



Ministry of Health and Social
Affairs
Sweden

**Report by the Government of Sweden on the follow-up to
the regional implementation strategy (RIS) of the
Madrid International Plan of Action on Ageing (MIPAA)
in Sweden**

0. General Information

Several different Ministries have been involved in the preparation of this report on Sweden.

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1. Situation, activities and priorities related to ageing

General back-ground

In Sweden, responsibility for the care of the elderly rests with three authorities acting at different levels. At national level, the Swedish Parliament (Riksdagen) and the Government realise policy goals through legislation and financial control measures. At regional level, the 21 county councils are responsible for the provision of health and medical care. At local level Sweden's 290 municipalities have a statutory duty to meet the social service and housing needs of the elderly.

Overall responsibility for the care of the elderly in Sweden rests with the state. Government and Parliament legislate and formulate guidelines for how the elderly shall be cared for and who shall provide the various services. The general principles of the Swedish welfare state regarding the care of the

elderly are the same nationwide, namely that social services and health care for the elderly are primarily public sector responsibilities and that care shall be provided by trained and qualified staff.

Sweden's smallest units of local government, the 290 municipalities, are responsible for the social services. Health and medical care is run by the regional units of local government - the 21 county councils.

Swedish municipalities and county councils have a high level of autonomy by international standards. Local politicians are directly elected at general elections and both municipalities and county councils levy taxes. The laws on social services and on health care allow the municipalities and the county councils very great freedom to plan and organise their own services and impose taxes in order to finance them. Thus, services for the elderly are organised and prioritised differently in different parts of the country.

a) National ageing situation

In 2005 the average life expectancy in Sweden was 78 years for men and 83 for women. A person who retires at 65 can look forward to survive another 17 years for men and 21 for women.

Over 17 percent of the Swedish population is 65 years old or older, about 1,6 million people. The population trend shows that in the next 30 years, the largest part of population growth will be in people aged 65 and older. By 2035, the majority of population growth will consist of people who are not of working age. The very oldest part of the population has increased since the mid-20th century and people aged over 80 is projected to almost double between now and 2050.

Number and percentage of people in the population aged 65 and older

Year	Number aged 65+	Percentage aged 65+	Percentage women
2005	1,565,000	17.3	57
2020	2,056,000	21.2	54
2030	2,303,000	22.9	53
2040	2,464,000	23.9	53
2050	2,478,000	23.6	53

Source: Statistics Sweden 2006, *Population projections*

Number and percentage of people in the population aged 80 and older

Year	Number aged 80+	Percentage aged 80+	Percentage women
2005	487,000	5.4	64
2020	525,000	5.4	60
2030	763,000	7.6	57
2040	812,000	7.9	57
2050	912,000	8.7	56

Source: Statistics Sweden 2006, *Population projections*

About 8,6 percent of the population 65 years and above is granted home help in regular housing while around 6,4 percent of the population 65 years and above is granted special housing. Most elderly people, 93 percent, live in ordinary homes with or without home help services. The general standard

of housing is high. Grants for housing adaptation make it possible for elderly people with disabilities to undertake the individual adaptations to their homes that they need to stay on in their own homes. Common adaptations are for example removing thresholds and rebuilding bathrooms . Other measures includes Day activities, home medical services, meals on wheels, personal safety alarms, transportations services and short-term care/housing. Of those who lived in special housing in 2005, 80 percent were aged 80 and older, 70 percent were women and almost 70 percent suffer from some kind of dementia.

The cost for the elderly care in 2005 amounted to SEK 80,3 billion at the municipal level (64 percent derives from special housing, 34 percent from care in regular housing and 2 percent from preventive activities). This indicates that care for a person in special housing is approximately twice as costly as care in regular housing. If health care of the elderly at the county council level (i.e. hospital care and out-patient care) is included the cost doubles to approximately 160 billion SEK.

b) Instrumental assessment

According to a report from OECD (2005) Sweden offers more publicly financed care of the elderly than any other country as part of GDP.

The care and services for the elderly is to the largest part (above 80 per cent) financed by taxes levied by the municipality from its residents. A smaller part of the elderly care is financed by state grants directed to the municipalities. About 4 percent of the costs are financed by fees or rates. In 2002 new rules came into force about charges for the care of the elderly under the Social Services Act. The new rules are designed to strengthen safeguards for the individual against excessively high charges. These rules indicate how incomes are to be computed, the level of the reserved amount and the highest charge which can be made for home-help services (in both ordinary housing and special housing accommodation), daytime activities and certain outpatient health care. The reserved amount is intended to cover the individual person's normal living expenses and actual housing cost and which the individual is entitled to retain before any charge is levied for home-help service. The legislation indicates which expenses, over and above housing costs, are to be met out of the individual's reserved amount. Within the framework of these rules, each municipality decides its own system of charging and the charge payable by the individual. The individual has right to appeal the decision concerning the charge payable to an administrative court if he or she is not satisfied with the decision.

Pensions and allowances

Sweden now has a modern, politically stable pension system which automatically follows economic and demographic development. This gives long-term stability irrespective of development where there is no risk of the cost of income-based pensions being shifted on to future generations. It is a

system that also puts Sweden in a good position for being able to provide long-term basic security in an acceptable manner.

Anyone who has not earned an adequate pension through the public pension system is guaranteed a top-up guarantee pension. This compensation is financed via the central government budget. The guarantee pension can be paid from the age of 65 at the earliest to those born 1938 or later. Residence in Sweden for 40 years is required for full guarantee pension.

From 2002 the Maintenance support for the elderly Act came into force. Maintenance support for the elderly is intended for persons 65 years and older whose basic maintenance needs are not satisfied through other benefits in the national pension system. Most of those entitled to this support are elderly persons who have not lived in Sweden enough time (40 years) to qualify for a full guarantee pension. This support is an income-tested benefit.

The housing supplement for pensioners is an important part of the basic social protection provided to pensioners with low economic standard. Just less than half a million pensioners receive a housing supplement. The guarantee pension and maintenance support for elderly persons are adjusted upwards in line with the price base amount.

Service for the elderly

A person who needs home help services is entitled to assistance towards their livelihood and towards their living in general. The municipalities are responsible for the casework – which includes needs assessment – under the Social Service Act. An elderly person dissatisfied with the decision regarding means-tested social services and care made in accordance with the Social Services Act can appeal to an administrative court. Charges for the care of the elderly are under the Social Services Act.

In 2006 a new law came into force. The purpose is to prevent injuries among elderly due to fall accidents etc. The act stipulates that municipalities can supply services for elderly persons such as changing curtains, cleaning and washing without any further needs assessment. Charges for the services are decided by the municipalities but must not be higher than the municipality's costs. Many municipalities provide these services for free or at a very low cost.

Health and long term care

Health and medical care in the Swedish health care system is shared responsibility of the state, county councils and municipalities. The County Councils operate the hospitals and out-patient centres while municipalities are responsible for e.g. health care in special housing. Preliminary calculations show that in 2004, the total costs of the health and medical care

sector amounted to 9,1 percent of GDP (including the part of health and medical care of older people, for which municipalities are responsible).

Since 2003 people everywhere in the country have been entitled to freedom of choice in health care. Free choice means that patients can seek outpatient care anywhere in the country on the same terms as in their own county council area. When a county council decides on a course of treatment, such as hospital care, the patient is free to choose a hospital anywhere in the country.

The last three years there has been a marked increase in state grants to support the municipalities in their care of the elderly. Over one billion SEK has been put into a programme to enhance the skills and competence of persons working with caring for elderly. To enhance quality in the elderly care the Government from this year has increased the annual state grants to the sector by 1,9 billion. More focus on the old person's social situation, improved research, technological development, better special housing, high quality dementia care, adequate medication, rehabilitation, nutrition and more doctors in elderly care are priority areas.

Dental care

In 2002 the dental care protection for the elderly improved. A new protection for high costs came into force for people 65 years and older.

Government Commissions

The Government has recently appointed several different commissions to study issues concerning elderly care and come up with suggestions for legislative or other policy measures. E.g. there are ongoing Commissions on special housing, dignity in care and on freedom of choice of care providers.

4. Review and Appraisal by Subject Area

RIS Commitment 1: Mainstreaming ageing

The labour-market policy contains measures that focus on employment for persons of all ages. In a package of measures to promote employment "New-start" persons 55 years or older gives access to longer periods of support.

The municipal responsibility for housing comprises all groups and all ages. The purpose is that there should not be any certain groups that can't find suitable solutions for their need for housing. The need for transport services are held together with the responsibility for public transport. This makes it easier to find better solutions for accessibility to buses and trains. The

national policy for public health also contains measures targeted at health promotion for older persons.

Every year a large number of committees present their reports to the government. Usually older person's organisations are represented in committees concerning elderly issues. All reports are referred to a wide selection of interest groups.

The Government is preparing a proposal for a new act against discrimination. In this new law discrimination due to age will be included.

RIS Commitment 2: Integration and participation of older persons

Sweden's pension system has a flexible retirement age and allows partial retirement. Retirement is possible from the age of 61 and the individual has the right to retain his or her employment until the age of 67.

Most municipalities have quality systems including user surveys and systems for handling complaints about errands, unfriendly receiving etc.

At the present there are five national organisations for older persons. These organisations also have regional and local organisations. Financially they are supported from national level, county councils and municipalities. The municipalities and county councils have set up an Elderly person's advisory committee, or some other organised form for elderly person's participation. In this committee politicians and representatives for elderly person's organisations meet for discussion and information. The government also has a regular committee for discussion and information with the national representatives from the older person's organisations.

The National Board of Health and Welfare have a special assignment to carry out annual user surveys. This is expected to provide the government with information, which broadens the perspectives given by statistics, on issues concerning accessibility to and quality in care services and situation in every day life of older persons.

The national action plan for disability policy contains clear objectives for accessibility that should be attained before 2010. They include the objectives of making public transport accessible and remedying easily eliminated obstacles in premises and public open spaces. Concerted efforts are needed at various levels to achieve the objectives by 2010 at the latest.

The municipalities are responsible for planning actions in order to ensure housing for the inhabitants. Good quality, accessibility for all etc in housing and public buildings are regulated by law. Transportation services for

disabled persons are also a responsibility for municipalities kept together with their responsibility for public local transports.

It is important that the municipal elderly services also focus on the social situation for older persons. In this task it is preferred that the municipalities cooperate with the voluntary sector. Social aspects of older person's daily life are one area of high priority in the government budget for 2007.

Municipalities who plan to run projects on social aspects can apply for state grants.

RIS Commitment 3: Promotion of equitable and sustainable economic growth in response to population ageing

a) What strategies has your country adopted to transform your economies with a view to eradicating poverty especially among older person?

Through the social assistance system ensuring of a minimum income level for every citizen above 18 years of age. A completely new pension system has gradually been introduced from 1999. The basic pension, which in the old system was independent of any other income, has been replaced by a residence-based, top-up guaranteed minimum pension payable to those who either do not qualify for or who receive a very low income pension from the public pension system. The guaranteed minimum pension is payable as from 2003. For those who are not entitled to a full guarantee pension, there is also a final safety ensuring a reasonable standard of living for pensioners in the form of maintenance support for the elderly.

b) What measures has your country taken to review and adjust the macroeconomic policies to address the needs of a growing ageing population?

The most important measure is the new pension system mentioned above. This system promotes longer labour market participation.

RIS Commitment 4: Adjustment of social protection systems in response to demographic changes and their social and economic consequences

a) How has your country adapted social protection systems to societal and demographic changes?

Since several years there has been an ongoing dialogue concerning the limits of the public responsibility for welfare. A maintained or expanded public

responsibility financed by taxes must be built in a sustainable way. In Sweden this requires a high labour market participation both in number of persons and in hours worked.

The income-based public pension system is autonomous and not affected by fluctuations in the Central government budget. The income and expenditure of the old-age pension system can only be used for old-age pensions. The public pension system is also designed to be financially stable and sustainable, but sustainability should preferably not be at the expense of lower pensions. In order to avoid such a scenario a high level of employment and good productivity is desirable.

The Government has put a strong focus in efforts to enhance quality and accessibility in the care system in order to strengthen a more cost effective system.

b) What steps has your country taken to achieve a sufficient income for all older persons?

Through introducing a new public pension system. Pensions in the public pension system are based on lifetime income and consist of several different components. The income-related pension includes income pension and premium pension. Income pension is linked to economic growth in Sweden, and the pension system is designed to cope with demographic change. Years with small children, national military service and studies also earn pension rights. There is also basic social security in the form of a guarantee pension, maintenance support for elderly persons and housing supplement for people who have had a low income or no income at all. In addition to this, most people in work are covered by occupational pension plans. As mentioned, there are also special financial security systems for the sick and the disabled.

c) What policies has it adopted to address on time the needs of older persons for a variety of social and health services, including sheltered housing and long-term care?

As mentioned earlier there has been a strengthened focus on these issues the last couple of years. There has been a significant increase in state grants for municipalities to cope with the increasing demand and last year a law was passed that puts more strength into making the municipalities to uphold the law in giving sufficient care to the elderly in reasonable time.

d) How has your country promoted standards of living for persons with disability and for fragile older persons that allow them to maintain their independence and dignity?

By having an extensive home help and home health care service that makes it possible for most people to live in their own homes even if they are disabled or have bad health or extensive needs for care. A Government appointed Commission will early next year leave suggestions for improved dignity in care.

Through the disability pension system, valid for persons up to 64 years of age. As from 2003, the disability pension was replaced by an activity or sickness allowance. The sickness allowance is a temporary allowance. The disability pension was part of the ordinary pension system, while the activity or sickness allowances are part of the sickness insurance system.

a) What steps has your country taken to establish or further develop a regulatory framework for occupational and private pension provision?

Private and occupational pensions are not mandatory. However, occupational additional pensions are almost universal through wide-spread collective agreements on the labour market.

b) Which changes have been implemented to the laws regulating mandatory retirement?

Sweden has a flexible retirement age. According to legislation, one is normally entitled to retain one's employment up to the age of 67 – a rule which could previously be renegotiated in collective agreements. As a result of these negotiations, earlier in principle all employees on the Swedish labour market were obliged to retire at the age of 65.

a) What policies has your country adopted to ensure the equal treatment of men and women in social protection systems?

Please see Commitment 8, page 20 ff

b) What policies has your country adopted to ensure that social protection systems support a better reconciliation of work and family responsibilities throughout the life cycle (e.g. through special leave arrangements for working parents and other caregivers, or supportive measures such as

respite care services (professional care services provided on an ad-hoc basis to give the regular caregiver some time off)?

The whole social protection system involves a life-cycle perspective. As mentioned in other places in this report Sweden has an extensive parental leave insurance with e.g. 390 days leave with 80 percent of income. A housing allowance for families with children, low fee child day care and a pensions system that promotes work has meant very high participation in the labour market by women and an increasing labour market longevity.

When it comes to care for the elderly support for day time activities and short term care is available for informal care givers in most municipalities with short notice.

RIS Commitment 5: Enabling labour markets to respond to the economic and social consequences of population ageing

Has your country taken measures to promote access to employment opportunities and reduce unemployment rates especially for older persons, such as active labour market policies (job-search assistance, training, counselling, etc.), adaptation of curricula to labour market needs, measures to ease the transition between formal education and work, efforts to reduce non-wage labour costs while protection workers' rights, easing of factors reducing demand for labour (e.g. too heavy administrative regulations, etc.)?

1. The relatively high percentage of older people in employment in Sweden is partly attributable to labour legislation. One of the guiding principles is that employees who are hired last are the first to be dismissed. This has benefited older employees since they have generally been employed for a longer time and therefore been able to keep their jobs.
2. A guiding principle of Swedish active labour market policy is the work and activation principle - which means that employment always will take precedence over programmes or the passive payment of unemployment benefits. This principle is applied in a non discriminatory way, irrespective of the age of the individual.
3. "New start jobs" have been introduced from the 1st of January 2007. The reform means that employers' contributions will be completely waived for people who have been receiving unemployment benefit, sickness benefit, disability pension or social allowance for more than a year. The subsidy to older workers, over 55 years of age, taking a new start job will be given for a

period equivalent to twice as long as the individual has been absent from working life, though at most 10 years.

4. Another tool is to offer subsidies to employers upon employment. The special recruitment incentive scheme is especially designed to stimulate employers to employ older long term unemployed. Those employers who, under certain conditions, employ a person who has been unemployed for at least 24 months and reached the age of 57 years can receive a maximum of 75 per cent of the wage costs for 18-24 months.

5. The government is financially supporting a joint EU-Swedish project, The Work Market Place for Experienced Persons, conducted by the non-governmental organisation Forum 50+, in collaboration with The County Labour Board and The Regional Social Insurance Office of Stockholm. The purpose of the project is to enhance older workers chances of obtaining long-term employment and develop methods that can be implemented in the employment office's regular activities. Another objective is to influence general attitudes on ageing, partly by raising awareness about older workers capacity and abilities. A final purpose is to find out what the differences or similarities are between the groups of long-term unemployed compared to the groups of long-term unemployed on the sick-list.

The intention is that experiences gleaned from the project could then be used by the public employment offices or by private agencies and other alternative employment agencies that can supplement the public employment offices.

Has your country taken measures to improve the employability of older workers, e.g. through vocational guidance and training, promoting life-long learning (delivery of job-relevant training to enable workers to adjust to changing labour markets), improvement of working conditions?

1. Regarding life-long learning see below, RIS Commitment 6. Vocational training is also organised within the framework of active labour market policy, which is dealt with above, point 2.

2. The employer is obliged, according to the Working Environment Act to make general and individual adjustment of the working environment taking especially people with special needs into account, such as the older workforce.

3. The Swedish Work Environment Authority and the National Institute for working life have written the paper "Adjustment of working conditions with a perspective of the older workforce". It is a checklist that describes the special conditions needed for an elderly workforce. The checklist brings up

issues like change in physical and mental capacity, learning skills, self-reliance, adjustment for the individual employee, mental health. The health and safety officers can use this checklist in supervising the companies.

a) Has your country taken steps to raise participation rates in labour markets for all women and men, e.g. through removing barriers and disincentives to stay in employment?

1. A cornerstone of Swedish gender equality policy, as well as a very important explanation of the high labour market participation rate among women in Sweden, is the change from family-based taxation systems to taxation systems based on individual income. Individual taxation has made secondary earners remain in (and come back to) the labour market.

2. Another very important element is the major development of public child care and elderly care facilities. This has meant that women, who traditionally have taken the main responsibility for the caring of children and elderly relatives at home, have been able to go from unpaid domestic work to paid work at the labour market. The expansion of the public sector of course also meant an increased demand for labour and women were to a large extent recruited to these jobs.

3. There are very clear directives to responsible labour market authorities to mainstream a gender perspective. The outcome of the policies is also continuously measured and followed up from a gender perspective.

b) Has your country taken specific measures to increase the labour force participation of women, e.g. through suitable education and training, measures to broaden their job opportunities and avoid discriminatory situations with regards to pension benefits or personal income?

1. One significant reform that has been implemented is the new pension system that was designed to encourage the elderly to remain on the labour market for a longer period. The life-income principle is fundamental. This means that every earned pension right for all years of service shall be the basis for the final pension - the longer a person works, the higher his/her pension will be. The system is fully financed by contributions. The contribution rate is fixed at 18,5 per cent of the pensionable income and the contributions are paid partly by the employer and partly by the employee. Under the reformed system there is no longer any limit of the period during which individuals can earn pension rights.

In the reformed system it is possible to draw a pension from the age of 61. The retirement age is flexible and there is no upper age limit. It is possible to

draw the full pension or fractions of a quarter, a half or three-quarters. This creates an incentive for pensioners to continue to receive an income from work on top of their pension income.

The system also allows the individual to combine pension and work and thus postpone the final retirement age. There are also no restrictions regarding de-retirement. In order to stimulate people to postpone the retirement age it might be of interest for some to work part time and at the same time carry a part of the old age pension from the age of 61. The government has also changed the rules for compulsory retirement. As from September 2001 all employees have the right to remain in employment until they are 67 instead of 65 as previously.

2. A general tax credit for earned income – the ‘job tax credit’ – has been introduced. To increase the economic incentive to work longer, there is a higher tax credit for those over 65 than for other age groups.

3. As from January 1, 2007, the 16,16 % special employer’s contribution that previously was payable by the employer on reimbursements to employees over the age of 65, was abolished. Thus, the employer contribution for elderly workers (born 1938 or later) is 22.21 % lower than the rate applicable for younger employees. From the 1st of January 2008, the special employer’s contribution will also be abolished for those who are born before 1938.

4. In order to make it possible for people who are on activity- and sickness compensation (previously called invalid/disability pension) to go back to work again, a changed regulation was adopted 2000. This means that the right to activity- and sickness compensation may be dormant. This gives the person a trial period at the work, for a maximum of 24 months, without jeopardising the right to the compensation. During the first three months of this trial period a person is entitled to keep the activity- or sickness compensation. As it is possible to have a partial (100, 75, 50, 25 %) activity- or sickness compensation, it is also possible to have a trial period at a partial work (100, 75, 50, 25 %). From 2007 it is also possible to have a trial period at studies for a maximum of 24 months when activity- or sickness compensation is dormant, but it is not possible to keep the compensation during the first three months of the trial period.

RIS Commitment 6: Promotion of life-long learning and adapting of the educational system in order to meet the changing economic, social and demographic conditions

I

a) What steps have been taken to adjust education institutions to the needs of persons in retirement?

No special steps in this regard have been taken as the adult education system in Sweden is charged with supporting adult learning in a flexible manner based on the wishes, needs and capabilities of the individual participant.

b) What initiatives has your country undertaken with respect to pre-retirement programmes?

Through tax cuts on income from work the Government tries to stimulate work. Since this year there are a special tax cut on work and a larger tax cut for elderly workers.

c) What learning methods have been developed to teach older persons the use of new information technologies?

There is no need for special learning methods teaching older persons the use of new information technologies as adult education in general is based on the needs and capabilities of the individual participant, irrespective of age.

d) Has your country adapted educational curricula to prepare people to lives of continuous change and equip them with the necessary skills and attitude favouring flexibility? The use of which new didactic methods have been promoted in these regards?

A highly developed infrastructure is essential, incorporating outreach activities, guidance, validation, accessibility and study support as well as cooperation between activities in different policy areas.

For infrastructural development the municipalities received a non-recurring subsidy totalling SEK 350 million in 2002.

Today appropriate learning environments, so called learning centres, are available in most of the municipalities offering teaching, counselling and distance education corresponding as far as possible to the varying learning needs and requirements of all adults.

Upper secondary education for adults and the regular upper secondary school for youths share the same syllabi and, from 1 July 1994, also the same curriculum, aimed to prepare individuals to lives of continuous change and equip them with necessary skills for life-long learning. The education for adults is comparable to the education given in the regular upper secondary school, though not identical. Municipal education for adults is course-based, with courses in the different subjects building on one another.

II

a) Has your country taken steps to establish closer links between educational institutions and employers and to encourage employers to provide on-the-job training for workers of different ages, including older workers?

In the Swedish strategy for structuring adult learning society, employers and the individual have a shared responsibility for ensuring that the need of different people and groups for both general education and specialist training are met.

Advanced vocational education and training (AVET) is a form of post-secondary education designed to meet current competence needs in working life. AVET is organized in close collaboration with the workplaces. One third of the education time is spent at a workplace, where theoretical knowledge can be applied in the practical work. In contrast to the traditional traineeship period this is an active workplace learning and problem-solving in an overall educational context. This part of the education is called LIA (the Swedish abbreviation for learning in the workplace. *Lärande i arbete*).

b) What initiatives have been taken to increase school retention rates and limit dropouts?

Individual programmes in upper secondary school target students who do not meet the requirement to the regular national study programmes. Quality in the individual programmes is strengthened through an extra amount of 450 million SEK annually to the municipalities. A requirement for full-time education in the individual programmes has also been introduced since July 1 2006. Furthermore the municipal responsibility to keep track of people under the age of 20, who have finished compulsory schooling but not continued to upper secondary school has been clarified in the Education Act with the aim to offer suitable activities to the young people concerned.

c) Have any special programmes been developed and/or promoted to facilitate the reintegration into the labour market of those who left early the formal educational system?

A policy for lifelong learning in Sweden is based on a number of guiding principles. Blind alleys in the education system must be eliminated as far as possible. Schools must give all citizens access to a comprehensive basic education.

Municipal adult education provides formal elementary and secondary education to all, irrespective of age, who lack such qualifications. In the selection process, those with the least amount of previous education are given precedence.

Liberal adult education (folk high schools and study circle activities) offers non-formal education in a wide range of courses and programmes to all people without any limit of age.

d) Has your country taken steps to make formal schooling more gender-sensitive, e.g. through the introduction of gender-sensitive curricula, specific programmes for girls and women, and specific programmes for older women to help them re-enter the labour market?

According to the Education Act people working in schools shall especially promote equality between women and men, girls and boys. To promote gender equality in education is stipulated in the Swedish curriculum. This curriculum is national and has the status of an ordinance. There has recently been added a prohibition against discrimination to the curriculum. The Swedish national Agency for School Improvement has gender equality as a prioritized area. The agency support development in this area through conferences, learning examples and through being a guide to other resources within the field. To promote equality between women and men, girls and boys is also part of the national goal for adult learning decided by the Swedish parliament (Riksdagen) in 2001.

RIS Commitment 7: Striving to ensure quality of life at all ages and maintain independent living including health and well-being

Accessible housing

To maintain the possibility of independent living, accessible and affordable housing is an important factor. Accessible housing is crucial for the possibility of elderly persons to live independently in their own homes, even when various grades of disabilities occur. Grants for housing adaptation make it possible for persons with functional impairment to undertake the individual adaptations to their homes and immediate vicinity that they need to stay on in their own homes.

In May 2000, the Parliament passed the Government Bill “From Patient to Citizen: a national action plan for disability policy”. The bill outlines a number of measures to improve access in the society for persons with disabilities. Among other things, it proposes straighter stipulations in the Planning and Building Act on the subject of accessibility and also that public transport is to be made accessible to persons with disabilities by 2010.

Economic support

To support the possibility of elderly to afford a suitable housing, there is a special income-tested housing allowance for retired persons. The level of the allowance has been raised during the last few years. There is also a state subsidy for adapting houses to make them more accessible.

On 1st of January the Maintenance support for the elderly Act came into force. Maintenance support for the elderly is intended for persons 65 years and older whose basic maintenance needs are not satisfied through other benefits in the national pension system. Most of those entitled to this

support are elderly persons who have not lived in Sweden long enough (40 years) to qualify for a full guarantee pension. This support is an income-tested benefit.

Transport services

Transport services are another factor that is important for the possibility of elderly and persons with disabilities to maintain an independent living. The municipalities offer special transport services to persons that are unable to use public transport because of functional impairment.

Accessibility

According to the Health and Medical Services Act, health care should be available to all members of society, thus ensuring a high standard of general health and care for everyone on equal terms. The prospects of persons in extensive need of care and attention living in ordinary homes have improved significantly during the last few years. Elderly today can receive advanced care in their home 24 hours a day.

Waiting times for pre-planned care, such as cataract or a hip replacement surgery, have long been a weakness that has caused dissatisfaction. Despite a major increase in productivity – the number of operations in relation to population size is higher in Sweden than in other countries – the waiting lists are still too long. Therefore the county councils and the government agreed to establish a care guarantee at the end of 2005, stating that no patient should have to wait for more than three months once it has been determined what care is needed. If the time limit expires, the patient is offered care elsewhere, which is paid for by his or her own county council, including any travel costs.

Generally, patients are free to choose where to go for care. Referrals may be necessary, for example for treatment outside the region where the patient lives. No referral is usually necessary for specialist care. This is different from many other countries where such “gatekeeper functions” are more common.

The Social Services Act covers the duty of the municipalities to provide social services and care for older persons. Under this act, any person who is unable to provide for his or her needs or to obtain provision for them in any other way is entitled to assistance towards their livelihood and towards their living in general.

Home services

In June 2006 a new law increased the possibility of municipalities to provide home services for elderly, without individual testing. The different kinds of

home services that can be provided according to this law are of great significance for the physical and psychological well-being of many elderly persons.

Training of care providers

All older people in need of health and social care must be able to meet skilled staffs who work in a well-functioning organisation. In order to respond to people on the basis of their unique life situation and background, medical knowledge needs to be combined with social and cultural skills. "Steps for Skills" is a government appointed, multi-year national initiative to support municipalities' long-term quality and skills development in health and social care for older people. The purpose of Steps for Skills is to improve the internal quality of health and social care. This will be achieved by developing the skills of the staff working close to older people. In the period 2005-2007 a total of more than one billion SEK will be awarded to municipalities that want to enhance staff skills. Awards are made on the basis of applications from municipalities.

Support of family members as care providers

Another area that the Government has supported with state grants is the municipal support of family members, relatives and friends that provides a considerable proportion of help and support for older persons. The contributions made by these groups should be voluntary, since it is society's duty to ensure that elderly in need of care or social services receive help of high quality. A state grant of 115 million SEK per year during 2006 and 2007 is used to improve the municipal support of family members and other volunteer care providers.

Sustainable financing and efficiency

Costs for health and medical care amount to approximately 9 percent of Sweden's gross domestic product (GDP), a figure that has remained fairly stable since the early 1980s. In 2005 care and services provided by the county councils, including the subsidization of pharmaceuticals, cost SEK 175 billion (USD 25.4 billion). Seventy-one percent of health care is funded through local taxation, and county councils have the right to collect income tax, the average level being 11 percent. Contributions from the state are another source of funding, representing 16 percent, while patient fees only account for 3 percent. The remaining 10 percent come from other contributions, sales and other sources. The municipalities cost for elderly care are approximately 80 billion SEK.

A new system of local government financial equalization was introduced in Sweden on 1 January 2005. It has the same purpose as the previous system: to put all municipalities and county councils in the country on an equal

financing footing to deliver equivalent levels of services to their residents irrespective of the income of local authority residents and other structural factors.

The patient fee for staying in a hospital is SEK 80 per day. Fees for outpatient care are decided by each county council. Fees to consult a primary care physician range from SEK 100 to 150. An appointment with a specialist will cost more. To limit costs for the individual there is a high-cost ceiling, which means that after a patient has paid a total of SEK 900, medical consultations in the twelve months following the date of the first consultation are free of charge. A similar ceiling exists for prescribed medication, so no one pays more than SEK 1,800 per twelve-month period.

The care and services for the elderly is to the largest part (above 80 per cent) financed by taxes levied by the municipality from its residents. A smaller part of the elderly care is financed by state grants directed to the municipalities. About 4% of the costs are financed by fees or rates.

In 2002 new rules came into force about charges for the care of the elderly under the Social Services Act. The new rules are designed to strengthen safeguards for the individual against excessively high charges. These rules indicate how incomes are to be computed, the level of the reserved amount and the highest charge which can be made for home-help services (in both ordinary housing and special housing accommodation), daytime activities and certain outpatient health care. The reserved amount is intended to cover the individual person's normal living expenses and actual housing cost and which the individual is entitled to retain before any charge is levied for home-help service. The legislation indicates which expenses, over and above housing costs, are to be met out of the individual's reserved amount. Within the framework of these rules, each municipality decides its own system of charging and the charge payable by the individual. The individual has right to appeal the decision concerning the charge payable to an administrative court if he or she is not satisfied with the decision.

The basis for funding health and medical care is local taxation, which means that opportunities for economic expansion are greatly limited. Cost restrictions are a must, and it is necessary to maximize existing resources. Benchmarking with other county councils may lead to improvements, but heavy decentralization has meant that national data are frequently lacking. However, there will soon be an improvement here because the National Board of Health and Welfare and the Swedish Association of Local Authorities and Regions have agreed to establish a model for comparing and evaluating achieved goals and results. There are many reasons for this:

- to provide a better platform for public debate and political decisions,
- to make it easier for county councils and municipalities to manage and streamline health care and
- to provide the general population and patients with more easily accessible information and possibilities to compare between different providers.

Statistics based on national research have already been produced on issues such as health effects, quality, patient security, waiting times, patient opinions and costs. This type of benchmarking enables county councils to be evaluated in relation to each other.

Good health for the entire population

The overall aim of Swedish public health policy is to create social conditions that will ensure good health for the entire population.

The Swedish Riksdag adopted in April 2003 a national health policy stipulating eleven general objectives that cover the most important determinants of Swedish public health. In addition, improving the health of those groups that are most vulnerable to ill-health is particularly important.

The Swedish National Institute of Public Health has a central role in coordinating public health work on the national level. The Institute also supports the implementation of the eleven general objectives, monitors and evaluates them and develops indicators to show how well they are being met. Municipalities, county councils, voluntary organizations and other actors can use the eleven general objectives in their own activities to achieve the overall aim.

Progress is reported to the Government every 4 years in the form of a public health report, which provides the basis of discussions on how successfully the policy is influencing public health.

RIS Commitment 8: Mainstreaming a gender approach in an ageing society to support families that provide care for older persons and promote intergenerational and intra-generational solidarity among their members.

a) What measures have been taken to mainstream gender, to remove all obstacles to achieving gender equality, to eliminate all forms of discrimination against women, and to promote individual development of women throughout their entire life cycle?

1. The objective of Swedish gender equality policy is that women and men, girls and boys, are to have equal opportunities and equal rights.

2. Apart from reinforcing the work with integrating a gender equality perspective in all policy areas, some of the main priorities for the Government's gender equality policy are to prevent and combat discrimination and patriarchal violence against women and girls, including violence in the name of honour and to enhance the possibilities for women and men to be able to combine work and family life and to encourage and increase entrepreneurship among women.

3. For an account of national gender equality work between 2001 – 2006 reference is made to the combined sixth and seventh periodic report by the Government of Sweden on the measures to give effect to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW/C/SWE/7), which was submitted to the UN in the beginning of September 2006. The report is available at the Government's website: <http://www.regeringen.se/sb/d/3280/a/19516>

4. After the general election on 17 September 2006, the Swedish Government consists of 9 women and 13 men. Women make up 47 percent of the Swedish Riksdag and men 53 percent.

5. Considerably extra funding, SEK 400 million, was earmarked to gender equality policy measures in the 2007 Budget Bill - a tenfold increase in the appropriation. This extra funding will, inter alia, be used for an action plan to combat men's violence against women and to research into women's health. The Government also intends to initiate reforms within other areas to promote gender equality. One such reform is to look into the prerequisites for introducing a gender equality bonus in the parental insurance system that improves the chances of men being able to take a greater parental responsibility during the first twelve months of the child's life and for men and women to share domestic chores. Furthermore, the Government has submitted a bill to the Riksdag on tax relief for household services with the aim of making it easier for women and men to combine family life and work.

c) What measures have been taken to promote the economic rights of women (such as legislation to ensure equal pay for equal work, to protect other women's rights at work place and to reconcile family life with work life, etc)?

e) What measures have been taken to encourage and facilitate equal sharing of family and care responsibilities between women and men ?

6. Sex discrimination in the workplace is dealt with in the Equal Opportunities Act. The Act prohibits sex discrimination in the labour market and requires that all employers, whether in the public or private sector, shall actively promote equal opportunities for men and women in the working environment. The Act includes measures to counteract wage discrimination in the labour market. For more information about the Act please refer to CEDAW/C/SWE/7 (article 2).

7. The Government's gender equality policy contains a subsidiary target of equal distribution between women and men of unpaid household and care work. The target is important for a number of measures including economic family policy and care and labour market issues. The target covers unpaid household work, care of the elderly and care of children.

8. As stated above in a) the Government intends to initiate several reforms with the aim of making it easier for women and men to reconcile work and family life and share domestic chores.

9. The Government announced, in its spring fiscal policy Bill 2007, that the unwarranted pay gap between women and men in the public agencies shall be taken care of by 2010, at the latest. The work with increasing women's representation in decision-making bodies within the government agencies shall be intensified.

10. The Government is investing SEK 100 million over three years to increase the number of women starting new businesses, help women's companies to grow and increase knowledge about and research into women's enterprise.

Care of elderly

Female relatives, primarily older wives and middle-aged daughters, have increased the amount of unpaid work they do in the care of elderly women and men. Middle-aged male relatives have not increased their amount of such work to the same extent. The Government is of the view that it is important to gender mainstream the area and analyse the possible impact of a greater burden of responsibility and work on women's health and their ability to engage in paid work.

More women than men receive care when they are elderly, because women on average live longer than men. The majority of women live alone towards the end of their lives, while the majority of men live with a partner for their

whole lives. Looking at married elderly women and men, women who need help receive a greater degree of publicly funded help than men who need help. This situation also applies when age and degree of ill-health are taken into account, which indicates that different demands are made on female and male relatives, a point that is clear from an inquiry report on jointly financed equalisation in the local government sector (SOU 2003:88).

Equality between women and men in elderly care has been examined in a report on gender equal social services. In 2002, the National Board of Health and Welfare was given the assignment of following up, analysing and reporting gender disparities in the areas of operation of the health and care services and the social services. The assignment was reported in 2004. The report includes proposed measures for better and more individualised statistics, and improved knowledge of the role played by assessments of the need of assistance. Similarly, more knowledge is needed about violence and abuse directed towards elderly women and men.

The Governments ongoing work on enhancing support for relatives, strengthening dignity in care, promoting greater access to special housing, making freedom of choice of care providers available and furthering relevant data collection to a much greater extent etc will have significant alleviating impact to facilitate for women and families who provide care for older persons.

RIS Commitment 9: Support for families that provide care for older persons and promote intergenerational and intra-generational solidarity among their members.

The objective of financial policy for families is to provide support for families with children within the framework of universal welfare, thereby reducing the financial differences between families with and without children. Financial support for families with children consists of parental insurance, child allowance, maintenance support, housing allowance, care allowance for sick and disabled children, inter-country adoptions, child's pension and pension right for childcare years.

Child allowance

Child allowance is paid for all children up to the age of 16. The allowance is now SEK 1 050 per month. An extended child allowance is paid for children over the age of 16 if the child is attending compulsory school. The allowance is SEK 1 050 per month. A supplementary allowance for additional children is paid to families with two or more children. The supplement is SEK 100 for the second child. The

supplement is SEK 354 per month for the third child, SEK 860 per month for the fourth child and SEK 1 050 per month for the fifth child.

Parental insurance

Parental insurance comprises three kinds of cash benefits: pregnancy benefit, parental benefit in connection with childbirth and temporary parental benefit. Parental benefit is payable for a total of 480 days. For 390 days the benefit paid is equivalent to the parent's qualifying income for sickness benefits (80% of income subject to the ceiling in the scheme). Sixty parental benefit days are reserved exclusively for each parent. Temporary parental benefit is available to make it easier for parents to look after sick children who would otherwise be at day care or school. Up to 120 days of temporary parental benefit can be claimed each year.

Cash benefit for care of closely related persons

A person caring for a seriously ill close relative is entitled to payments from the sickness insurance scheme and has the right to be absent from work for up to 60 days. The number of days refer to the person being cared for. The keeper and the invalid must both be registered at the social insurance office, and the care must take place in Sweden. Payments are payable at full, half or one quarter rate. Starting 1 January 1998, the level of payment is 80 % of the income qualifying for sickness benefit.

Allowance for disabled and handicapped children

Parents of disabled or handicapped children are entitled to an allowance to enable them to take care of their child. The care allowance is paid to a parent residing in Sweden to enable care at home for his or her child under 19 who requires special supervision and care on account of illness or disability.

The care allowance is paid as full, three quarters, half or one quarter benefit. Full benefit is 2.5 times the base amount (SEK 39 500, in 2005). When judging the care allowance, additional costs related to the child's disability or illness is taken into account. The care allowance, except the part related to additional costs, is taxable and pensionable income, which gives right to supplementary pension.

The care allowance can be divided between parents when they agree on it. The care allowance is then divided in equal parts between them.

The Social Services Act

A stipulation in The Social Services Act says that municipalities should by support and relief activities make it easier for those taking care of a close relatives.

As mentioned above the Government gives state grants to municipalities to enhance the support for families that provide care for older persons.

Health care

Sweden's entire population has equal access to health care services. The Swedish health care system is government-funded and heavily decentralized. Compared with other countries at a similar development level, the system performs well, with good medical success in relation to investments and despite cost restrictions.

Integrated care

Care at home has proved to be successful for many older persons. Different organisations has developed their skills to link to each other in a better way with the patient's whole needs in better focus. Throughout the last 15 years it has step by step been made possible for persons with needs for more complex aid to continue living in their own home. There are problems in providing better integrated care for fragile very old persons with large needs. For them an ability to linking in a chain of care is not enough. A higher level of integration is often needed. Continuity in care lacks and organisational collaboration both on management level and on professional level tend to fail. Rehabilitation and social needs together with the situation for informal carers seem to be frequent difficulties. Integrated care is network based which makes it easy to say but hard to deliver. There is no standard formula to follow in order to develop integrated care. There are some helpful key elements such as accessibility, quality management, strengthening the power of the individual, removal of financial blockers, shared learning and shared training. The concept of integrated care is currently being developed in many places.

Benchmarking

Benchmarking among county councils and municipalities can lead to improvements. Until now heavy decentralization has meant that national data are frequently is lacking. However, there will soon be an improvement here because the National Board of Health and Welfare and the Swedish Association of Local Authorities and Regions have agreed to establish a model for comparing and evaluating achieved goals and results. There are many reasons for this:

- to provide a better platform for public debate and political decisions,
- to make it easier for county councils and municipalities to manage and streamline health care and
- to provide the general population and patients with more easily accessible information.

Statistics based on national research have already been produced on issues such as health effects, quality, patient security, waiting times, patient opinions and costs. The improved benchmarking will enable county councils and municipalities to be evaluated in relation to each other. It will be easier for the elderly and their relatives to choose the care provider they trust and feel comfortable with.