobs were in part time, and 24% of women work part time, whereof two thirds do it involuntarily. For the large majority (95%) the reason is family caregiving (Ministerio de Trabajo, 2018). Economic and political instability in Spain since 2008 and the pandemic has affected the labour market and raised unemployment for men/women of all ages. In 2022 a labor market reform launched measures to create more stability, equalization, and reduction of short-term jobs.

In Sweden (and Denmark) caregiving is surprisingly equal for men and women, although women provide more hours of care, on average. In Spain, most caregivers are women, the exception being quite equal caregiving between (older) men and women who live only with their partner, in both countries. Caregiving is more common in the Swedish population than in Spain, presumably because care is shared by more family members: Few Swedish carers live together with the cared-for person, which is more common in Spain (Abellan et al., 2017; Gómez et al, 2018). Spanish caregivers in particular – less so in Sweden – often struggle to combine this with work, as caregiving is often for a long time and for many hours (IMSERSO, 2005; 2021; Casado et al., 2011) and worsened by the dearth of part time jobs.

Recently Spain has launched initiatives to facilitate caregiving with paid and unpaid leaves for caregivers (Schneider et al., 2016). The Spanish LTC (SAAD) law of 2007 also established a cash benefit for family caregivers. This measure was a success and since its implementation around 50% of total LTC cash benefits went to family caregivers. This caused discontent among private service companies and the cash benefit has been cut back (33% in 2016). Although these family beneficiaries were satisfied with their little salary and with the chance of caring, and their support was deemed to be adequate (Leturia et al., 2015). For many caregivers the cash benefit reduces the opportunity cost of leaving the labour market, especially for women with low salaries, although they lose social security (Jimenez & Vilaplana, 2014). But the cuts in 2012 negatively affected them and also affected intergenerational transfers between relatives (Costa et al., 2018). Sweden has little of these programs, except a small allowance to attend a dying family member.

In LTC Spain considers a potential client's income and wealth, while Sweden only considers income to grade the fee for services available for everybody in need. For example, an old, impaired widow with minimum pension and who lives in a valuable house and/or owns low yielding stocks and shares will pay a low fee for her Home Help. For persons with high incomes, it can be more economical to buy (tax deductible) services in the market.

## 7. Bottom-up perspectives

To complement conventional top-down scenarios of LTC described above, it may be helpful to consider bottom-up perspectives. They take their departure in the community and family life, and tries to include information from resources missing in the top-down perspective, and factors like unmet needs, worries, and complaints by service users and caregivers.

This approach may add insights that increases choices for action or simply make us realize that catastrophic demographic scenarios are less worrying than they seem. An example is that older Spaniards (but not younger Spaniards) and older Swedes increasingly are married/partnered and more of them have children, and children who live nearby, invisible in simplistic caregiver ratios.

The bottom-up approach alerts us to the relevance of people's lifestyles, actual demography and family patterns, preferences and ways of thinking, before designing policies for them. This information can be obtained by interviews or through the needs assessments of older people and their families. In practice, professionals know this type of information, and more in smaller communities and in rural areas. The challenge is how to feed this back to the political process.

Insights gained from “the bottom” can improve public services for older people and their families. At least in Sweden, families typically enter as caregivers for a long time, and eventually also procure some public help, while continuing their caregiving. Only providing LTC for persons who have no family, or family that is unable or unwilling to provide care, is not socially desirable. This was in fact how public services – the ones that existed – functioned in Sweden and Spain during the poor relief era.

Usually, top-down perspectives do not emphasise aspects that might reduce the effects of ageing on LTC, work and family. Important examples are older persons as workers and/or caregivers, new technologies, the third sector, and workers in the hidden economy. Bottom-up information might help to redesign policies; an example is older workers in Spain and Sweden.

Older people are workers too: older men and women increasingly remain in the labour force in several countries in and outside of Europe, a trend promoted by many governments. In 2015 17% of Swedes 65+ were still working, compared with officially 2% (2018) in Spain. In both countries, most older workers (65+) are in part time jobs (OCDE, 2017; UGT, 2020; Catalán & Maudos, 2021). Data for the age group 65-74 show continuously rising employment rates among men and women in Sweden, less so in Spain. In this age group, 14% of Swedish women, and 25% of the men, are still in gainful employment (Statistics Sweden, 2022).

Pension reforms suggested by the EU, FMI and OECD (2018) recommend raised retirement ages and incentives to keep ageing people working. Sweden has since 2007 an earned income tax credit and a payroll tax credit for workers 65+; these tax incentives delay workers' exit from the labor force (Laun, 2017). At present (2022), the Spanish Government proposes a pension reform (pending approval by the parliament) that will penalize early retirement with a reduction in pension and will remunerate those who delay their retirement. Sweden reduces pensions gradually for early retirees, between 62 (to be raised to 63 in 2023) and 65, and increases pensions gradually after 65, up to and including age 68.

As mentioned, older people are also important sources of support and care, which LTC forecasts should consider. In Sweden 65+ caregivers did at least 40 % of all hours of informal care in a 2012 population survey, with a lower estimate in a 2018 survey (Nilsson & Sundström, 2014; Socialstyrelsen, 2021). Estimates for Spain indicate proportions at 22 – 33 % (Sundström et al., 2018). This is often care for an elderly partner; it is well known that married (partnered) older people rarely are institutionalized, and as already mentioned older people increasingly live with a partner. The European Social Survey (2012) shows that many older persons provide support for family members and others, including child care and financial support: 72% of older Spaniards and 57 % of older Swedes. Other surveys have found similar rates of support for younger (and older) family members and others. Older Spaniards often do this to help their children combine family life and work (UDP Barometer, 2015; 2020).

Intergenerational transfers have received some attention during the financial crisis and the pandemic. In their family, older persons are mostly givers of time and money and other assets, especially noticeable during the economic crisis when governments reduce support to families (Sundström, Tortosa, & Puga, 2014; Marí-Klose & Escapa, 2015). The role of the family may change because families are flexible and assume new roles when public services decline, seen in the case of Sweden (Jegermalm & Jeppsson, 2009). This is not to suggest that public cutbacks are harmless; in both countries public services often overlap with family care, which should not be left to cope alone.

In the future we should also consider support given by older people in the third sector, to (older) people in need. With scant public services, citizens look for other types of support, and especially persons on low income; persons on high incomes may find other solutions. Older people want to be active and some of them do it through voluntary work, “participative retirement”. There are more non-profit organizations run by older persons, for example domestic help to elderly people in need (UDP, 2013). Surveys indicate substantial interest among older persons for voluntary work, although actual activity is much lower (4%) in Spain than in Sweden and the other Nordic countries, where about 18% of older persons have one or more voluntary commitments (Haski-Leventhal, 2009; Jegermalm & Sundström, 2014; von Essen et al., 2020; IMSERSO, 2021).

The informal sector is a significant part of the hidden economy even in developed countries, worsened by employers’ policy to lay off workers already before the official retirement age. Some of them do irregular jobs until retirement to compensate for their income loss. Flexible retirement and part-time jobs might raise paid taxes. As mentioned, the shadow economy is larger in Spain than in Sweden. For example, among those hidden workers there are many officially retired persons. The evidence is contradictory and suggests rates between 19 - 36% among 60-69 years old persons (Williams, 2013; Schneider, 2013).

Although other studies (Martínez et al., 2021) show that with the aging of population other jobs have been strengthened and even new ones have been created. It has risen a “grey care market” which main characteristics are a high participation of migrant labor with precarious employments. Indirectly, the use of this migrant workforce lead to positive effects in the labor market of their native land.

The role of new technologies will increase. They develop fast and are increasingly used by older people themselves, and by their families and professionals in health care and social services. This will help persons do their normal activities of caring, but new technologies cannot always substitute for personal assistance and hands-on care, but may help reduce the burden in basic and non-personal activities. Spanish data (CIS, 2015)

indicate that 23% of the 65+ group use new technologies to coordinate domestic tasks among family members; 45% use new technologies extensively to stay in touch with family. Caregivers may use them to better combine work and caregiving, for example telework or use of mobile phones to conciliate family and work; mainly by women, but also by men who have flexible jobs or are entrepreneurs.

Acemoglu and Restrepo (2016) have shown that rapid ageing of a country is less worry some than often assumed; in fact, a lack of manpower may stimulate new technologies that sustain economic growth. “Conventional” LTC forecasts by EU, IMF, and OECD do not consider any of these aspects and resources. Only the EU last report EU (2021) mentioned the possible influence of new technologies in future sustainable financing, and calculate the invisible costs of carers (value of time of care provided by informal carers is among 2.7-2.4% of GDP EU-27), and also estimated the annual lost tax and social security revenues from employment gap around 0.3% of GDP in EU-27 (and around 0.9% of GDP in Sweden).

When families and older people are asked about their needs, fears and complaints, a scenario emerges which is less focused on formal services and macro demographic aspects. Issues raised by older people and their families, in both Spain and Sweden, are inferior quantity and quality of the public services, inflexibilities for caregivers, a lot of bureaucracy and high waiting time to receive help, homes not adapted for frail persons and caregiving, and financial incentives for private domestic help, the latter partially realized in Sweden.

If an older person receives no or too little or too poor quality of formal/public services, caregivers complain. They do not all ask for residential care, often they need and demand only little help. They wish more diversified services, as needs are different and change over time. The OECD reports on LTC (Colombo et al., 2011; European Commission, 2021; ESN, 2021), indicates that there has been a reduction in nursing home beds and investments, but improvements in Home Care in many countries, although the supply is insufficient. Persons with greater needs are dissatisfied with Home Help hours and poor continuity, increasing the burden on family caregivers. Quality of services is a serious issue, with lack of qualified staff and poor coordination with health services, which became evident during the pandemic. Apart from traditional nursing homes and Home Help/Home Care, there should be more intermediate care: day centers, sophisticated tele-alarm or tele care (in coordination with primary or specialized health centers), cohousing for seniors, and so on. This may help both caregivers and users and should be considered in future LTC estimations.

Another priority of caregivers is time, particularly if they are working. Beyond proper public services, they wish to have more time, or earn enough to afford private domestic caregivers. Higher employment in general (for men and women), with more flexible or part time jobs, family-adapted caregiving leaves, and other measures to conciliate work and family life. The aforementioned Danish survey in 2021 found that 72% of Danes favour leaves to help older family members go to the doctor etc. A more flexible labour market may mean less need for formal services as most caregiving is of rather short duration (a small fraction is very long commitments).

In Spain many working caregivers look for domestic private help, most of them immigrants and with poor training. To contract this legally is complex and expensive, and the majority use the grey or black market. Fiscal innovations may facilitate and stimulate legal alternatives, such as the Swedish RUT reform: Tax deductions for hired help with domestic tasks, gardening etc. Policy targets to raise official employment for domestic private help may also be a way to regulate immigrants’ situation and raise tax incomes for

local or national units. In Spain, many “informal” professional caregivers are illegal workers who would like to be part of the legal labour market (Rodriguez et al., 2012), and presently the Spanish government considers new legislation on domestic work.

## **8. Discussion**

Population projections presented already in the 1950s alerted people to “negative” effects of aging. In an early Swedish example, the head of the government Board of Health in 1960 expressed his worries: “The big problem was that” ever fewer young people have to take care of ever more old persons” and he feared that this would cause problems very soon (Svenska Dagbladet, 1960; our translation). For a more recent, Spanish example in the same vein: “The effects of the demographic crisis will be as much or more catastrophic than those of recession or global warming” (Desar, 2008; our translation).

If political decisions are based mainly on financial criteria, the top-down perspective provides arguments for reductions/cuts of services and benefits, with effects not only for older persons and their families, but also for the economy. The fallacy is the perception that ageing mainly has negative effects. This disregards positive effects and opportunities with more older people (Tortosa, 2011; Abellan et al., 2014; The Economist, 2017; Acemoglu & Restrepo, 2017). The bottom-up perspectives may reduce conventional pessimism by pointing out resources in families, and the many new initiatives in services, technology, caregiving and work, including prolonged working lives, a trend already witnessed in Sweden. Recent economic studies that estimate the impacts of longevity in different areas of daily activities provide a richer and more optimistic scenario (Huertas & Ortega, 2019; Catalán & Maudos, 2021; Oxford Economics & CENIE, 2021).

Aggregate information is typically most used at a theoretical level and referred to in politics and media level, because of its apparent simplicity and rational character, useful for predictions of LTC. Yet, by not considering micro information, these models can deviate sharply from the lived reality of people. Many in both Spain and Sweden worry about rising care burdens of families, regardless of top or bottom approach. Much bottom-up information is gathered in the daily operation of services, but usually remains there. The challenge is to redirect this from social workers, (potential) clients and their families to policymakers, to be integrated in LTC decision-making.

Despite their demographic, social and family differences, and the different characteristics of the labor market and public services, Spain and Sweden face quite similar challenges in their future policies for the aging of the population. The functions and organization of Spanish and Swedish LTC systems differs, mainly by Sweden’s entrusting municipalities with full responsibility for LTC and thereby also some aspects of the bottom-up perspective. Possibly, micro information of needs of older people is better and faster handled locally – there is evidence of great local variations - in Sweden than in Spain, which is hampered by more bureaucracy.

Social workers know that many caregivers (men and women) are older (65+) and provide extensive care to a partner, other adult, or children in need, and know their worries and complains. Older persons are increasingly active as volunteers helping other older people in need, and new technologies make it easier to provide care. Paid work is often seen as a barrier to care, but the evidence is that most carers can and want to combine these activities, but want more flexibility in the labor market and quicker and diversified

public services. Without information about these resources, a realistic LTC scenario is not possible.

The Covid-19 pandemic has changed LTC and our view of it. A survey indicates that 86% of older Spaniards have suffered in social relationships, health care and/or social services during the pandemic (UDP, 2021). The pandemic revealed major deficiencies and vulnerabilities in public services, and in health and social services. There is a need for better working conditions, health care and medical competence in public services for older people both in Spain and in Sweden (Johansson & Schön, 2021; Szebehely, 2021; Consejo Economico y Social, 2021). In Sweden, the pandemic exposed glaring deficiencies in health care in larger urban areas, while rural regions reached vulnerable older people earlier and more efficiently and had higher vaccination rates.

Urgent but insufficient public measures were taken in both countries. An ongoing government commission is contemplating a special law for the care of older people, which Sweden does not currently have. In 2021, the Swedish parliament provided additional funding for public old-age care to reduce temporary jobs and increase continuity, to train doctors, increase the presence of nurses, and stimulate the construction of new residential care. In Spain, the government and the Autonomous Communities directed economic aid to strengthen health services, mainly in hospitals, and the SAAD law received extra funds, and a reform of nursing homes has been approved. Despite this, the pandemic has not brought about major changes in the approach to LTC policies, and families still provide most care both in Spain and in Sweden, while the state covers only a minor part. We hope that both top-down and bottom-up information will be used in future LTC reforms, and also reduce the burden of care for families.

## Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

## Acknowledgments

We are grateful for interesting discussions with Lennarth Johansson, researcher at Stockholm Gerontology Research Center (Äldrecentrum), Stockholm, Sweden.

## References

- Abellán García, A. Pujol Rodríguez, R. Ramiro Fariñas, D. (2014). Más de dieciséis millones de viejos a mitad de siglo. ¿Es posible ser optimistas? [More than sixteen millions of older people in the middle of the century. Is it possible to be optimistic?]. *Blog Envejecimiento en-red*, CSIC, Madrid.
- Abellan, A. Pérez, J. Pujol, R. Sundström, G. Jegermalm, M. and Malmberg, B. (2017). Partner care, gender equality, and ageing in Spain and Sweden. *International Journal of Aging and Later Life*, 11(1), 69-89.
- Acemoglu, D. and Restrepo P. (2016). *The Race between Machine and Man: Implications of Technology for Growth, Factor Shares and Employment*. Working Paper 22252. Cambridge: National Bureau of Economic Research.

- Acemoglu, D. and Restrepo, P. (2017). *Secular stagnation? The effect of aging on economic growth in the age of automation*. Working Paper 23077. Cambridge: National Bureau of Economic Research.
- Aeldresagen (2021). Undersøgelse om pårørendes situation i Danmark. [Estudio sobre la situación de los familiares en Dinamarca]. (aeldresagen.dk).
- Appleby, J. (2013). *Spending on health and social care over the next 50 years. Why think long term?*, London: The King's Fund.
- Bloom, D.E. and Lee, D. (2016). *The global demography of aging: facts, explanations, future*. Discussion Paper 10163. Bonn: IZA.
- Catalán, A. Maudos, J. (2021). *Dimensiones económicas de la longevidad: evidencia del caso español*. Madrid: BBVA.
- Casado Marín, D. García Gómez, and P. López Nicolás, Á. (2011). Informal care and labour force participation among middle-aged women in Spain. *SERIES Journal of the Spanish Economic Association*, 2, 1-29.
- CIS (2015). *Barómetro social. [Social Barometer]. Marzo*. Estudio 3057. Madrid: CIS. CIS (2018). *Barómetro Social. [Social Barometer]. Estudio 3207*. Madrid: CIS.
- Colombo, F. Llena-Nozal, A. Mercier and J. Tjadens, F. (2011). *Help wanted? Providing and paying for long term care*. OECD Health Policy Studies, OECD Publishing, Chapter 10.
- Consejo Económico y social (CES) (2021). *El sistema de promoción de la autonomía personal y atención a las personas en situación de dependencia*. [The system for promoting personal autonomy and care for people in a situation of dependency] Madrid: CES.
- Costa, J. Jiménez, S. and Vilaplana, C. (2018). *Thinking of Incentivizing Care? The Effect of Demand Subsidies on Informal Caregiving and Intergenerational Transfers*. IZA DP No. 11774.
- Davey, A., Johansson, L. and Sundström, G. (2006). Unequal but equitable: an analysis of variations in old-age care in Sweden. *European Journal of Ageing*, 3(1), 34-40.
- Desar, M. (2008). *El problema occidental*. [The occidental problem]. Madrid: Brinte Networks, S.L.
- Dorling, D. and Gietel-Basten, S. (2018). *Why Demography Matters*. Cambridge: Polity Press.
- Esping-Anderssen G. (2016). *Families in the 21st century*. Stockholm: SNS Förlag.
- European commission (2015). *The 2015 Ageing Report. Economic and budgetary projections for the 28 EU Member States (2013-2060)*. Luxembourg: Publications Office of the European Union.
- European commission (2018). *The 2018 Ageing Report. Economic and budgetary projections for the 28 EU Member States (2016-2070)*. ECOFIN, Institutional Paper nº 79/2018, Brussels.
- European Commission (2021). *The 2021 Ageing Report. Economic and budgetary projections for the 28 EU Member States (2019-2070)*. ECOFIN, Institutional Paper nº 148/2021, Brussels.
- European Commission (2021). *Long term care report: trends, challenges and opportunities in an ageing society. Volume I*. Joint Report prepared by the Social Protection Committee (SPC) and the European Commission (DG EMPL). Brussels.
- ESN (European Social Network). (2021). *Putting Quality first. Contracting for Long – Term Care*. Brussels: European Social Network.
- European Union (2012). *European social survey*. Brussels: European Union. <http://envejecimiento.csic.es/estadisticas/hablando/index.html#estado>



- Eurostat (2016). *Statistics on employment*. Brussels. [http://ec.europa.eu/eurostat/statistics-explained/index.php/File:Employment\\_rates\\_for\\_selected\\_population\\_groups,\\_2004%E2%80%932014\\_\(%25\)\\_YB16.png](http://ec.europa.eu/eurostat/statistics-explained/index.php/File:Employment_rates_for_selected_population_groups,_2004%E2%80%932014_(%25)_YB16.png)
- Eurostat, European Statistics. (2017). *Employment and Social protection and Social inclusion*. Brussels: European Statistics. <http://ec.europa.eu/eurostat/web/employment-and-social-inclusion-indicators/employment-guidelines/indicators>;
- Gómez, R., Fernández, C. y Cámara, N. (2018). ¿Quién cuida a quién? La disponibilidad de cuidadores informales para personas mayores en España. Una aproximación demográfica basada en datos de encuesta. [The availability of informal caregivers for older people in Spain. A demographic approach based on survey data]. Madrid, *Informes Envejecimiento en red*, nº 20, 36.
- Haski-Leventhal, D. (2009). Elderly Volunteering and Well-Being: A Cross-European Comparison Based on SHARE Data. *Voluntas*, 20, 388-404.
- Herlofson, K. and Hagestad, G.O. (2011). Challenges in moving from macro to micro: Population and family structures in aging societies. *Demographic Research*, 25(10), 337-370.
- Huertas, A. Ortega, I. (2018). *La revolución de las canas*. [The gray hair revolution]. Barcelona: Editorial Planeta.
- ILC. (2013). *Declaración de Rio* [Rio Declaration] Brazil: International Longevity Centre.
- IMSERSO (2002). *Las personas mayores en España. Informe 2000*. [Older people in Spain. 2000 Report]. Madrid: IMSERSO.
- IMSERSO (2005). *Cuidados a las Personas Mayores en los Hogares Españoles. El entorno familiar* [Care for the Elderly in Spanish Homes. The family environment]. Madrid: IMSERSO.
- IMSERSO (2017). *Portal de la dependencia*. [Dependency Portal]. Madrid: IMSERSO.
- IMSERSO (2021). *Las Personas Mayores en España 2018*. [Older People in Spain 2018.] Madrid: IMSERSO.
- INE (2016). *Proyecciones de población 2016-2060* [Population Projections 2016-2060]. Madrid: INE.
- Izquierdo, G. y Vicente, N. (2021). Longevidad y nuevo modelo económico productivo. [Longevity and new productive economic model]. En Marin, M. (Ed.). *Debates sobre la longevidad*. Madrid: FAES, 61-73.
- Jegermalm, M. and Jeppsson, G.E. (2009). Patterns of Informal Help and Caregiving in Sweden: A Thirteen-Year Perspective. *Social Policy & Administration*, 43(7), 681–701.
- Jegermalm, M. and Sundström, G. (2014). *Ideella insatser för och av äldre: En lösning på äldreomsorgens utmaningar?* [Voluntary activities for and by older persons: A solution of the challenges of old-age care?]. Stockholm: Forum för idéburna organisationer med social inriktning.
- Jiménez-Martín, S. and Vilaplana Prieto, C. (2014). *Do Spanish informal caregivers come to the rescue of dependent people with formal care unmet needs?* Documento de trabajo, Barcelona: CRES.
- Johansson, L. Sundström, G. and Hassing, L. (2003). State provision down, offspring's up: the reverse substitute in of old age care in Sweden. *Aging and Society*, 23, 263-280.
- Johansson, L. and Schön, P. (2021). MC COVID-19. *Governmental response to the COVID-19 pandemic in Long-Term Care residences for older people: preparedness, responses and challenges for the future*. Working Paper 14. Madrid: CSIC.
- Laun, L. (2017). The effect of age-targeted tax credits on labor force participation of older

- workers. *Journal of Public Economics*, 152, 102–118.
- Leturia, M., Aldaz, E. Uriarte, A. Salazar, J. Allur, E. Iribar, J. y Benedicto, A. (2015). Modelo de seguimiento de la prestación económica para cuidados en el entorno familiar. *Zerbitzuan*, 59,161-174.
- Lipszyc, B. Sail, E. and Xavier, A. (2012). *Long-term care: Need, use and expenditure in the EU-27*. Brussels: European Commission.
- López Doblas, J. (2005). *Personas mayores viviendo solas*. [Older persons living alone]. Colección Estudios, No. 11001. Madrid: IMSERSO.
- Malmberg, B. and Sundstrom, G. (2021). Anhörigomsorg, en nationell undersökning [Informal caregiving, a national survey]. Jönköping University.
- Marí-Klose, M. and Escapa Solanas, S. (2015). Solidaridad intergeneracional en época de crisis: ¿mito o realidad? [Intergenerational solidarity in times of crisis: myth or reality?]. *Panorama Social 22. Un balance social de la crisis*. Madrid: FUNCAS, 43-60.
- Martínez, R. Pardo, I. and Escribano, F. (2021). Aging, Dependence and Long-Term Care: A systematic review of employment creation. *Inquiry*, 58, 1-17.
- Ministerio trabajo (2018). *Situación de las mujeres en el mercado de trabajo* [Situation of women in the labor market]. Madrid: Secretaria Estado de Empleo.
- Nilsson, L. Sundström, G. (2014). De äldre – Sveriges stora outnyttjade resurs? [Older Persons – Sweden’s Large Untapped Resource?]. *Äldre i Centrum*, 2, 47-48.
- OECD (2013). *Public spending on health and long-term care: a new set of projections*. OECD Economic Policy Papers 6. OCED Publishing.
- OECD (2017). *Labor Force Statistics*. OECD.
- OECD (2018). *Working Better with Age: Japan* OECD. OECD (2021). *Health at a glance*. OECD Publishing.
- Oxford Economics y Centro Internacional sobre el Envejecimiento (2021). *Estudio de la economía de la longevidad en España*. [Economics of longevity in Spain Study]. CENIE. Universidad de Salamanca.
- Pérez, J., Abellán, A., Aceituno, P. y Ramiro, D. (2020). *Un perfil de las personas mayores en España, 2020. Indicadores estadísticos básicos*. [A profile of older people in Spain, 2020. Basic statistical indicators]. Informes Envejecimiento en red, nº 25. Madrid: CSIC.
- Pujol Rodríguez, R. Abellán García, A. y Ramiro Fariñas, D. (2014). *La medición del envejecimiento*. [Measuring Aging]. *Informes Envejecimiento en red* 9, Madrid: CSIC.
- Puga, D. (2004). *Estrategias residenciales de las personas de edad. Movilidad y curso de vida* [Residential strategies of the elderly. Mobility and life course]. Barcelona: Fundació La Caixa.
- Ramos, J.A. (2010). Los municipios en el Sistema para la Autonomía y la Atención a la Dependencia. [Municipalities in the Autonomy and Care of Dependency System]. *Anuario de Derecho Municipal 2009*. Madrid: 3, 195-220.
- Rodríguez, V. Marcu, S. Martín, E y Rojo, F. (2012). La prestación de cuidados por inmigrantes: relaciones laborales y condiciones de trabajo. [The provision of care by immigrants: labor relations and working conditions]. En Rodríguez, V. (ed.) *Inmigración y cuidados de mayores en la Comunidad de Madrid*. Madrid: Fundación BBVA.
- Sanz, A. (2017). Proyecciones demográficas a medio y largo plazo. Envejecimiento intenso de la población. Consecuencias generales. [Demographic projections in the medium and long term. Intense aging of the population. general consequences]. *Jornadas “Los*

- servicios sociales para las personas mayores ante el reto del envejecimiento de la población española*. Madrid, 14-15 noviembre.
- Scherbov, S. and Sanderson, W.C. (2016). New Approaches to the Conceptualization and Measurement of Age and Aging. *Journal of Aging and Health*, 28(7), 1159–1177.
- Schneider, F. (2013). *The shadow economy: An international survey*. Cambridge: Cambridge University Press.
- Schneider, U. Sundström, G. Johansson, L. and Tortosa, M.A. (2016). Policies to support informal care. In C. Gori, J.L. Fernández, and R. Wittenberg (eds). *Long-term care reforms in OECD countries*. Chicago: University of Chicago Press.
- Schön, P. Lagergren, A. and Kareholt, I. (2016). Rapid decrease in length of stay in institutional care for older people in Sweden between 2006 and 2012: results from population-based study. *Health and Society Care in the Community*, 24, 5, 631–638.
- Skoog, I. Börjesson-Hanson, A. Kern, S. Johansson, L. Falk, H. Sigström R. and Östlinget S. (2017). Decreasing prevalence of dementia in 85-year olds examined 22 years apart: the influence of education and stroke. *Scientific Reports*. 7, 6136.
- Spijker, J. (2020). ¿Cómo deberíamos medir el envejecimiento de la población: Utilizar la tasa de dependencia de población envejecida o hay una alternativa? [How should we measure population ageing: Use the aged population dependency ratio or is there an alternative?] *Diálogos Abiertos CENIE*. Salamanca: CENIE.
- Socialstyrelsen (2006). *Omsorg människor emellan. En översikt av omsorgsgivande i den svenska befolkningen* [Care Between People. An Overview of Care Giving in the Swedish Population]. Stockholm: The National Board of Health and Welfare.
- Socialstyrelsen (2012). *Anhöriga som ger omsorg till närstående. Omfattning och konsekvenser* [Family care. Extent and consequences]. Stockholm: The National Board of Health and Welfare. [www.socialstyrelsen.se](http://www.socialstyrelsen.se).
- Socialstyrelsen (2021). *Anhöriga som vårdar eller stödjer någon de står nära. Underlag till en nationell strategi*. [Family carers. Documents on a national strategy]. Stockholm: The National Board of Health and Welfare.
- Statistics Sweden (2012). *The future population of Sweden 2012-2060*. Stockholm: Demographic reports.
- Statistics Sweden (2022). *Labour Force Survey 2021*. Stockholm. [www.scb.se](http://www.scb.se)
- Sundström, G. (2009). Demography of Aging in the Nordic Countries. In P. Uhlenberg (ed). *International Handbook of Population Aging*. New York: Springer, 91-112.
- Sundström, G. Tortosa, M.A. and Puga, M. D. (2014). Older persons in Spain and Sweden: A welfare resource. In R. Pociño, E. Navarro and L. Jacob (eds.) *Envelhecimento, sociedade e saúde: teorias e practicas*. Coimbra: Edudito, Chapter 4, 94-116.
- Sundström, G., Jgermalm, M., Abellán, A. and Ayala, A. (2018). Men and older persons also care, but how much? Assessing amounts of caregiving in Spain and Sweden. *International Journal of Ageing and Later Life*, 12(1), 75-90.
- Sundström, G. (2019). Mer familj, mer omsorg [More Family, More Care]. *Stenkvista: Familjen först*. [www.familjenforst.nu](http://www.familjenforst.nu)
- Svenska Dagbladet* (1960). 12th September.
- Szebehely, M. (2021). The impact of COVID-19 on long term care in Sweden. London: LSE.
- The Economist* (2017). Getting to grips with longevity, 6th July.
- Tortosa, M.A. (2011). El envejecimiento de la población: ¿amenaza u oportunidad para el bienestar económico y social? [The aging of the population: a threat or opportunity for economic and social well-being?], *Revista Debats*, 111, 106-111.

- Ulmanen, P. and Szebehely, M. (2015). From the state to the family or to the market? Consequences of reduced residential eldercare in Sweden. *International Journal of Social Welfare*, 24(1), 81-92.
- UDP (2013). Voluntariado [Volunteering]. *Barómetros mayores*. UDP 3. Madrid: UDP.
- UDP (2015). Familia y apoyo familiar. [Family and family support]. *Barómetro mayores*. Madrid: UDP.
- UDP (2020). Informe sobre solidaridad intrafamiliar. [Report about intrafamily solidarity]. *Barómetro mayores* UDP, AÑO VIII N.º 2 julio. Madrid: UDP.
- UDP (2021). Informe impacto COVID en las relaciones sociales y asistencia sanitaria. [COVID impact report on social relations and health care]. *Barómetro mayores* UDP, Año IX N.º 2. Madrid: UDP.
- UGT (2020). *Mayores de 55 años en el Mercado de trabajo español*. [Older Adults 55 years in the Spanish labor market]. Madrid: UGT.
- van Kersbergen, K. and Vis, B. (2015). Three worlds' typology: Moving beyond normal science? *Journal of European Social Policy*, 25(1), 111–123.
- von Essen, J. et al. (2020). *Medborgerligt engagemang 1992-2019*. [Citizen involvement 1992-2019]. Ersta Sköndal Bräcke Högskola. Working Report 98.
- WHO (2021). *Global status report on the public health response to dementia*. Geneva: WHO.
- Williams, CC. (2013). Out of the shadows: a classification of economies by the size and character of their informal sector. *Work, Employment & Society*, 20.
- Yanguas, J. (2021). *Pasos hacia una nueva vejez*. Barcelona: Planeta.