REGERINGSKANSLIET

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Ministry of Health and Social Affairs

SWEDEN'S STRATEGY REPORT FOR SOCIAL PROTECTION AND SOCIAL INCLUSION 2006 - 2008

Contents

1. Common strategy for social protection and social inclusion

Under the Open Coordination Method, the EU Member States have been working together since 2000 on issues relating to fighting poverty and social exclusion, working for sustainable and reasonable retirement pensions and sustainable and accessible health care and long-term care. The conclusions from the meeting of the European Council in Lisbon indicate that modernisation and improvement of social protection is an important step towards attaining the overall Lisbon objectives.

In 2003, the Commission presented a proposal aimed at streamlining cooperation in the social area. The proposal means that the three strands referred to above are merged, while the specific aspects of each strand have to be developed further. Under the new proposal, a joint strategy report is to be drawn up in the social area instead of different reports, as was done previously. The present report provides an opportunity to take an overall view and look at the whole of social policy together. The new model for cooperation means that reporting is simplified and that more effort is put into exchange of experience, which is the actual basis of cooperation in the Open Coordination Method.

New common goals have been adopted for this work. These build on previous goals adopted in Nice and Laeken and provide a basis for the preparation of national strategies for social protection and social cohesion. The overarching objectives of this work are to promote:

a) social cohesion and equal opportunities for all through adequate, accessible, financially sustainable, adaptable and effective social protection systems and social inclusion policies;

b) effective and mutual interaction between the Lisbon objectives of greater economic growth, more and better jobs and greater social cohesion, and the EU's Sustainable Development Strategy;

c) good governance, transparency and the involvement of stakeholders in the design, implementation and monitoring of policy.

Sweden presented its strategy report for social protection and social inclusion on 14 September 2006. Later that month, general elections were held in Sweden. The election led to a change of government in the country and the four parties of the "Alliance for Sweden" formed a government. It is against this background that the new government has chosen to update the strategy report for social protection and social inclusion.

The national strategy reports for social protection and social inclusion will cover a three-year period, This does not, however, apply to this first report, which only relates to a two-year period, with the aim of fitting into the new Lisbon timetable. Sweden last year presented a national action plan for growth and employment for the period 2005–2008; this report, too, has been updated due to the change of government in Sweden.

The Ministry of Health and Social Affairs has been responsible for preparing the report. The report is laid out on the basis of the guidelines drawn up by the Social Security Committee. It was noted ahead of the work on the report that circumstances differ for the different strands, and this is reflected in the guidelines for the report. In view of the fact that the Member States presented a forward-looking and strategic pensions report in 2005 and a report on health care, these sections of this report are structured differently. The section on pensions contains an in-depth look at the issue of incentives to prolong working life with the pensions system. The part of the report concerned with health care and long-term care is principally aimed at identifying key areas in which the Member States can exchange experience.

Work on the strategy report began with an information and consultation meeting with representatives of non-governmental organisations and social partners. The meeting proved to be of great value and prompted several good ideas that have been utilised in work on the report.

1.1 Evaluation of the social situation

The Swedish economy is now growing strongly. Growth in GDP is expected to be 3.3 per cent in 2007. The public finances are also developing strongly.

There was an upturn in employment in the autumn of 2005 as a result of a strong domestic economy and an increase in active labour-market policy measures. Employment overall is expected to increase by around 72,000 people in 2006 and around 67,000 in 2007. Despite employment being expected to rise this year, the Government judges there to be a need for continued measures to reduce unemployment, particularly among the long-term unemployed, young people, immigrants to Sweden and people with disabilities. These groups are at greater risk than others of being excluded from the labour market. The number of young people in the 20–24 age group without known employment, i.e. who are not studying or seeking jobs, was estimated at around 50,000 in 2001. This group also finds it particularly difficult to gain a foothold in the labour market in the longer term. Young people with a foreign background are more vulnerable than young people born in Sweden. The greatest difficulty in entering the labour market is experienced by young people in economically disadvantaged urban areas. Having a job leads to

involvement in society, which is particularly important for people with a foreign background.

Table 1 EU employment targets and Swedish results in 2005, per cent

	Total	Men	Women	Elderly (55-64 age group)
Employment rate, 15-64 age group	72.3	74.3	70.2	69.5
EU target 2010	70.0		60.0	50.0

Source: Eurostat.

Tabell 2. National employment and unemployment 2005, per cent

	Total	Men	Women	16–24 age group		
				Total	Men	Women
Regular employment rate[1], 20–64 age group	77.4					
Unemployment, 16–64 age group	6.0	6.2	5.7	14.3	15.9	12.7
Unemployment (ILO definition)[2]	7.8[P]	7.9[P]	7.7[P]	22.6[P]	23.0[P]	22.1[P]

Source: Statistics Sweden and Eurostat. P= preliminary figure

As well as increased initiatives aimed at young people, Swedes with a foreign background and people with disabilities, a number of measures must be introduced now to the prevent economic problems that arise when times are good. To ensure that a good economic climate is not brought to an end, the risk of a future shortage of labour must be minimised, for example by better matching and greater mobility in the labour market.

[1] Regular employment covers the 20–64 age group. *Regularly employed* includes all employed in that age group according to the Labour Market Survey, not including those participating in the labour market programmes sabbatical leave, bonus jobs, positions for unemployed graduates, educational-leave replacement, employment support and support for business start-ups (these are otherwise regarded as employment). The regularly employed are divided by the population aged 20–64, and in 2005 the proportion was 77.4 per cent.

[2] The ILO definition of unemployment includes *those actively seeking work* and *full-time students actively seeking work*. The age group is 15–74.

To fund future welfare, it is necessary for more people to be in work and for the number of hours worked to increase. A high employment rate is essential if a high growth rate and a generous welfare policy are to be possible. Work and the ability to support oneself boost the individual's security and freedom. The challenge is to create conditions in which people both want to work and have an opportunity to do so. Activation is therefore an overarching principle in the Swedish Government's economic policy.

Far too many people leave the workplace early on grounds of sickness. A number of measures have been taken over recent years to reduce sick leave. In May 2006, the number of paid sick leave days had fallen by 33 per cent compared to 2002. The Government's view is that sickness insurance must be reformed so that it provides greater incentive and opportunities for a return to work. The Government is also of the view that the previous government did not undertake sufficiently radical measures to facilitate a return to work, which has led to an unacceptable increase in the numbers of people on long-term sick leave and excluded from teh labour market.

Every year, more and more Swedes live to see their hundredth birthday. Last year there were 1,342 people, 1,137 women and 205 men, over the age of 100. And this positive trend is continuing. Average life expectancy in 2005 was 82.78 years for women and 78.42 years for men (see Annex 1, Table b). The number of elderly people is steadily rising, and in most cases they remain healthy for an ever longer time. This is a very welcome trend, but there are still problems. Many elderly women and men have meagre financial resources, and care is still not sufficiently good for all elderly people. Many family members, particularly women, bear great responsibility for those close to them. In addition, in ten to fifteen years the number of elderly persons over the age of 80 and the need for long-term care will increase at any even faster rate. In addition, needs will look very different – everything from healthy elderly people who just need a little extra help around the home to elderly people with an extensive need for assistance.

The Government's view is that the quality of care of eldery women and men must be improved. Preventive work, including medical and social care, needs to be improved. The point of departure of the Government's long-term elderly care policy is that elderly people and their relatives are to feel secure, and that the care provided to them is to meet reasonable standards of dignity and provide the individual with greater freedom of choice. Long-term improvement in quality is to be supported by measures such as improved statistics and transparent comparisons.

The birth rate affects the population trend and is thus of key significance to future growth. The number of children born in Sweden fell in the 1990s. In 1999 the downturn was reversed, and the number of births has

since risen every year. In 2005 the average birth rate was 1.77 children per woman. The forecast for the cumulative fertility rate in 2006 is 1.81 children per woman.

1.2 Strategic approach and overarching objectives

A universal welfare policy and an active labour-market policy are characteristic features of the Swedish social model. The objective for policy over the 2006–2008 period is to create more jobs, reduce sick leave, improve long-term care, make society accessible for people with disabilities, tackle homelessness, increase integration, create the necessary conditions for a prolonged working life and achieve greater gender equality.

1.2.1 Universal welfare is the foundation of social protection and social inclusion

Objective: Promote social cohesion with equal opportunities for all through adequate, accessible, financially sustainable, adaptable and effective social protection systems and social inclusion policies

The Swedish welfare system comprises general health care and social care, social insurance that provides financial security in illness, disability and old age and for families with young children, and basic supplementary protection in the form of financial assistance.

The Swedish welfare system is universal and covers the whole population. It is financed through compulsory charges and taxes. This means that everyone pays towards welfare and everyone benefits from it, not just the ones who have the greatest needs. A universal system has a great redistributing impact in levelling out financial sources and living conditions. It redistributes between different groups in society and contributes to levelling out the incomes of individuals between the various stages of their lives. Universal welfare obviously also provides support for the most vulnerable groups in society. Such supplementary support must remain robust.

Activation is an important principle in universal welfare policy. Work is the basis of welfare and is also the foundation on which people's personal and social development rests. Swedish labour-market policy is notable for being active, and work or some form of education and training is always preferable to allowances. A long period of unemployment leads to isolation and lack of participation in society.

Universal welfare is intended to create equal opportunities for all and equality between men and women. Swedish family policy contributes towards enabling parents to combine family life and work. Parental insurance, together with child care that meets the differing requirements and needs of families, enables both men and women to combine family

and work. This contributes to increased gender equality. Sweden has a high rate of female participation in the labour force, along with a relatively high birth rate. The rate of participation in the labour force of women with young children is also higher than in most other European countries.

Supportive family policy that includes a child perspective and improved gender equality policy are fundamental factors that promote the security and well-being of families, socially and financially. This, together with a high employment rate, creates good conditions for a higher birth rate. By basing support to families on the "activity principle", most income for families will come from their own income from work. The wherewithal to support a family is therefore in the end dependent on trends in employment. Parental leave insurance covers the loss of income experienced by families when a parent is at home with the child(ren). Through this construction, parental insurance helps reinforce the standard that a fixed income improves the conditions for having children.

Swedish family policy, in an international comparison, provides very wide-ranging support to families and therefore impacts on the conditions for having children, both through direct financial benefits and by making it easier for families to combine work with having children.

Modern family policy must have as its starting point that families are different, have differing wishes and needs but have the same value. The Government wants family policy to have the aim of strengthening parents' grip on their life situation and of boosting families' freedom of choice. The Government wishes to reduce national political control and replace it with freedom of choice for families.

Swedish welfare policy faces a number of challenges. In particular there is a need to boost the level of employment and reduce exclusion. To respond to this challenge, all the resources in the labour market must be utilised. There is a need to get more people into work and to get more people to work longer, create more flexible jobs and reduce sick leave levels. It is also important to encourage people to have children by further improving opportunities to combine family and work as well as supporting parents in their role. In the area of health care, there is a need to utilise resources more effectively, and both the efficiency and productivity of care must be improved.

1.2.2 Interaction between the Lisbon Strategy and the EU's Sustainable Development Strategy

Objective: To promote effective and mutual interaction between the Lisbon objectives of greater economic growth, more and better jobs and greater social cohesion and the EU's Sustainable Development Strategy

One of the aims underlying the proposal to streamline cooperation in the social area was to strengthen the social dimension of the Lisbon Strategy. It is necessary for economic, social and employment policy to work together so that the Lisbon objectives can be attained. The interaction between the revised Lisbon strategy and application of the Open Coordination Method in the social area must be mutual. Measures for social protection must be designed in such a way that they contribute to economic growth and employment, while measures aimed at growth and employment in turn must support the social aims. The Swedish pension system is an example of this dynamic interaction working smoothly. Incentives for employees to work longer contribute to economic growth. The Swedish pension system is based on lifetime earnings. This means that the longer someone works, the higher the pension they receive. At the same time, the pension system is linked to demographic and economic trends, as the earnings-based pension is firstly linked to average life expectancy and secondly index-linked to the general trend in wages.

Work and education and training form the basis of social participation in society. The Government's labour-market policy is based on initiatives to promote activation and skills enhancement and to bring about a more flexible labour market through greater employability for those who do not have jobs, as well as creating security in adaptation to new circumstances. Women and men having the same opportunities to take part in working life and to take part on equal terms is a matter of basic justice. Under the Equal Opportunities Act, the employer has to make it easier for both female and male employees to combine gainful employment and parenthood.

In the revised Swedish action programme for growth and employment, the Government describes the measures planned for the 2005–2008 period under the Lisbon Strategy. Welfare can be underpinned by removing exclusion from the labour market, creating more jobs and companies. The action plan thus presents a broad programme for work and entrepreneurship.

The initiatives taken by the Government to strengthen the groups that find it most difficult to obtain employment are also of great significance in preventing social exclusion. More than 1.1 million people living in Sweden were born abroad. Sweden is well endowed with language skills and experience and knowledge of different cultures. This asset must be put to use. Work, education and training and non-discrimination form the basis of integration policy. Integration in the labour market at present is far from adequate, as the level of employment among those born outside Sweden is significantly lower than that of people born in the country. In 2005, 62 per cent of all persons of working age born abroad were in employment, 59 per cent of women and 65 per cent of

men. People born abroad are also over-represented among the long-term unemployed. The Government is therefore undertaking general measures to boost employment and tackle long-term unemployment, which have opened up new opportunities for people born outside Sweden. As well as these general measures, special initiatives have been taken to improve opportunities for education, training and work for women and men with a foreign background. The economic situation of Swedish children has been very good in an international comparison and over a long period of time, and a similar situation applies to the other Nordic countries. Measured as the proportion of children in households with an economic standard below 60% of the median disposable income of the population, in 2003 around 11 per cent of children were at risk of poverty, compared with the EU average of around 16 per cent. The principal reason for a low economic standard is lack of gainful employment and/or receipt of only one earned income. Two groups which are particularly vulnerable in this respect are single-parent families and families with at least one parent born abroad.

Most studies have shown that countries such as the Sweden and the other Nordic countries with well-developed universal welfare tend to have lower economic vulnerability. In these countries public services play an important role in the low proportion of economically vulnerable children. The female activity rate combined with public childcare is an important factor in explaining the relatively low proportion of economically vulnerable single-parent families (see also Annex 1, Table a).

The degree of economic vulnerability among children and the living conditions of economically vulnerable children are affected by developments in a number of different policy areas such as integration, the labour market, social services, family and education. For the most vulnerable groups, single mothers and families with parents born outside Sweden, there is thus a combination of initiatives in several policy areas. Studies have shown that long-term financial assistance is not just a sign of poor finances in the family but can also be regarded as risk marker for unfavourable development for the child in the future. When issues concerning economic vulnerability among children and young people are being discussed, it is important to stress that the child's need is in focus when assessing the family's need of financial support. It is also important to stress that children do not have responsibility to support their parents.

Sustainable development is an overarching objective of government policy. All decisions are to be formulated so as to take into account economic, social and environmental consequences. Work on sustainable development is based on the realisation that growth and welfare can only be maintained if investments are made in the common resources that form the basis of the national economy. The basic principle underlying

the general pension system is that it should be financially stable and sustainable.

1.2.3 Administration of social insurance and the involvement of stakeholders in decision-making

Objective: To promote good governance, transparency and the involvement of stakeholders in the design, implementation and monitoring of policy.

One of the lessons learnt from work on the national action plans to tackle poverty and social exclusion is the importance of involving all stakeholders in this work. A commission for user participation was appointed during work on the 2003 national action plan for social inclusion. The commission comprises more than ten people appointed by the organisational network the Network Against Social Exclusion and one representative each from the Swedish Association of Local Authorities and Regions and the National Board of Health and Welfare. The work of the commission is focused on particularly vulnerable users and over the years, as well as its regular meetings, it has arranged seminars to emphasise the situation of the most vulnerable and to highlight problems and solutions. Since 1991, the Government has also had a standing committee comprising representatives of pensioner organisations in which issues and proposals relating to the situation of pensioners are discussed. A similar forum exists in which the Government and representatives of organisations for the disabled conduct a dialogue.

Administration must work smoothly if confidence in social insurance is to be retained. A new combined government agency for the administration of social insurance was set up on 1 January 2005 (the Swedish Social Insurance Agency). The aim is to improve the prospects for more uniform application of existing rules on social insurance and in so doing to bring about more legally certain and quality-oriented procedures.

The Swedish Social Insurance Agency plays an important role in efforts to reduce sick leave, but initiatives by several actors are needed for success to be achieved. The health services, the employer, the Employment Service and social services all have responsibility for different parts of rehabilitation-to-work. Collaboration between these actors and the insured person is often decisive in enabling the individual to return to employment. This applies particularly in cases where there is a complex set of problems. In 2004 a system for financial coordination of rehabilitation measures between the Swedish Social Insurance Agency, the county labour boards, county councils and municipalities was made given permanent status. The target group is people who need coordinated rehabilitation efforts, and the aim is for these people to

attain or improve work capacity. These people are often far removed from the labour market and dependent on government for means of support. Financial coordination makes it possible to form coordinating bodies at local or regional level. By coordinating resources and establishing a joint management and decision-making function, opportunities are created to tackle the problem of "going round in circles" and to promote effective cooperation between the agencies concerned. The Government's view, however, is that cooperation between the various actors must improve and that financial coordination must become more flexible and be better adapted to local circumstances.

1.3 Overarching message

The policy of universal welfare provides the basis on which to create social cohesion and equal opportunities for everyone. A welfare policy that covers everyone is the most likely, in the long term, to create adequate, accessible and financially sustainable security systems. It produces good distributional effects, while also having a high degree of legitimacy as everyone who contributes to the system also benefits from it.

This is also the basis for all three strands of the national strategy report. The general pension system, like health care and long-term care, covers the whole population on equal terms. Universal welfare policy creates the basis on which to prevent poverty and social exclusion and therefore the foundation on which the Swedish action plan for social inclusion is built. Universal welfare contributes to reducing the gaps between different groups in society, but it must be supplemented by support targeted at the most vulnerable groups in society so that social inclusion that covers everyone is attained.

The importance of a high level of participation in the labour force is a continuous thread through the three different parts of the report. High employment is essential if a generous and financially sustainable welfare system is to be maintained. Activation is therefore an important aspect of universal welfare policy. Having a job is the best way of influencing one's own economic situation. Work and education are the basis of people's personal and social development and are important factors for participation in society.

Streamlining of EU cooperation in the social area has made it possible to take a combined look at the whole of welfare policy. It makes the social dimension clearer. This is an essential requirement if the Lisbon objectives of economic growth, employment and social inclusion are to be achieved, as well as the objectives of sustainable development.

2. National action plan for social inclusion

Cooperation between the EU Member States to prevent poverty and social exclusion has meant that the Member States have on two occasions, in 2001 and 2003, drawn up national action plans to contribute to fulfilling the goals established by the European Council in Nice for this area. The goals are to:

1. facilitate participation in employment and access to resources, goods, services and rights for all
2. prevent the risk of exclusion
3. act on behalf of the most vulnerable and
4. mobilise all relevant actors

In the 2003 action plan, Sweden reported on trends and challenges, strategic approaches and the political measures planned up to 2005.

During the spring of 2005 the Member States drew up implementation and update reports on initiatives to tackle poverty and social exclusion. The reports principally covered social inclusion but also, to a slightly lesser extent, pension cooperation. In the joint report on social protection and social inclusion in the EU compiled in conjunction with the 2005 follow-up reports, seven key challenges were identified.[3] These have served as important points of departure for the measures and strategy described in Sweden's action plan for social inclusion. A consistent theme as far as Sweden is concerned is strengthened collaboration and partnership at all levels of society, as well as a clear user's perspective. In the continuing work there has been consultation, for instance, with the organisational network the Network Against Social Exclusion, which comprises a very large number of organisations in the social area.[4]

Four priority objectives and a number of specific targets for reducing poverty and social exclusion in the period up to 2010 are presented in section 2.1. The measures the Government has decided on to attain these objectives are described in sections 2.2 to 2.5, and it is here that the emphasis in the action plan lies. The measures described are in the main

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[3] 1) Increase labour market participation, 2) modernise social protection systems, 3) tackle disadvantages in education and training, 4) eliminate child poverty and enhance assistance to families, 5) ensure decent housing and tackle homelessness, 6) improve access to quality services (health and care services, life-long learning, financial services, legal advice services, transport etc.), 7) overcome discrimination and increase the integration of people with disabilities, ethnic minorities and immigrants (first and second generation).

[4] Annex 4 shows which organisations are members of the Network.

taken from the Government's Budget Bill for 2007 as well as other strategic documents. Section 2.6 contains an account of how governance is formulated and how the action is to be implemented and followed up.

2.1 Priority objectives up to 2008

Achieving a high level of employment for both men and women regardless of ethnic background, combating homelessness and exclusion from the housing market and strengthening groups in particularly vulnerable situations are judged to be the most important areas for the period 2006–2008 in which to tackle poverty and social exclusion. The Government formulates the priority objectives as follows:

1. promote work and education and training for everyone,
2. increase integration,
3. combat homelessness and exclusion from the housing market,
4. strengthen groups in particularly vulnerable situations.

The objectives accurately reflect the challenges identified in the 2005 joint report on social protection and social inclusion in the EU, and in the view of the Swedish Government have a decisive impact in attaining the common objectives decided upon by the EU Member States:

> d) access for all to the resources, rights and services needed for participation in society, preventing and addressing exclusion, and fighting all forms of discrimination leading to exclusion;
>
> e) the active social inclusion of all, both by promoting participation in the labour market and by fighting poverty and exclusion;

These objectives are also endorsed by the non-governmental organisations which in various ways have contributed to the action plan. The non-governmental organisations consider work and meaningful employment to be a key area; this also includes security in the event of unemployment and illness. They also emphasise the significance of the social enterprises in creating new jobs and giving people who have been outside the labour market an opportunity for "real" work and a work community. Housing and homelessness are another key area, as is integration. In its work on the priority objectives, the Swedish Government intends to pay particular attention to differences in conditions for women and men.

2.1.1 Social exclusion

The following definition of the term social exclusion underlies the prioritisation of objectives. Social exclusion means that people or groups are excluded from various parts of society or have their access to them impeded. Social exclusion occurs in part through people not gaining

access to key parts of community life such as the labour market and in part through a process in which people are gradually excluded as a result of a social problem leading to several other subsequent problems. It is thus a social phenomenon which is more complex and dynamic than that covered by the term social problem, which often involves one problem at a time. Social exclusion can thus be regarded as a consequence or an accumulation of social problems in different areas, but it also reflects structural problems in a society in which individuals or groups do not have access to certain areas of that society. Social exclusion refers to non-participation in important areas of society such as the labour market, education, politics and democratic processes, culture, leisure activities, social relations and housing.

There are many causes to why people get into exclusion. Physical and mental disabilities, ethnicity, poverty and difficult conditions during one's adolescence which in worst case can lead to substance abuse and crime are examples of factors which can have an effect on the risk of getting into exclusion.

2.1.2 Work and education – a basis for social inclusion

Employment provides a firm foundation for participation in society. An education system that works well is also of key importance if people are to be able to acquire the knowledge they need for active citizenship. Preschool, school, leisure-time centre, upper secondary school and adult education should provide a basis for work or further education and training. The vast majority of those aged 18–24 have completed at least upper secondary education or are studying (see Annex 1, Table c). Only 8.6 per cent (7.9 per cent of women, 9.3 per cent of men) have no education beyond compulsory primary and lower secondary school, which is probably in part explained by good opportunities to acquire upper secondary level skills in adult education.

Entry to the labour market also provides access to those parts of the social insurance system that are intended to cover temporary loss of income, for example due to illness. This insurance is generally sufficient to prevent the person concerned falling below the poverty line. The social insurance system in Sweden is supplemented by financial assistance as the ultimate safety net for people who have problems in providing for themselves.

Young people, people with disabilities and people with a foreign background generally have a lower employment rate and are at greater risk of having little contact with the labour market. Young people enter the labour market ever later, and the group of young people who neither work, study nor seek employment also finds it particularly difficult to gain a foothold in the labour market in the longer term. According to Eurostat statistics, harmonised unemployment for young people aged

15–24 was 22.6 per cent in 2005. With this, Sweden ranks among the countries in western Europe with the highest youth unemployment.

In 2004, the level of participation in the labour market among people with disabilities which lead to impaired capacity for work was 55 per cent, compared with just over 79 per cent for people without disabilities. In recent years the labour-market situation for people with disabilities has worsened in some respects. The proportion of long-term registrations at the employment service has also risen, and the employment rate has fallen. There are wide disparities between different groups of disabled people with regard to the situation in the labour market.

Sick leave is very unevenly distributed in the population, and certain groups run a greater risk of being socially excluded through sick leave. The distribution and extent of sick leave varies with gender, age and level of education. Women have a substantially higher level of sick leave than men, and account for 64 per cent of those on sick leave. Older people have a higher rate of absence on sick leave than younger people. Certification as sick is more common among the unemployed and those who have been repeatedly unemployed. There are also wide socioeconomic differences. Receipt of sickness benefit or sickness and activity compensation is more common among people of low educational attainment. The geographical differences in sick leave are also striking. Sick leave broken down into those born in and outside Sweden is proportional to their distribution in the population, but on the other hand, those born abroad are over-represented among recipients of sickness and activity compensation.

The longer a case of sickness continues, the less likelihood there is of the person certified as sick returning to work. After three to four months of sick leave, the risk of remaining on sick leave for another month is more than 80 per cent. Around half those who have been certified as sick for more than a year are granted sickness or activity compensation, and the number of people leaving this compensation scheme is unfortunately very limited. The vast majority who leave this insurance scheme do so because they reach retirement age. Few individuals return to work. It is particularly vital to return young people who have been granted activity compensation to the workforce. The proportion of people certified as sick with mental-health diagnoses has increased in recent years. Between 1999 and 2005, the proportion increased from 18 per cent to just over 30 per cent of people certified as sick. Many of the young people certified sick are among these.

2.1.3 Shortcomings in integration

Sweden has a high proportion of inhabitants with a foreign background, but this asset is not utilised sufficiently, in part because of structural

obstacles that delay the entry of immigrant women and men into the regular labour market. Despite reduced differences in recent years, the level of employment among those born abroad is significantly lower than for those born in Sweden. The gap is widest for women. The Swedish Government's general initiatives to increase employment and tackle long-term unemployment also benefit those born abroad. The opportunity of education is another important factor in promoting integration. Today not all schools are equally well placed to give all their pupils a good education, but steps have been taken to reduce differences between schools.

Many of those born abroad who came to Sweden in the 1990s have found it difficult to provide for themselves. Increasing immigration over the period has meant that an ever greater proportion of those who are classified as poor in Sweden were born abroad. Around a third of financially vulnerable people in 2003 had a foreign background. In addition, the risk of long-term financial vulnerability is consistently higher among those born abroad than among those born in Sweden. The rate of child poverty is also higher among children of people born abroad.

2.1.4 Homelessness and exclusion from the housing market

Homelessness is an extreme manifestation of social exclusion. Being homeless may mean anything from living on the street or in a hostel to involuntarily living with family or friends. The latest national survey of homelessness shows that the number of people without permanent housing has risen in recent years and in 2005 totalled around 17,800.[5] The problem is greatest in the cities. Three-quarters of the homeless are men and a quarter are women. A third are also parents of children below the age of 18. There have been relatively more women and people born abroad among the homeless, and families with children are a group which has recently attracted attention in this context.

There can be many reasons why someone can be unable to find somewhere to live. Shortcomings in the care of people with substance abuse problems and psychiatric patients may be an underlying cause of homelessness. For young people and others without these problems the reason may be an inability to find housing at the right price or problems in being able to rent or buy due to having a time-limited job, despite the fact that the person in question is able to pay.
There are also signs that groups of households are unable to seek the housing they need on just grounds. The Ombudsman Against Ethnic Discrimination received 59 complaints of ethnic discrimination in the housing sector in 2005. The Office of the Disability Ombudsman received eleven such complaints.

[5] 0.2 per cent of the population

The non-governmental organisations emphasise that the basic underlying cause of homelessness in Sweden is that socially vulnerable groups are excluded from the regular housing market and that there are too few permanent alternative forms of housing which offer human dignity, such as collective housing with support in everyday life. The organisations emphasise the need to develop dignified alternative forms of housing for people who have multifaceted problems, as well as the importance of opening up the ordinary housing market to those who due to indebtedness, lack of income etc. are excluded from it.

The elderly and people with physical or intellectual disabilities who need special types of housing or special support in their homes are entitled to special housing. If the municipality is unable to provide such housing, the County Administrative Court can in some cases levy a special financial penalty.

Housing with special services for adults is one of the most common forms of assistance provided under the Act concerning Support and Service for Persons with Certain Functional Impairments (LSS). This is an increasingly common form of assistance. Monitoring of action taken under LSS shows that a lack of supply of housing with special service and special forms of housing can lead to lower quality of the support.

2.1.5 Groups in particularly vulnerable situations

Children in vulnerable situations

The group of children in vulnerable situations includes those who grow up in homes in which physical or psychological violence takes place, children who are neglected, children who have been subjected to sexual abuse, children of substance abusers, children of people who are mentally ill, unaccompanied refugee children and children who live in conditions of long-term economic vulnerability. Attention has been drawn to the conditions of these children in different contexts. Among other things attention is brought to the fact that the child perspective and the child's right to be heard is not adhered to in the social services. At the same time as development is taken place in the services attention is called to the fact that there is a lack of systematic follow-up of measures, that the methods used are not evidence based and the quality of measures varies between municipalities. The task of the social services concerning children at risk is comprehensive and complex. Resources and other conditions to carry out the task are not always equivalent to the level of ambition to be found in legislation, standardization and monitoring as well as in literature in the field.

Women subjected to violence and children who are witnesses to violence

Violence committed by men towards women in close relationships is an extensive social problem and a serious type of crime. Violence in close relationships often leads to difficult social problems such as social isolation, financial problems, housing problems and sick leave. Violence towards women is thus a complex problem involving a number of different policy areas and many different actors. In this context, it is also important to put the spotlight on children who have witnessed violence. In recent years, the Government has given priority to this type of problem. Despite improvements in this area, there is still work to be done.

Reported violence towards women has climbed by 20 per cent in Sweden in recent years. The increase, according to the National Council for Crime Prevention, is probably both thanks to the fact that women are getting better at reporting assault, and to an increase in actual violence. Just over 24,000 cases of abuse of women were reported in 2005. Criminal statistics show that the man and woman have a close relationship in more than half of cases. Just over 2,150 cases of gross violation of a woman's integrity were reported in the same year. There are a large number of cases of violence against women that go unreported.

Children who have experienced violence in the home have long been disregarded by society, but are being given increasing attention. According to the Committee against Child Abuse, around ten per cent of all children have at some time experienced this type of violence, and five per cent experience it often. Attention has been given to the need to develop support for children who have experienced violence and in other ways have been affected by violence by and towards friends and family.

Women and men with substance abuse problems

There is much to indicate that a previously negative trend of alcohol and drug habits has now been halted, at the same time as there has been an increase in polarisation, primarily among young people. Drinking has fallen overall, but there is a group that is drinking more. On 1 November 2005, around 21,300 people were being treated in some way for substance abuse problems, the same number as at the same time in 2004. The expansion of outpatient care in the municipalities is continuing, and the municipalities to a greater extent than previously have various types of measures in place for different groups of people with substance abuse problems. The flipside of this trend is that there is a tendency for the municipalities to refer people with substance abuse problems to units in their own municipality regardless of what the person has requested. Another trend is for municipalities to give the individual increasing responsibility for seeking treatment.

2.1.6 Universal welfare policy as the basis for social inclusion for everyone

The principal task of welfare policy is to provide people with security and enable them to develop. In this way the conditions needed for increasing welfare are created, both for the individual and for society. The number of people at risk of social and economic vulnerability is to be substantially reduced by 2010.
This means that

- the proportion of women and men, regardless of ethnic background, with an income below the norm for financial assistance is to decrease,
- the proportion of women and men. regardless of ethnic background, with an income below 60 per cent of the median income is to decrease,
- the proportion of people living in families with children. regardless of ethnic background, with an income below 60 per cent of the median income, is to decrease,
- the proportion of boys, regardless of ethnic background, who leave compulsory primary and lower secondary school without qualifications is to decrease,
- the proportion of women and men, regardless of ethnic background, who complete upper secondary school is to increase,
- employment is to increase among both women and men, regardless of ethnic background,
- the proportion of boys and girls, regardless of ethnic background, who have tried drugs, drink alcohol or smoke is to decrease,
- the number of women and men with substance abuse problems, regardless of ethnic background, who undergo treatment is to increase,
- homelessness is to decrease among both women and men, regardless of ethnic background,
- the number of young women and men with a long-term need of financial assistance is to be reduced,
- physical accessibility is to increase for people with disabilities by making public transport accessible and by dealing with easily remedied obstacles by 2010.

2.2 Promoting work and education and training for everyone

The most important task of the Government is to implement measures that lead to greater employment and lower unemployment, and which reduce exclusion from the labour market. Work, and the community that work provides, are key factors in tackling exclusion and social marginalisation.

Education
The Government intends to implement a number of measures to boost the quality of school education and to secure a secure and tranquil study environment. The Government's view is that general measures in these

areas are of most help to pupils who need special support. To boost the quality of education, the Government is allocating funds for a major national package of teacher professional development, further training, and research training, and reviewing the possibility of achieving a clearer review of all schools to enable early discovery of shortcomings.

The Government also wishes to put in place earlier and clearer evaluation of knowledge targets. Grades are to be introduced from grade six and the number of steps in the grading scale is to be increased. National targets and an obligatory national test in Swedish should be introduced in year three. Over and above this, the Government is of the view that schools should be better at providing pupils with individualised support. The Government will make early measures a priority to enable all pupils to get help learning to read and write. Early discovery and early measures boost the chances of preventing difficulties in other subjects. The Government also intends to supplement the training courses for special education and special needs teachers.

The Act prohibiting discrimination and other degrading treatment of children and pupils in schools came into effect on 1 April 2006 to underpin the equal rights of children and pupils and combat discrimination.

The Government intends to develop upper secondary school so that pupils will be offered three training orientations. A study preparatory programme that leads to upper secondary qualifications that qualify for university entrance, vocational programmes that lead to a vocational qualification, and apprentice courses that lead to apprentice qualifications or journeyman's certificates.

In higher education, the Government's highest priority is improvements in the quality of education. Measures include boosting numbers of teaching staff and the numbers of teachers with postgraduate qualifications at basic levels.

Commitment to young people

Despite the large number of young people seeking employment, many young people find a job or begin a course of study quickly. This means that young people are usually unemployed for only a short time. The median period as a jobseeker for young people aged 18–24 was 35 days in 2005, according to the National Labour Market Board. The Government's broad employment programme opens up new opportunities for young people to establish a presence in the labour market. Funds for the following were earmarked in the 2007 Budget Bill:

"Re-entry jobs" were introduced 1 January 2007. In this, a subsidy corresponding to the employer's overheads is credited to the employer's tax account. Young people aged 20–24 qualify for re-entry jobs for a

maximum of one year after 6 months in unemployment or a labour market programme. The aim is to boost the chances of finding a job for those who are at the farthest distance from the labour market.

The Government has submitted a bill to the Riksdag with a proposal that a reduction in the social security charges is introduced for young people aged 18–24. The aim of the proposal is to make it easier for young people to re-enter the labour market. There is no special requirement for a preceding period of employment. This reduction is to be able to be combined with a re-entry job. The Government intends to submit a bill to the Riksdag which should be able to come into force on 1 July 2007.

A job guarantee for young people under 25 is introduced in 2007. The job guarantee may include training and practical experience. The job guarantee will replace the previous municipal youth programmes and the youth guarantee.

Initiatives focused on groups that find it most difficult to get jobs

The Swedish Government targets special initiatives in particular at the long-term unemployed, Swedes with a foreign background and people with disabilities. The level of education is to be raised by adding 11,000 more places in labour-market policy programmes and a commitment to raise the quality of labour-market training and to training for occupations in which there is a shortage. To provide people with disabilities with better opportunities for work, the Swedish Government is earmarking funds for 2,000 more wage subsidies and is conducting an experiment to eliminate requirements for financing subsidies from employers in work experience placements. In the next few years, the Swedish Government will pay particular attention to the employment and training opportunities of people with disabilities. The Swedish Government intends to appoint a commission of inquiry to survey and analyse the initiatives offered by society for people with disabilities to have the same rights to education and training and work as other people.

The Government has tasked the Labour Market Board, the Social Insurance Agency, the National Agency for Education and the National Board of Health and Welfare with drawing up a joint strategy for how more people with disabilities can be enabled to support themselves through work. An important point of departure for the strategy is that the authorities' work is better coordinated and that existing resources are more efficiently utilised. The strategy is to be produced in consultation with the Work Environment Authority and Stockholm University, and reported to the Government by 29 February 2008 by the latest.

The Government has submitted a bill to the Riksdag with a proposal for replacing the former governments´ activity guarantee by a job- and development guarantee for those who have been outside the labour

market for a long period of time. The guarantee is proposed to come into force on 2 July 2007.

There is a close link between the need for financial assistance and the trend in employment. In February 2005, the Swedish Government appointed an inquiry chair to submit proposals to facilitate the transition from dependence on assistance to providing for oneself through one's one work. The chair of inquiry submitted a report on 25 January 2007.

Focus on health

Too many people are lost early to the workplace due to sickness. In recent years, various steps have been taken to reduce sick leave. In May 2006, the number of days of sick leave had fallen by 23 per cent compared to 2002. The Government is however of the view that the previous government's attempts too halve sick leave by 2008 has led to an unacceptable rise in numbers of people with sickness or activity compensation. The Government also thinks that the sickness insurance scheme must be reformed so that it gives more incentive for a return to work; the principle of activation must be strengthened.

To encourage the county councils to be more active during the sick-leave certification procedure and provide further support to patients' return to work, special support for health care has been introduced with effect from 2006. These measures entail an investment of three million Swedish kronor in three years and necessitate an agreement between each county council and the Social Insurance Agency.

Since the end of 2005, the Social Insurance Agency and the National Labour Market Board have been examining all sick leave cases lasting longer than two years in two selected areas, and cases in which sickness and activity compensation has been granted for a limited time. The aim is to ensure that rehabilitation or other measures are taken to help these people back into work. The aim is that the authorities are to extend these measures to all other regions of the country by the end of 2007. The forms and methods for the work need to be reviewed however, in the view of the new Government.

The Swedish Social Insurance Agency and the National Board of Health and Welfare were tasked, in the winter of 2005, with preparing national support for decision-making on sick leave both for (treating) doctors who issue sickness certificates and for the insurance administration. This support, which takes the form of insurance medicine guidelines, is intended to ensure a uniform and legally secure process for granting sick leave and is designed in such a way as to promote activation.

During the autumn of 2006 the Swedish Social Insurance Agency has drawn up an agency-wide policy and action plan for several different

perspectives, including gender equality, disability and sexual orientation, which are to be implemented in the agency's activity plan for 2007–2009.

Employers' co-funding of sick leave costs, which was introduced in 2005, has been abolished in 2007. It has, in the Government's view, made it harder for women and men with reduced work capacity to remain in the labour market. It has also entailed higher costs for individual employers.

The recently raised income ceiling in the sickness insurance system will be returned from ten down to seven and a half price base amounts, since it is more important to strengthen the incentives to work than that the system provides a high level of compensation for high earners.

Opportunities in social enterprise

The social economy can be a resource in job creation. In Sweden, enterprise within the social economy is principally undertaken in the form of cooperatives. Profitability goals are combined with goals relating to development and empowerment for the people who participate in the activities of the social enterprises.

The European Social Fund

On 14 December 2006, the Swedish Government decided on a national strategy for regional competitiveness, entrepreneurship and employment over the 2007–2013 period. This strategy is the national strategic frame of reference for cohesion policy, which in Sweden is to be implemented through inter alia a national structural fund programme within the framework of the European Social Fund. The national structural fund programme will cover measures for good skills and manpower supply and has its point of departure in the following guidelines in the national strategy.

- Promote the development of skills that ensure redeployment for people already in employment so that they are not at risk of becoming unemployed because they do not possess skills that are in demand.
- Make it easier for people who have little contact with the labour market to enter and stay in the labour market through non-traditional initiatives.
- Prevent and tackle discrimination and exclusion in the labour market.
- Prevent long-term sick leave and make it easier for people who are or have been on long-term sick leave to return to work through innovative initiatives.

On 1 March 2007, the Government adopted a proposed operational programme for the national structural fund programme, and has submitted it to the European Commission for approval.

It is proposed that the programme be implemented in two programme areas:

1. Greater opportunities for development and redeployment in work, with the focus on those employed.
2. New opportunities for employment, with the focus on those who are a long way from the labour market.
Transnational measures are also to be possible within the programme.

2.2.2 Indicators and follow-up

- People aged 18–24 who have no qualifications beyond compulsory primary and lower secondary school and who have not been in education or training in the last four weeks broken down into women and men (Annex 1, Table c).
- Participation in the labour force in the 15–64 age group, broken down into women and men (Annex 1, Table h).
- Number of days of sickness benefit per year (source: Swedish Social Insurance Office).
- Number of days of sickness and activity compensation per year (source: Swedish Social Insurance Office).
- People in different ages, broken down into girls and boys, women and men with a long-term need of financial assistance (source: National Board of Health and Welfare).
- The proportion of women and men with an income below 60 per cent of the median income (source: Statistics Sweden, Annex 1, Table a).

2.2.3 Resource allocation and agencies responsible for implementation

The municipalities are responsible for childcare and schools. Central government involvement in these areas principally comprises legislation, inspection, follow-up and evaluation, certain incentive grants and the development work undertaken by the government agencies. Central government is also primarily responsible for post-upper secondary education and study support. As well as the National Agency for Education and the Swedish National Agency for School Improvement, a number of government agencies have special responsibility for providing support for students with disabilities.

The Swedish National Labour Market Administration currently consists of the National Labour Market Board, which is the lead public authority, 20 county labour boards and around 325 employment offices. The role of the Swedish National Labour Market Administration is to create a labour market that works well, in order to attain labour-market policy objectives. The principal task of the employment service is to contribute towards effective matching of job-seekers and job vacancies. The Labour Market Administration will however be reformed from the bottom up, and from 1 January 2008 will be organised as a unified agency. The Swedish Social Insurance Agency administers social insurance and also has responsible for coordination with regard to rehabilitation. Several actors are responsible for the implementation of rehabilitation initiatives – the employer for workplace-oriented initiatives, the health and medical

services for medical efforts and the employment service for labour-market policy initiatives. The social services are also responsible for rehabilitation initiatives in certain cases.

The Swedish Government proposes that the grant from the European Social Fund for the national social fund programme for the 2007–2013 period should total around 692 million euros. In addition to this there is national co-funding in an equivalent sum.

2.3 Increasing integration

The foundation on which the orientation and formulation of general policy rests is that everyone who lives in Sweden, regardless of ethnic origin, is to have equal rights, obligations and opportunities. Integration policy is geared towards supporting people's ability to provide for themselves and participate in society, safeguard fundamental democratic values, contribute to equal rights and opportunities for women and men and prevent and tackle racism, xenophobia and ethnic discrimination. The Government has adopted a national action plan for human rights 2006 – 2009 and has appointed the commission for human rights in Sweden. The focus in the action plan is on protection against discrimination. Others issues discussed include the rights of the disabled, the rights of the child, national minorities and the indigenous Saami people, violence by men on women, including issues of honour-related violence and human trafficking, the right to work, housing, health and education, issues relating to legal certainty and asylum and migration issues.

Initiatives for children and young people

To ensure that all pupils have equivalent opportunities, schools which have large numbers of pupils who fail to attain educational targets will be given extra resources. In 2006 and 2007, the National Agency for School Improvement will be allocated 225 million kronor to improve educational conditions in vulnerable areas. A special national strategy for the education of newly arrived children and young people has been produced.

Six "idea schools" have been allocated funds to develop and test apprenticeship-like methods in vocational upper secondary education, and spread their experiences to other schools. Pending the reform of upper secondary education according to the Government's intentions, the Government has earmarked 20 million kronor for development of vocational education in 2007 and estimates that 20 million kronor will be allocated in 2008 and 2009.

Better integration in the labour market

Integration is largely concerned with the possibility of making use of one's skills and experience at work. Measures taken by the Swedish Government to increase employment offer new opportunities for many unemployed people, including those born abroad. A two-year trial began on 1 July 2006, in which the Public Employment Services are given overall responsibility for newly arrived immigrants being assessed for work within a reasonable time. Work-oriented initiatives are to start earlier than they do today and run alongside the teaching of Swedish. A total investment of 130 million Swedish kronor is being made between 2006 and 2008 in this trial activity.

To improve the prospects for enterprise on the part of immigrant Swedes, the Government has earmarked 20 million Swedish kronor in 2007 and 2008 for strengthened advisory services. In addition, the teaching of Swedish is to be improved so that people born in other countries can enter education or employment sooner. A total investment of almost 19 million Swedish kronor is being made in 2007 and 2008.

Many university graduate immigrants do not have work appropriate to their foreign education and training. A commitment is therefore being made to supplementary training, for instance for teachers and lawyers, as well as an increased effort to assess grades. Nearly 90 million kronor is being invested for this purpose in 2007 and 2008.

The Government will be giving priority to measures to reduce the difference between those born in Sweden and those born abroad, and welcomes evaluations of measures to better integrate immigrants into the labour market. The Government intends to make it clear that men and women of foreign background are to be given priority entry to all labour market programmes.

The re-entry jobs implemented from 1 January 2007 are also to include asylum seekers who have been given permanent or temporary residence permits, quota refugees and the relatives of these groups, for the first three years after they have been granted a permanent or temporary residence permit. The Government intends to initiate further measures to further speed the entry into the labour market of people of foreign background.

To create equal opportunities for immigrant enterprise, the Government allocates 24 million kronor for 2007 to the government venture company ALMI Företagspartner AB and the Internationella Företagarförening (International Entrepreneurs' Association, IFS) in Sweden. Of these funds, 10 million kronor are allocated for 2007 facilitate continued integration of IFS advisory services into ALMI Företagspartner AB's operation and to ensure that the same skills are available in all regional ALMI companies.

To speed new immigrants' entry into the labour market, a geographically delimited trial was begun on 1 July 2006 in which the National Labour Market Administration (AMV) has overall responsibility and that workplace-oriented measures are to start earlier.

Trial activities with workplace introduction which have been run in 20 municipalities were integrated into regular operations from 2007.

Each year, the public sector buys products and services for over 400 billion kronor in Sweden. It is important that public agencies are good role models in ensuring non-discriminatory public procurement. The previous government decided in July 2006 to issue an ordinance on anti-discrimination clauses in procurement contracts. Through this, 30 government agencies are obliged, in their procurement contracts, to insert conditions that are designed to combat discrimination by suppliers.

Initiatives to tackle discrimination

New legislation to tackle discrimination was introduced in 2003, and resources have been steadily boosted over several years. The strengthening is continuing through an increase in the appropriation for the Ombudsman Against Ethnic Discrimination of 13 million Swedish kronor from 2007. The aim is to improve the enforcement of legislation and reach a greater number of vulnerable individuals. The National Council for Crime Prevention has also been tasked with investigating how injured parties and defendants with a foreign background are treated in the legal process, with the aim of ascertaining whether everyone is treated equally.

The Swedish Government aims to tackle discrimination in employment through an experiment involving application documents to a number of government agencies in which identities have been removed. The aim is to counteract the tendency for people with a foreign background to be de-selected early in the application procedure.

Development of segregated areas

The lessons learnt in the Government's work in the metropolitan areas of Stockholm, Göteborg and Malmö, reported in the action plan for 2003–2005, will be passed on to more municipalities. The Government will offer another 20 of the largest municipalities in the country the opportunity to take part in the urban programmes. Initiatives will be taken in the metropolitan areas in the structural fund programmes for 2007-2013, including the national social fund programme, taking account of local development agreements.

Public venues are important meeting points at which to promote cultural and leisure activities for women and men and for girls and boys. The Government has earmarked a sum of 3.5 million kronor in 2007 and 2008 to adapt public venues in metropolitan areas to the cultural and leisure pursuits of young people.

Rapid integration for those who receive residence permits under a temporary asylum law

Temporary legislation on re-examination of refusal-of-entry and deportation brought about an increase in the number of refugees received by the municipalities in 2006. To ensure that people who are granted residence permits are quickly enabled to establish themselves in Swedish society, an appropriation of 606 million kronor was made in temporary support for those municipalities which see an increased influx of refugees. In addition, the standard compensation will be raised permanently from 2007 so that the way refugees are treated in the municipalities can be improved and the speed at which they become established in Swedish society can be increased.

2.3.1 Indicators

Responsibility for regular follow-up will be allocated to the sector agencies involved. The Government is also working to produce indicators that show which directions integration policy is taking.

2.3.2 Resource allocation and agencies responsible for implementation

Integration policy transcends sectors and is therefore principally implemented in other policy areas, at all levels of society. The government agencies in other policy areas which are responsible for the reported measures include the Swedish National Labour Market Administration, the National Agency for Education, the Swedish National Agency for School Improvement, the National Agency for Higher Education and the Ombudsman against Ethnic Discrimination.

Integration policy is primarily to be implemented through general measures. Special measures that focus on immigrants are only to take place for new immigrants who are in need of them. Main allocation of resources therefore takes place within the framework of general policy. The two major measures in terms of resources are re-entry jobs and measures in schools. In addition, the planned social fund programme for 2007–2013 is to include initiatives focusing particularly on integration in the labour market.

2.4 Tackling homelessness and exclusion from the housing market

Make individual entry onto the housing market easier

The Government's overall task is to ensure that more people who can work and want to work are also to be able to support themselves through

a job of their own, thus bringing exclusion to an end. This also boosts people's chances of finding a home of their own.

The focus of housing policy is to create conditions that are stable in the long term for ownership and building of houses. This is of great importance in developing more efficient housing and construction markets, where the houses built correspond to demand with respect to design and price, such as cheap and simple rental apartments. Access to housing is also a matter of efficient use of existing housing, which is why the economic and legal prerequisites for private individuals' leasing of their own home should be reviewed. This assignment is to be reported no later than 1 June 2007.

In housing policy, the Government has allocated 100 million kronor in the 2007 budget to make it easier for individuals to gain entry to the housing market. The Government intends to submit more detailed proposals in the 2007 Spring Budget Bill. A change in the law has been proposed that enables municipalities that so wish to make rental guarantees for some households to make it easier for them to rent their own home.

To enable financially weak households to obtain good and sufficiently spacious homes, there is provision for housing grants. A housing supplement forms an important part of the basic protection for people whose work capacity is reduced in the long term and pensioners who receive low pensions.

Tackling homelessness

Homelessness is a challenge to the Swedish welfare state. Much responsibility lies with the social welfare services, but if work to tackle homelessness is to have long-term success, more actors need to be brought in to the work. For this reason, the Government has decided on a strategy which creates a framework for the ongoing work of tackling homelessness and exclusion from the housing market. Four objectives set out the orientation, and make it possible to follow up and successively develop measures. Measures to implement the strategy involve incentives to local development work as well as assignments to public agencies to develop their knowledge and ways of working. The Government has allocated 55.5 million kronor for this purpose in 2007 and 2008. Four objectives have been set for the work in 2007–2009:

1. Everyone is to be guaranteed a roof over their head and continued coordinated help on the basis of individual need.
2. The number of women and men admitted to or registered with correctional facilities, treatment units, have supported housing or spend time at homes for care or treatment (HVB) and do not have housing arranged for when they are discharged is to fall.

3. Entry into the regular housing market is to be made easier for women and men who are in training apartments or other types of housing supplied by the social welfare services or other actors.
4. The number of evictions is to fall and no children are to be evicted.

Accessibility for people with disabilities

Disability policy comprises initiatives to eradicate obstacles to full participation in society. Two clear targets for accessibility by 2010 were set in the 2000 national action plan for disability policy. Firstly public transport should be accessible, and secondly obstacles that can be simply remedied should be eradicated. As part of this endeavour, the Planning and Building Act has been amended to improve accessibility. The National Board of Housing, Building and Planning has drawn up regulations concerning easily remedied obstacles to improve accessibility.

2.4.1 Indicators and follow-up

- People with disabilities who do not need to negotiate stairs to leave or enter their homes, broken down into women and men (source: Statistics Sweden).
- Evictions by type of household (source: Swedish Enforcement Authority).
- Homeless persons, broken down into women and men (source: National Board of Health and Welfare).

2.4.2 Resource allocation and agencies responsible for implementation

The National Board of Housing, Building and Planning is the national agency for housing matters. The Board monitors trends in the housing market and draws up regulations, relating for instance to government financial support for housing construction. The municipalities are responsible for both community planning and the supply of housing. The County Administrative Board has to contribute advice and data for planning and may, for example, initiate and promote intermunicipal cooperation. The County Administrative Board should pay particular attention to the housing needs of the elderly and disabled. The National Board of Health and Welfare is responsible for leading and coordinating the implementation of the Government's strategy to tackle homelessness in consultations with the authorities and organisations involved. At national level, non-governmental organisations should be able to participate in the work of finding new ways of participating in the work to combat homelessness. The National Board of Health and Welfare carries out regular surveys of the extent of homelessness. The Enforcement Agency has been tasked with improving statistics of evictions in Sweden. This task is to be reported no later than 1 January 2009.

2.5 Strengthening groups in particularly vulnerable situations

The universal welfare policy forms the basis on which to create a community that accommodates everyone. With this universal welfare policy, the disparities between different groups in society can diminish. If society's resources are also to reach those who are in a particularly vulnerable situation, the universal welfare policy needs to be supplemented by initiatives targeted at individuals and groups with regard to basic needs such as work, housing, education and meaningful leisure. There is a strong consensus on this between the Swedish Government and the non-governmental organisations that represent these groups.

Children in vulnerable situations

To strengthen the position of children and young people and their participation within the social services legislation has been amended. The National Board of Health and Welfare has devised a uniform documentation system in the Barns Behov i Centrum (Focus on the Needs of the Child – BBIC) project for the work done by the social services to investigate the needs of children and young people and follow up measures taken. BBIC is now being implemented in the municipalities. The National Board of Health and Welfare has produced a joint strategy for collaboration in issues concerning children at risk or potentially at risk, together with the National Police Board and the Agency for School Improvement.

To strengthen protection for children from abuse, violation or other harmful effects when they are placed in homes for care or residence, the Government has submitted a bill proposing a new law for background register checks of staff at such homes that accept children. In the spring of 2007, the Government intends to submit a Bill on protective investigations concerning children. These investigations are to be carried out when a child has died as a result of crime. Proposals aiming to make social services for children and young people more legally consistent and to improve the quality of investigations, measures and evaluation of measures are being prepared at the Government Offices.

Responsibility for unaccompanied refugee children who come to Sweden has since 1 July 2006 been transferred from the National Migration Board to the municipalities where the social services are judged to have the competence to give them a better care while their asylum applications are being processed.

The Swedish Government is conducting a three-year trial over the period 2006–2008 to develop and test a strengthened care chain in juvenile care together with the social services. This entails giving young people who put their health or development in serious danger through criminality, substance abuse or other socially degrading behaviour the specific care

offered by the special approved homes. The young person is to have a care-chain coordinator who coordinates the support offered and action taken by society. The investment totals 230 million Swedish kronor. The Government has also earmarked 40 million kronor in 2006 and 85 million kronor in 2007 to develop leisure activity and drug-free premises for young people in high-risk environments. The National Board for Youth Affairs has been tasked with implementing the investment.

Women subjected to violence and their children and honour-related violence

The Government acts in several different policy areas to tackle the vulnerability of women. To strengthen the support of women exposed to violence and of their children, the Swedish Government decided on an investment of just over 100 million kronor a year in 2006. In January 2007, the Government submitted a bill to the Riksdag with proposals for how the social services' support to women subjected to violence, and their children, can be improved. The Government proposes a tightening of the Social Services Act so that the social welfare board's responsibility for providing support and assistance to crime victims, primarily women subjected to violence and children who witness it, is made clearer. To supplement the legislative change, the Government is also proposing a number of other measures with the aim of forming a comprehensive structure that will strengthen the support provided to women subjected to violence and children who witness it. A total of 120 million kronor have been committed to this. Additionally, a national clearinghouse was set up in 2006 for issues of men's violence towards women.

In recent years attention has also been given to the serious problem of what is known as honour violence and oppression, which principally affects girls and young women but also boys and young men. The Government has committed a sum of 200 million Swedish kronor over the 2003–2007 period for measures to tackle this violence.

Continued efforts towards strengthened care for people with substance abuse problems

The Swedish Government's objective is for the number of women and men with substance abuse problems, regardless of ethnic background, who undergo treatment to increase. The Government has stated in the national alcohol and drugs action plans, which extend to 2010, that care must be available and of good quality. Initiatives to tackle substance abuse must be sustainable and long-term and based on a care-chain perspective. The Government also emphasises that care, treatment and rehabilitation for particularly vulnerable groups should be strengthened.

The Government is implementing a three-year initiative over the period from 2005 to 2007 to encourage municipalities and other actors to develop and strengthen care of substance abusers. The aim is to make it easier for people with substance abuse problems to have their care needs met. The investment totals 820 million Swedish kronor. Of this sum, 120

million kronor is earmarked for initiatives in the prison and probation service. A total of 350 million kronor has been earmarked as direct support for the municipalities in developing specialised and integrated care of people with substance abuse problems, introducing a guarantee of treatment for quicker initiatives and developing individual care plans. To strengthen the care content in, and follow-up to, the care that takes place without the consent of the individual (Compulsory Care of Alcohol and Drug Abusers Act – LVM care), the Government is earmarking a sum of 300 million Swedish kronor over the period 2005–2007 period. In addition, a three-year trial is taking place in a limited number of municipalities and LVM homes to develop a model for a strengthened care chain.

The National Board of Health and Welfare has drawn up guidelines to raise the quality of substance abuse and dependency care. The guidelines are based on compilations of knowledge, and a large number of referral bodies, including a large number of organisations of service users, have been given an opportunity to present their views.

A group that finds it difficult to have its needs met is that of people with substance abuse problems who also have mental health problems. The Office of National Drug Policy Coordination and the psychiatry coordinator have jointly presented a ten-point programme for the care of people who have a mental illness/disability and also have substance abuse problems. The programme was distributed to all the municipalities and county councils during the autumn of 2005.

Persons with mental disabilities

The Government continues to improve the situation of people with mental illnesses and mental disabilities. A number of development projects have begun within the framework of previous measures. The Government has tasked the National Board of Health and Welfare with continuing the work initiated by the previously appointed national psychiatry coordinator. This will take place within the auspices of a special project, the NU project (National Development Support to activities for people with mental illness and disabilities). The National Board of Health and Welfare will provide continued support to the development projects which have begun and help ensure that know-how and experience from the project activities are disseminated throughout the country.

Apart from an approximate 90 million kronor, the Government has committed a further 20 million kronor annually for 2007 and 2008 to boost the extent of personal advocate activities. Personal advocates are to ensure that women and men with extensive mental disabilities have their needs met and that their work is planned, coordinated and carried out. This is a successful activity and people with an advocate have improved their situation and become more full participants in society. One study

shows that the measure has also led to lower costs to society through a fall in health care provided to this group. In 2005, roughly 3,600 people had an advocate, which is an increase on the previous year.

2.5.1 Indicators

- Crimes of violence against women reported to the police (source: National Council for Crime Prevention).
- People (from the age of 21), broken down into women and men, with substance abuse problems who were registered in or admitted to institutional care on 1 November (source: National Board of Health and Welfare).

2.5.2 Resource allocation and agencies responsible for implementation of measures

The municipalities' social services have ultimate responsibility for ensuring that those who are resident in the municipality receive the assistance and support they need. As well as their service function, the social services have powers to exercise authority, for example with regard to intervening in order to protect children in vulnerable situations. What is best for the child and the child's right to have a say are self-evident principles to be followed when children are involved. The aspiration is for the service-user perspective also to self-evidently permeate all decisions and all initiatives that relate to individual people.

The principal government agencies responsible for implementing the measures described are the county administrative boards, the National Board of Health and Welfare, the National Board of Institutional Care and the Prison and Probation Service.

2.6 Better governance

In this section an account is given of the processes that correspond to the jointly established objective of good governance, which is discussed in 1.2.3, and the jointly established objective of ensuring:

> f) that social inclusion polices are well coordinated and involve all levels of government and relevant actors, including people experiencing poverty, that they are efficient and effective and mainstreamed into all relevant public policies, including economic, budgetary, education and training policies and structural fund (notably European Social Fund) programmes.

2.6.1 Preparatory process

Work to formulate this action plan, like Sweden's previous action plans and reports to tackle poverty and social exclusion, has been closely tracked by the Network Against Social Exclusion. This network comprises a very large number of non-governmental organisations, in

which trade-union and religious organisations also take part. The Swedish Government Offices has met the network several times during the process of drafting the action plan. The network has been invited to present written descriptions of its priorities (see Annex 3), which have also been discussed verbally and then reflected as far as possible in the action plan.

Central government agencies and the Swedish Association of Local Authorities and Regions have also been invited to the information meetings on the action plan work and have been invited to give their view on the plan.

2.6.2 Implementation of measures

The Government establishes objectives for each policy area to govern state initiatives. In the Budget Bill, the Government states the objectives and orientation for the next few years, and describes the effect government initiatives have had. The objectives are described in greater detail in the agencies' appropriation directions so that they can serve as an effective instrument for policy implementation. Feedback on fulfilment of objectives and special assignments is done by the government agencies in their annual reports or on some other specified occasion. The objectives for the policy areas of relevance to the fight against financial and social vulnerability can be found under the descriptions of measures taken in 2.2 to 2.5. As in previous action plans, only those measures for which the Government is directly responsible are reported, for example in the form of the central government budget and legislation. This means that measures implemented at local and regional level under the responsibility of the municipalities and county councils, which are of key significance to the welfare of many individual people, are not included in the reporting.

The vast majority of the political initiatives presented in 2.2 to 2.5 are implemented by the national agencies which have overall responsibility for the area concerned. The Government describes the agencies' tasks either in their annual appropriation directions or in separate government decisions.

2.6.3 Mobilisation of all actors

The Swedish Government attempts to mobilise all actors in tackling financial and social vulnerability by encouraging and supporting the creation of local processes aimed at social inclusion in partnership between municipalities, government agencies and organisations. The Government's own model for consultation is intended to give legitimacy to forms of consultation at local and regional level and to serve as a good practice example of how this work can proceed.

It was against the background of the 2003 national action plan that the Government decided that there should be a commission for service user influence on social development issues in the Ministry of Health and Social Affairs, chaired by the Minister for Public Health and Social Services. The commission has now been in existence for three years and comprises representatives appointed by the organisational network the Network Against Social Exclusion and one representative each from the Swedish Association of Local Authorities and Regions and the National Board of Health and Welfare. The commission's work is focused on particularly vulnerable service users.

The commission meets four times a year and between meetings acts as a network. The commission also arranges seminars at various places around the country to emphasise the situation of the most vulnerable and to highlight problems and solutions. In 2005 one seminar was held in Stockholm on homelessness and one in Örebro on the encounter between people and power. Another two seminars were held in the spring of 2006. One was held in Göteborg and raised the issue of homelessness again, this time from the point of view of service users, and the other was held in Stockholm and was concerned with special enterprise. The seminars, which from the start were principally intended to afford an opportunity for an exchange of experience between service user and other stakeholder organisations in the area of the social services, have also come to serve as a channel for putting forward the service user's perspective at a more general level to case administrators and decision-makers in municipalities, central government agencies and the Swedish Government Offices.

A general conclusion from all the seminars is that the way in which people are treated is important. The service users emphasise in all contexts that they must be treated with respect by agencies and non-governmental organisations. How people are treated can sometimes be more important than the actual action taken.

2.6.4 Social inclusion is an overall aim in many policy areas

Contributing to social inclusion is an overarching aim and a self-evident underlying principle in decision-making in a large number of policy areas. Examples of such policy areas are social policy, labour market policy, housing policy, education policy, integration policy, culture policy, disability policy, child policy, youth policy, gender equality policy and prison and probation policy. A large number of the policy areas that are of significance to social inclusion transcend sectors, which means that the objectives for these policy areas have to be observed in the Government's work and permeate all sectors of society. Examples are integration policy, general equality policy, disability policy and the rights of the child under the UN Convention on the Rights of the Child. These sector-transcending policy areas, known as mainstreaming areas, can be

regarded as a manifestation that women and men, girls and boys, regardless of ethnic background or disability, are to be included in the policy conducted at national, regional and local level. When these objectives are taken into account in decision-making at all levels, the objectives of social inclusion will also make a broad breakthrough in Swedish politics.

The activities of the European Social Fund span several policy areas, including labour-market policy. Social participation is an important point of departure in the work. In an evaluation of the European Social Fund's Objective 3 programme for the period 2000-2006, it is judged that the individualised formulation of initiatives has been successful and that these initiatives have in large part contributed to the participants' sense of empowerment and self-confidence. Another important aspect in the ESF programmes is bringing about influence and breakthrough in existing systems and structures for the results that have emerged. These results may consist for example of new cooperation models and new work methodology.

2.6.5 Institutional arrangements for follow-up and evaluation

The vast majority of the policy initiatives presented in sections 2.2 to 2.5 are implemented, as mentioned previously, by agencies which report to the Swedish Government. These initiatives are followed up using the ordinary instruments for follow-up at the disposal of the ministries responsible. Feedback on the tasks given to the agencies in the appropriation directions is given to the Government in the annual report, with information for instance on expenditure, income and profit or loss. The Government can follow up and assess the activities of the agencies on the basis of the annual reports. Separate feedback is given on the assignments the agencies have received through special government decisions.

The county administrative boards supervise the activities of the municipalities. Every year, the county councils report the results of their supervision to the Government, which decides, on the basis of the reporting, what measures may need to be taken.

3. National strategy report on pensions – Incentives for a longer working life

Sweden has on two occasions, in 2002 and 2005, drafted national strategy reports on adequate and sustainable pensions on the basis of eleven common objectives approved by the European Council in Laeken in 2001. As the Swedish public pension system has recently been reformed, the national strategy reports as far as Sweden is concerned have also been descriptive in nature[6]. In view of this, the pension section in this report focuses instead on one of the key issues identified for continued work on adequate and sustainable pensions under the open method of coordination, namely the issue of incentives to prolong working life.

Changes in employment, productivity or demographic conditions do not threaten the financial stability of the general income-related pension system in Sweden. On the other hand, they are of great significance to the financial standing of the pension system and therefore the size of pensions. A labour market that works better and leads to a higher proportion of the population being in employment is therefore not just of interest to the part of the population that is of working age but to a great extent also to present and future pensioners. An important measure to increase employment is to create incentives in various ways to carry on working longer. This has been an important issue in the formulation of the new pension system.

3.1 Driving forces in the Swedish pension system for a longer working life

The general pension system is designed to encourage a longer working life in various ways. The principle of lifetime earnings is fundamental. A system based on lifetime earnings means that earnings made throughout the individual's life affect his or her pension, that is to say the longer someone works the higher their pension will be, which creates incentives for work. In the reformed pension system, the individual never stops earning pension entitlement. If a pensioner who has drawn his or her pension remains in gainful employment, his or her pension will be raised two years after the year of earning in relation to the newly accrued pension benefit. It is consequently possible to affect the size of one's pension by carrying on working, even beyond retirement age. A pension system based on lifetime earnings, in which each krona provides an equivalent earned pension entitlement, also provides incentives to refrain from working for undeclared payment.

It is important, however, in a system based on lifetime earnings, to be compensated with pension entitlements for payments received for loss of income, for instance in the event of illness, unemployment and parental

[6] For a brief description of Swedish pensions, see Annex 5.

leave. There is also a need for special compensation as regards pension for absence from the labour market, which for social reasons should not result in reduced pension entitlement, such as absence to care for small children, military service and education.

The flexible retirement age from 61 and the possibility of partial drawing of pension make it easier to gradually scale down the number of hours worked. There is a statutory entitlement to remain in employment up the age of 67.

The Swedish pension system has an actuarial structure, which means that the later someone retires, the larger the pension will be. On retirement, the annual amount of pension payable is calculated by dividing the individual's accumulated pension capital by an annuity divisor, which is based principally on the statistical remaining life expectancy at the time of retirement of people born in a particular year. Someone who defers his or her pension thus receives a higher pension, partly because there is greater accrued pension capital and partly because of a lower life expectancy based annuity divisor. It should be noted that the calculation is entirely actuarial and is financially borne by the pension system without consequences for other pensioners or for the government budget.

With flexible retirement options, it is important that there is interplay between the linked systems and the driving forces in the pension system. The age limit for entitlement to benefits in the basic pension scheme and in other social insurance systems is generally set at 65. This reduces the incentive to work beyond the age of 65, particularly for those who are entitled to guarantee pension or maintenance support for the elderly, that is to say those who have low incomes and people who receive most of their income before retirement from other types of social insurance.

An ambition is for basic security provision to be adequate enough to provide a reasonable standard of living. Basic security provision always has an adverse impact on the supply of labour among lower income groups. For a person with very low earned pension entitlements, additional contribution payments therefore do not necessarily mean that the final pension will be other than marginally higher. It is anticipated, however, that the number of recipients of guarantee pension will fall in the longer term as incomes can be expected to increase faster than the price-indexed limit for guarantee pension. Price index linking of the guarantee pension results in basic security provision that guarantees a certain level of purchasing power but also provides some incentive for work relative to the faster development of income in income-related pension.

Today, a number of the occupational pension agreements are defined-contribution schemes for incomes that are encompassed by the public

pension system. For incomes that exceed the qualifying ceiling in the public pension system, most occupational pension are defined-benefit schemes, which can provide an incentive to retire early. Defined-benefit elements in most cases also make it disadvantageous to reduce the number of hours worked as the benefit is based on pay in the last few years of employment. If the person concerned is not able to carry on working full-time, this design may make it more financially advantageous to give up work completely.

The economic driving forces to work are especially weak for those with the lowest incomes. In order to increase incentives to work, the new government has introduced a tax reduction on work income for those who are gainfully employed. The new tax reduction entails that anybody with an income from gainful employment will have a lower average income tax. The average income tax, calculated in percentage points, decreases the most for those with the lowest incomes. For persons above the age of 65 years, the reduction is higher than for other groups, in order to give the elderly extra incentives to work longer. The tax reduction on work income gives increased economic incentives to remain in gainful employment even after claiming retirement or beyond the age of 65.

At the same time, it is important that the work culture is such as to encourage a prolonged working life in various ways. The tax reduction on work income entails a special measure to stimulate, *inter alia,* an increase of the supply of labour amongst people who are above the age of 65. In order to facilitate the use of the reduction for the target group of the measure, a demand for the older labour-force's experience and particular competence also needs to be consolidated. One method of making it more attractive for companies to retain and newly appoint older co-workers, is to lower the companies' secondary wage costs for these persons. Employee contributions amount to 32,28 percent of the contribution base, which consists of gross wage including taxable benefits, and are paid for an employee until the age of 65. Thereafter, contributions have amounted to a total of 24.6 percent of gross wage. The new government has now abolished the so-called special pay roll tax for employees over the age of 65. This means that the only social contribution that the employer is required to pay for employees above the age of 65 is the employer contribution to the public pension system amounting to 10,21 percent of gross wage. Payments of premiums for occupational pensions, which vary between different agreements, may, however, affect the demand for older workers. For defined-benefit occupational pensions the premium payments in some cases are substantially higher for older people, particularly for incomes above the earnings ceiling.

3.2 The length of working life and pensions in Sweden

The expected future shortage of labour means that it is vital to increase the labour supply. Increased employment is crucial if welfare is to be maintained. It is therefore important to tap unutilised resources in and outside the labour force by getting more people into work, reducing absence from the labour force due to sickness and extending the total length of working life.

In an international comparison, Sweden has a high employment rate amongst older labour-active people (see Annex 1, Table f). The future demographic trend, however, makes it necessary for people in the older age groups to stay in the labour market longer. The trend in average retirement age is therefore of great interest. The time at which old-age pension is drawn is not, however, always synonymous with the time when people stop working.

Table 3 Average age of exit from the labour market and average age at which old-age pension is drawn, 2005

	All	Women	Men
Average age of exit from the labour market[1)]	63,1	62,6	63,4
Average age at which old-age pension is drawn[2)]	64,8	64,8	64,7

Source: Swedish Social Insurance Agency

[1)] Average age at which old-age pension is drawn from the public pension system. The calculation is made for individuals who were working at the age of 50

[2)] Exit from the labour market with sickness and activity compensation and collective occupational pension is included in the calculation. The calculation also includes partial withdrawal of old-age pension.

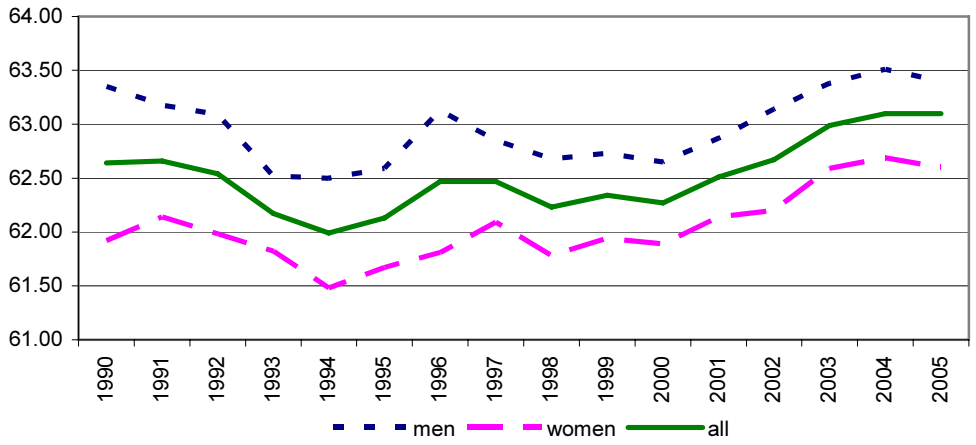
Women's retirement age has never been higher than it is now. This presumably reflects different labour-market behaviour in the generation of women who are now in their sixties, compared with previous generations who were more detached from the labour market. The average retirement age for men was higher before the 1970s, before the formal retirement age was lowered from 67 to 65. The average age at which old-age pension is drawn has been relatively stable despite the introduction of a flexible retirement age. One reason for this is that 65 is still considered to be the real retirement age by people in general. The reformed old-age pension system favours working more years, but it is uncertain what impact the reformed rules are having as people who are now over the age of 60 are affected relatively little by them.

The proportion of those who draw old-age pension before the age of 65 is relatively low, but has increased in recent years. However, some of these draw the pension, partially or in full, but carry on working, full-time or part-time. Early withdrawal of pension is slightly more common amongst men than among women. Most people who defer the withdrawal of pension draw their pension at the age of 66. The number

of people who have opted to defer the withdrawal of pension has increased slightly in recent years, but this has had only a marginal impact on the average retirement age.

The average age of exit from the labour market is lower than the average age at which old-age pension is drawn. Previous studies of how individuals in Sweden fund their exit from the labour force have shown that sick leave or periods of unemployment benefit is, in a very large proportion of cases, the first stage in the process of exit, but that this exit route is not equally common in all population groups.

Diagram 1 Average age of exit from the labour market for individuals who were working at the age of 50, 1990-2005



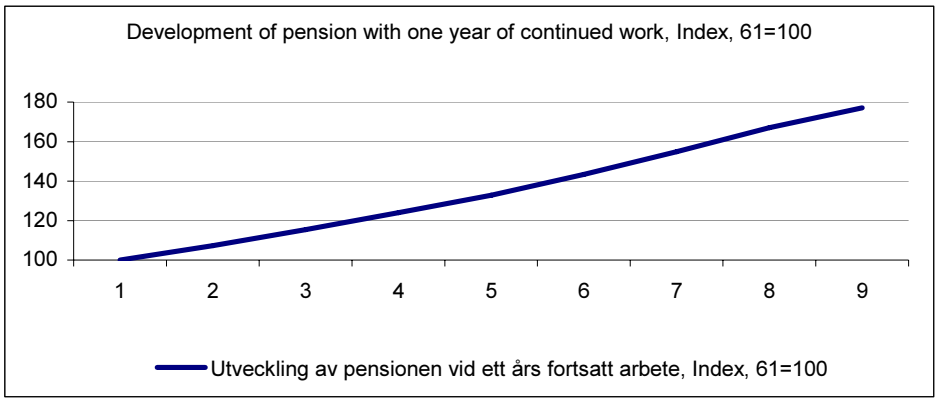
Source: Swedish Social Insurance Agency

From an international point of view and in comparison with previous years, the average age of withdrawal from the labour market is high in Sweden, particularly for women. There has been a rise in age of withdrawal since the mid-1990s of one year. Possible explanations for this are that people in their sixties are now more highly educated than older generations and that they have a different occupational structure with fewer physically demanding duties. The average age of exit is three-quarters of a year higher for men than for women, but the difference has decreased since the start of the 1990s.

It is unclear whether the trend towards a higher age of exit will continue. The reformed rules in the national old-age pension system suggest that it will, because more years of work means a higher pension for more and more people. Another factor which should work in this direction is the increasing general awareness of the need to work longer when we live longer. However, the effect may be limited by the fact that large groups of white-collar workers still have so called defined-benefit pensions in their employment contracts, where the level of pension is determined by income during the last few years of employment, regardless of the age at

which these years are worked, and when only 30 years of seniority are required to receive full compensation.
The way the public pension system is designed means that those who extend their working life receive a higher pension. The typical-case calculation below shows how pension increases with one extra year of work. The typical case is assumed to be a person born in 1981 who has been working for 40 years at the age of 65. The calculation assumes an annual initial income of 300,000 Swedish kronor and takes account of pension only in accordance with the reformed rules for the general pension system. The calculation shows the trend in disposable pension income, that is to say pension income after tax.

Diagram 2 Increase in disposable pension income in the reformed public pension system in the case of one extra year of work at age 61-69, per cent

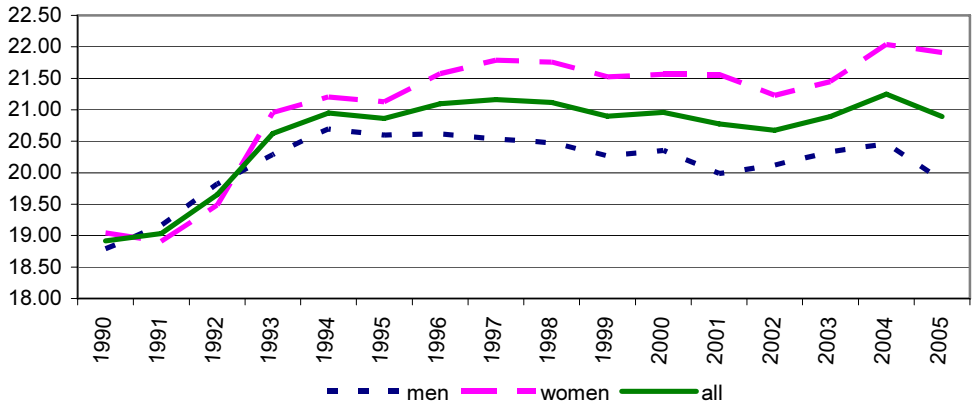


Source: Ministry of Health and Social Affairs
Note: The following assumptions are made: wage growth: 1.8 per cent, inflation: 0 per cent, real rate of return: 3.15 per cent

For each year of extra work, disposable pension income from the general pension system increases by 7 to 8 per cent. The rate of increase may, however, be slightly slower at higher incomes due to tax regulation. Deferred retirement results in a large increase in net pension, which was one of the aims of the new pension system. The extra year of work also generates higher income, as income from employment is generally higher than pension income.

The calculation above shows the marginal benefit of drawing pension one year later. However, in a system based on lifetime earnings it is not just the time of retirement that is important for the size of pension but also the total number of years of gainful employment. A longer working life amongst the insured also benefits the financial standing of the system and therefore the collective of beneficiaries.

Diagram 3 Average age of entry into the labour market 1990-2005



Source: Swedish Social Insurance Agency
Remark: Age of entry is the average age when the labour-market supply is equivalent to 20 hours per week or more.

The establishment of young people in the labour market was delayed during the 1990s. Expansion of the education system has meant that people study longer than previously, and age of debuting in the labour market has consequently become higher. How pensions are affected probably has very little impact on how age of entry develops. However, as there is a clear correlation between the number of years worked and the size of pension, it is important that knowledge is spread among younger people so that they take informed and conscious decisions on what affects their pension.

3.3 Knowledge leads to a prolonged working life

Since 1999, everyone insured under the new pension system has received an annual mailing from the Swedish Social Insurance Agency with information on their own pension from the general system (known as the orange envelope). Since December 2004 there has also been an Internet portal (minpension.se), which is a cooperative venture by central government and the private pension companies. The insured person can obtain a complete overview of all his or her pensions through the pension portal - how much he or she has earned in income-related pension and premium pension entitlements, how much occupational pension he or she is entitled to and also information on his or her private pension savings.

Individual pension projections increase knowledge of the link between contributions and benefits. The information enables the insured to plan for how long they should work and wish to work in order to attain a reasonable pension and helps him or her to decide whether to build up supplementary pension protection on a voluntary basis.

Both the orange envelope and the pension portal provide details on the size of total earned pension capital and contain projections of future pension subject to various assumptions on growth and return and time of retirement. Because such information is given annually, and to people in the younger age groups, individuals can obtain an overview of their expected financial situation after retirement. Ignorance of one's pension and of the pension system entails an obvious risk of saving too much or too little. The risk of excess saving is many times greater and may lead to a future disincentive to work.

An important element in information activity is the annual report for the pension system drawn up by the Swedish Social Protection Agency. As the size of pensions depends, among other things, on the financial standing and development of the pension system, an annual report on the system's assets and liabilities is essential. This is also required to enable a decision to be taken as to whether automatic balancing of the system needs to be activated. The annual report is intended to make it possible to follow and understand the financial development of the pension system, and to shed light on each of the factors that determine the size of both income-related pension and premium pension. One of the aims of the report is therefore to provide information on processes that may affect the pensions of those who are insured under the system. This means that the report has to shed light on the demographic, economic and behavioural risks and opportunities that determine the financial standing of the system and that directly influence, or may in the future directly influence, the value of pensions.

Another aspiration for the report is that, as far as possible, it should adhere to the accepted accounting policies for insurance companies. The annual report contains an income statement that illustrates the system's profit or loss for a particular year by calculating all the assets and liabilities of the general pension system. As a result, there is also an account of the balance figure which assesses the situation for automatic balancing during the following year.

3.4 Conclusions

In the new, reformed public income-related system, the pension can never be higher than the system can cope with in the long term. This means that it is always the pensioners and pension savers who bear the financial risk, just as what applies to private pension saving. There are no shortcuts for making pensions adequate: a sufficient number of people must be in employment. A high rate of employment and a length of working life adapted to average life expectancy are therefore what definitely guarantee a reasonable level of pension.

The Swedish general system is based on the principle of lifetime earnings: pension reflects earnings throughout someone's life. The

motivation behind this is firstly fairness – you get what you pay for – and secondly a work-encouraging perspective that gives an incentive for a longer working life and discourages undeclared work. Fundamental knowledge of factors that affect pensions is required if this is to have the intended effect. There are some deficiencies here that require long-term information initiatives if they are to be overcome.

4. National strategy for health care and long-term care

4.1 Introduction

The principle underlying Swedish health care is that is to be provided to the whole population on equal terms, governed democratically and be tax-funded. The Swedish Health and Medical Services Act states that the aim of Swedish health care is for the whole population to have access to good care services on equal terms. A feature common to the initiatives taken with the aim of improving care and creating the basis for financially sustainable development is that they are generally targeted at the whole population and not individual groups.

The running of care services, including care of the elderly and long-term care, is decentralised to the 21 county councils and 290 municipalities. The self-governance of the county councils and municipalities is enshrined in the Swedish Constitution and the Local Government Act. In each county council and municipality there is a democratically elected decision-making assembly. The county councils and, to some extent, the municipalities are responsible through taxation for the principal funding of health care, and the municipalities for long-term care. The obligation of the county councils and municipalities to provide health care is governed by the Swedish Health and Medical Services Act. The municipalities are responsible for health care in special accommodation and the county councils are responsible for providing other medical and health care.

The obligation to provide long-term care is regulated by the Social Services Act. Under this Act, the municipalities are obliged to offer care services and special accommodation to elderly people in need of support.

The objectives on which the EU's Member States are agreed will be discussed in the following sections:

> j) Ensure access for all to adequate health and long-term care for the whole population.
>
> k) Ensure quality in health and long-term care and adapt care to the changing needs and preferences of society and individuals, notably by developing quality standards reflecting best international practice.
>
> l) Ensure financial sustainability by promoting a rational use of resources, notably through appropriate incentives for users and

providers, good governance and coordination between care systems and public and private institutions.

4.2 Accessibility

4.2.1 Accessibility in health care

National care guarantee

In 2005, the care guarantee which has been in existence since 1997 was expanded into a national treatment guarantee (extended care guarantee) through an undertaking for the county councils to offer care within 80 days from the time when a decision on treatment has been taken. The guarantee covers all treatment in the county councils' planned care, but does not cover urgent medical care. It is important to evaluate up long-term effects of the care guarantee. Evaluation in 2006 showed that waiting times had fallen but that there are still problems in some areas, primarily within orthopaedics and ophthalmic care. In its 2007 Budget Bill, the Government has set out the following measures:

- stimulate greater diversity of suppliers of health services, among other things by making it easier for county councils to subcontract activities and to support care staff who wish to take over publicly-run activities,
- for a limited period, allocate further resources to the county councils to improve accessibility through specially earmarked funds,

The following measures will be implemented within the framework of the 2007 "Dagmar agreement" (an agreement between central government and the health authorities on some support to the health services):

- improve databases to be able to follow up and compare waiting times for health care,
- nationally-coordinated and quality-assured medical helpline services via the Internet and telephone,
- the work of the National Board of Health and Welfare on guidelines for priorities.

Patient and pharmaceutical fees

With the aim of guaranteeing good accessibility of care and medicines, it is required that care is not too costly for the individual. However, the county councils may levy care fees to be paid by patients. The maximum amount payable by a patient over a 12-month period under the Health and Medical Services Act is 900 Swedish kronor. For inpatient care, the county councils can levy a charge of 80 Swedish kronor per bed day. There is also a cost ceiling for pharmaceuticals. A patient never has to

pay more than 1,800 Swedish kronor over a 12-month period for prescription drugs that are included in pharmaceutical benefits (medicines in outpatient care). There is a well developed social assistance system for people who do not have any assets at all.

The pharmacy market

To achieve more efficient retail trade in pharmaceuticals, with better accessibility and lower prices to the consumer, the Government appointed a special commission of inquiry in December 2006 who is to analyse and submit proposals for a re-regulated pharmacy market. The inquiry is in a first step to submit proposals that enable other actors than Apoteket AB to conduct retail trade in prescription and over-the-counter drugs. The assignment is to be reported in this respect by 31 December 2007. In a second step, the inquiry is to submit proposals that will enable the sale of a limited range of over-the-counter drugs at other places than pharmacies. The inquiry is to submit its final report by 1 April 2008.

Psychiatry

The Government intends to improve accessibility to psychiatric care. In its 2007 Budget Bill, the Government has allocated 500 million Swedish kronor to improve accessibility in psychiatric care. This applies in particular to paediatric psychiatry, in which the Government intends to improve the care guarantee with the aim that the waiting time for investigation should never exceed a month for children and young people. The Government intends to implement measures to improve the accessibility and quality of care, inter alia by improving personnel skills and stimulating higher numbers of psychologists and counsellors in primary health care. The workload of general medical specialists and nurses at health centres can thereby be reduced, the patients can receive more satisfactory treatment and unnecessary waiting times can be avoided.

In 2003, the Government appointed a national psychiatry coordinator with the task of reviewing issues concerned with forms of work, collaboration, resources and personnel in psychiatry. In the final report in December 2006, the coordinator pointed to a number of long-term national goals for psychiatric work in the areas of care, housing, employment and participation in the community for people with serious mental illnesses and mental disabilities. The coordinator has also submitted proposals for a number of measures that must be implemented if we are to reach these targets. The Government intends to analyse the proposals and take the necessary action.

IT

In the National IT Strategy for Health Care, the Government and the health authorities have agreed on a joint approach to use IT to improve accessibility and patient influence. Use of IT and telephone services will increase accessibility of health care since they will provide patients with new and simpler means of contact. When citizens receive help in caring for themselves, and guidance in finding the correct place to get care, utilisation of resources becomes more efficient and waiting times are reduced. A national, publicly financed portal already offers quality-assured and free-of-charge health information on the Internet. As a supplement to this, a nationally coordinated telephone health advice helpline is currently being introduced. The aim is that all citizens via a national number will be able to get in touch with knowledgeable healthcare staff in non-emergency cases too. Coordinated and focused IT support also creates better opportunities for activity evaluation and open comparisons of treatment results and quality. IT thus provides a much better basis for decisions about the control and planning of care activities.

4.2.2 Accessibility in long-term care

To enable access to present-day health care and long-term care to be assessed, there is also a need for a picture of needs related to health and functional capacity. Good accessibility also assumes that the elderly person has a number of different alternatives to choose between. The current state of knowledge provides a composite picture in which the functional capacity of elderly people has improved sharply while self-reported health has deteriorated.

The National Board of Health and Welfare's 2005 status report shows that the proportion of those over the age of 80 who have home helps or special housing fell by just over 1 per cent between 2000 and 2004. In the whole group of people over the age of 65, the proportion with have home helps or special housing fell by 0.4 per cent over the same period. Coverage and also costs vary widely between different municipalities. The current statistics do not make it possible to see to what extent other initiatives, such as respite, alarm, meals-on-wheels, companion service etc., reach those who do not have home helps or special housing. It is therefore not possible, on the basis of the statistics, to draw far-reaching conclusions on what coverage for the whole of long-term care is like or how it has changed. Financial resources devoted to the care of those over the age of 65 have grown between 2000 and 2004. Costs in the county councils have grown while those of the municipalities have fallen somewhat.

Statistics and research show that public social care is of greater significance to women than to men. While men more often receive help from a spouse, usually younger, even when there is long-term care

provision, women who need help are often living alone and consequently more dependent on home helps, for example.

Research studies from the School of Health Sciences at Jönköping University shows that the proportion who received public assistance was almost the same in 2002/03 as in 1988/89, despite the fact that the proportion assisted with home helps or special housing fell over the same period. The explanation is that so many more people, due to improved functional capacity, are coping on their own or with services provided by the public institutions. Assistance from family members is also increasing as more elderly people have relatives and stay living at home for longer. A conclusion emphasised by the National Board of Health and Welfare is that in those municipalities that have a high level of use of home helps, the prospects of extensive efforts by family members are also better, and that the converse is also the case. Shared responsibility also appears to work well and also to be what family members prefer.

Over the last 15 years, health care and long-term care have undergone substantial structural changes. The main thrust of change has been to completely do away with living in institutions and instead to offer accommodation and efforts adapted to the individual's needs. The standard of accommodation, both in ordinary housing and in special forms of accommodation, has improved. The number of places in special accommodation where the resident has to share a room with someone other than a spouse has fallen sharply. Home help and home nursing have been expanded so that it is increasingly possible for advanced care services to be provided around the clock. This change has taken place alongside shorter periods of treatment and extensive reductions in the number of places in inpatient hospital care. The trend has accorded with most people's wishes and needs. The municipalities are responsible for health care in special housing, and half of the municipalities in Sweden are also responsible for home nursing services in people's own homes. The funds allocated in the 2007 Budget Bill are among other things to be used for increased access to doctors, reviews of medication and improved rehabilitation. In 2006 the Swedish Government earmarked 600 million kronor for this purpose and intends to set aside another 1.9 billion kronor in 2007. A new provision is introduced into the Health and Medical Services Act on 1 January 2007 which means that the county council has to enter into contracts with the municipalities on the extent of involvement of doctors in special housing and in day centres and how this is organised. The same applies in people's own homes if the municipality is responsible for this care. If the county council fails to meet its obligations, the municipality is entitled to engage the services of a doctor and obtain reimbursement of its expenses from the county council.

In its Budget Bill for 2007, the Government has allocated about 1.9 billion Swedish kronor which is to be used to improve the quality of

dementia care, among other things. Improved expertise is important to enable suspected dementia to be diagnosed. Teamwork, top-level expertise and collaboration are essential for good dementia care. Knowledge of, and information on, forms of dementia and assistive devices for people with dementia and their families need to be improved.

The drive to extend support in elderly people's own homes and to enable them to carry on living there has been given priority, together with improvements in quality in the separate forms of accommodation. This has led to the decrease in the number of places in special forms of housing, which has been happening over a long period, continuing in recent years. There is a shortage of places in special housing in some places, which is leading to long waiting times. To some extent the demand or need for special housing depends on how well the home-help service and home nursing services are able to meet the needs of elderly people and their families. A large financial investment is being made to improve access to suitable housing. The investment amounts to 500 million Swedish kronor in 2007 for new construction and conversion of special housing. In addition, a housing commission was set up in 2006 to monitor and analyse needs for and trends in housing for the elderly.

An important aspect of accessibility, and quality, is the freedom of choice open to the individual. In 2005, 13 per cent of special housing was run by another provider than the municipality and 10 per cent of the elderly with home helps were receiving that help from a private care provider. Although there has been some increase in recent years, most municipalities cannot offer freedom of choice. The Government is therefore appointing a commission of inquiry, Free choice in long-term care, one of whose tasks is to propose incentives to allow the elderly more alternatives to choose from within long-term care. The Government is also giving priority to the development of statistics and evaluation tools to allow comparisons to be made.

A weakness in long-term care is that the municipalities and county councils do not work together sufficiently. Under a new provision in the Health and Medical Services Act introduced on 1 January 2007, county councils and municipalities have to work together so that individuals receive the care and treatment their condition necessitates. Care and treatment includes habilitation and rehabilitation. This obligation also applies to the health and social care provided to individual people who need integrated services provided by the county council's specialist and primary care, as well as primary care and social services provided by the municipality.

4.3 Quality

4.3.1 Quality in health care

Follow-up of activity

Effective, improved and ongoing follow-up is necessary at national level to improve quality of health care. Apart from the follow-up work that is already being done, a number of new measures are being planned to further develop and improve the quality of health and medical care. Good understanding and knowledge of the activities is a necessary prerequisite for the control and development of care. The Government intends to further develop the open comparisons of quality of health care that have already been begun, with the aim of improving opportunities to report and compare care performance. An independent review function will be established and new types of compensation system developed to stimulate quality; one means of doing this is to encourage good performance in health care through the reimbursement system used in the health services.

Quality indicators

One tool to enable follow-up of quality is the use of quality indicators. The Government has commissioned the National Board of Health and Welfare to devise national quality indicators in which certain areas – home health care, primary care and psychiatry – are given special priority. The indicators have to be clear, dependable, measurable, accepted and capable of being registered in other data sources. The national quality indicators are an important tool to allow open comparisons of the quality of care at an aggregated level. The quality indicators should reflect a number of dimensions of the activity – that the care is safe, patient-focused, efficient, equitable, evidence-based and provided within a reasonable time.

National quality registers

An important source for work on quality, and thereby also in follow-up, are the 57 national quality registries that currently exist in Sweden. The purpose of the quality registries is that they are to lead to quality and efficiency gains that are of benefit to the patients. The registries contain individual-based data on diagnoses, treatments and outcomes. A feature common to all the registries is that they have been started by representatives of the profession and built up as support for the development of quality of clinical work. Three national centres of expertise support the creation of new registries and assist in the processing and analysis of data for annual reports etc. The national quality registers illustrate the value of a continuous follow-up of activity with regard to medical practice and quality.

Evidence-based care

To ensure high quality and patient safety, there is a need for scientific evaluations of both established methods and medical innovations. The Swedish Council on Technology Assessment in Health Care reports its conclusions on which methods are of greatest benefit and which are most cost-effective. This Council also identifies methods which are used in health care but do not provide benefit or are not effective. These knowledge reviews function, among other things, as a basis for production of the national guidelines. Measures are being implemented within the framework of the Dagmar agreement for 2007 to enable Swedish health care to make better use of knowledge reviews from other countries.

National guidelines

An important element in the quality work is the national guidelines for care and treatment which the National Board of Health and Welfare has been commissioned to draw up. The guidelines are intended to provide knowledge support for the work of the responsible authorities on health-care programmes and in prioritising. The guidelines are based on systematic overviews of knowledge. National quality indicators are being produced in those areas that have national guidelines and which then form the basis of national quality follow-up. National guidelines have been drawn up for diabetes, stroke, hip fractures, heart disease and venous thromboembolism, as well as for asthma and chronic obstructive pulmonary disease. Work is in progress on guidelines for breast, prostate and colorectal cancer, depressive illnesses, states of anxiety, dementia, diseases of the musculoskeletal system and lifestyle-oriented prevention.

IT

IT support forms an important part of the work to improve quality and raise patient safety. The National IT Strategy for Health Care and Social Services creates the conditions necessary for the various IT systems in health care to be able to exchange information electronically in an effective manner so that the care documentation is better able to follow the patient between different care units and levels of care.

As a result of the National IT Strategy there is now broad agreement on the principle that investments in new information systems are to be made on the basis of requirements defined by central government, the authorities responsible for medical care and other key actors. In this way opportunities are created for all relevant information on a patient's previous treatments to be available to treating health-care professionals. This is particularly important when the patient moves, for example, between health care run by the county council and municipal social services for the elderly, in order to avoid unnecessary samples being taken, incorrect medication being given and so on. Use of electronic records systems for automatic reporting to national health data and

quality registers should be speeded up, as well as further improvement of support for decisions on prescription of medicines.

Supervision

The National Board of Health and Welfare has supervisory responsibility over health and medical care and its personnel. The primary aim of this supervision is to strengthen patient safety and improve the quality of care by preventing harm and eliminating risks in care. There is also an obligation for health care providers to notify the National Board of Health and Welfare if a patient in connection with health care suffers, or is at risk of suffering, severe harm or illness. The National Board of Health and Welfare compiles and feeds back information on serious incidents in health care and also issues binding regulations for health care on matters relating to patient safety and quality.

4.3.2 Quality in long-term care

In the Budget Bill for 2007, the Government describes its strategic orientation for future development of elderly policy. The elderly and their relatives are to experience security and be able to trust that health and social care will be available when they need it. Health and social care are also to meet reasonable standards of dignity. Medical treatment and the social aspect must be improved. The elderly need more alternatives within health and social care. A commission of inquiry into free choice in long-term care is to be appointed. Long-term development of quality is to be supported through improvements in statistics, open comparisons and other tools.

Health and social care for the most ill elderly

This relates to the integrated and flexible efforts needed primarily for elderly persons with multimorbidity and rapidly changing needs and for people with dementia. Increased resources have been earmarked to improve access to doctors who have time to make home visits and personnel with specialist knowledge of health and social care of elderly people with multimorbidity and for people with dementia.

Good housing

The prospects of elderly people being able to find good alternative forms of housing need to be improved. The Swedish Government has therefore appointed a special commission to present proposals on ways in which the development of housing and accommodation for the elderly can be promoted.

The dignity guarantee is being investigated

A special commission of inquiry has been appointed to submit proposals on a dignity guarantee for the health and social care of the elderly. It is to be clear to all what long-term care is to provide and what the elderly and their relatives can expect when they need long-term care. The inquiry is to consider proposals for minimum service or quality levels. As part of its investigation, the inquiry is to analyse different ways of boosting security and reliance that one will receive the health and social care that one needs at the right time, and with the right quality. In its work, the inquiry is to particularly take into account how the most vulnerable individuals – those who cannot make their own voices heard –are to be afforded dignity of care.

Follow-up, development and research

The Government is speeding up the development of statistics and indicators for open reporting and comparison. This is needed as support in the development of accessibility and freedom of choice for the individual, and can also underpin work to develop greater quality for the individual and use resources more efficiently. National user surveys will be initiated in 2007. Geriatric research will receive directed support which is to promote long-term build-up of strong, wide-ranging research skills about the elderly and ageing. The National Board of Health and Welfare, on the assignment of the Government, is building up a national skills centre for the compilation and distribution of know-how in health and social care of the elderly. Measures to develop more, and more easily available, assistive devices and other technology for the elderly are being implemented.

Preventive work

Measures that prevent harm are given increased priority. The Government is targeting special resources to strengthen the health-promoting and preventive work of the municipalities, for example in the form of preventive home visits, which can fulfil several functions.

Personnel

Personnel must be offered more opportunities for creativity and professional development. One way of achieving this is by having a range of employers. Those who want to realise their visions for care through entrepreneurship are to be given greater opportunities to start businesses, e.g. through “spin-offs”. Special support for this purpose is to be introduced in 2007.

The educational measures begun within the framework of the national skills initiative within health and social care of the elderly is to continue in 2007. Personnel need support in their professional commitment and ongoing skills acquisition. A basic prerequisite for good and accessible care of the elderly is the ability to recruit sufficient numbers of people

with basic knowledge, and keep and train them for the increasingly knowledge-demanding tasks they will be required to perform.

4.4 Financially sustainable development

4.4.1 Financially sustainable development in health care

Development of productivity and effectiveness
The future demographic trend, combined with the widening gap between what health care can achieve on the one hand and what society is capable of funding on the other, is making greater demands on effective utilisation of care resources. This highlights the need to further improve both the productivity and effectiveness of health care.

A successful example of a cost-effective measure in the area of medicines is the introduction of what is known as generic substitution. Since October 2002, pharmacies have been replacing prescribed medicines with the cheapest equivalent drug. The reform has brought financial savings amounting to many billions of Swedish kronor without any loss of treatment quality. The Government feels that it is of great importance to retain the positive effects of the generic situation, even after the Swedish pharmacy monopoly has been restructured.

Evidence-based care
A condition to be met to be able to ensure sustainable funding is that all care is carried out with the most appropriate treatment for each situation, while procedures which are not medically justified are eliminated. The compilations of studies performed by the Swedish Council on Technology Assessment in Health Care have a major impact in health care and in getting rid of ineffective treatments. However, there is a need to develop greater control with regard both to the dissemination of information on new methods of treatment and to the structures for obtaining new knowledge in the health-care organisation. Follow-up, with open comparisons based on national quality indicators, and measures to underpin systematic improvement work, will continue to be important in implementing knowledge in the operations.

IT
In much the same way that methods of treatment have to be evidence-based and build on knowledge and proven experience, administration of health care must be quality-assured. As well as effective IT support contributing both to improved quality of care and to greater patient safety, IT represents a tool for improving the efficiency of health-care administration. Here too, the National IT Strategy for Health Care and Social Services is essential in affording health-care personnel access to IT support that works well and improves the efficiency of administrative

processes. Today, inefficient and old-fashioned paper-based routines create an administrative burden for staff, thereby extending waiting times for care and boosting costs to society. With appropriate IT support, the patient's care process can be speeded up, which will not only benefit the health situation of the individual but also cost-efficiency of care and rehabilitation.

Highly specialised care

Sweden has too few patients for all regions to be able to develop and conduct the most highly specialised care, known as "national health care". This care amounts to less than one per cent of inpatient cases and includes advanced cardiac care, neurological care and cancer treatment. This care will in future be nationally coordinated and concentrated to a greater degree. Concentration of the most highly specialised care can be expected to lead to more efficient utilisation of the resources of the health and medical services, for instance because investments in new technology can be coordinated. Greater patient volumes can also lead to more effective utilisation of premises and equipment and to improved results of treatment, which in turn leads to economic gains. The economic gains of further concentration of activities, joint investments etc. will first be able to be measured in a few years.

Governance and distribution of responsibilities

The parliamentary inquiry known as the Committee on Public Sector Responsibilities has studied the prospects of the present-day system of public administration meeting its public welfare commitments. In most areas of policy, responsibility is currently split among several levels, which makes it difficult for citizens to grasp society's organisation and know where, and how, to demand accountability. The Committee has proposed changes to the current division of structures and tasks between central government/central authorities, municipalities and county councils, all with the aim of creating an efficient and sustainable structure for health and medical care. The Committee submitted its final report in February 2007.

Public health and financially sustainable development

A healthy population creates a better basis for prosperity and improved growth through reduced sick leave, higher employment, higher productivity and a reduced need of health and social care. Improved health in the entire population is a prerequisite for maintaining and developing the health and social care system in the long term, since load on the system will be less. There are a number of areas in which there is a clear link between health and economic growth. A healthier population leaders e.g. to higher productivity through a more efficient and less vulnerable labour force; a greater range of labour leads to less sick leave and greater public savings through reduced care costs. The Government

is implementing measures to reduce the abuse of alcohol and drug and prevent abuse of tobacco, etc.

Long-term demand for welfare services

The Ministry of Health and Social Services is working on a project to illustrate the long-term demand for, and cost of, welfare services. The project is a more in-depth version of the 2003/04 Long-Term Survey with a focus on health and medical care as well as health and social care of the elderly. (The Long-Term Survey is a permanent function which makes long-term analyses of economic developments over a 15-year period). Various aspects will be looked at in this work. Examples of these are demographics, trends in health, income, technologies, changes in expectations and values and the relationship between the efforts of the public institutions and those of family members.

4.4.2 Financially sustainable development in long-term care

Creating long-term sustainability in a system as important to welfare as health care and social services for the elderly is a key task for society. A condition that needs to be met if long-term sustainability is to be achieved is that society is able to fund its commitment for health and social services through sound public finances and a high rate of participation in the workforce.

Roughly 1.9 million Swedish kronor have been allocated to elderly policy in the Budget Bill for 2007 and will allow municipalities and county councils new funds with which to implement improvements in quality and efficiency. Investments in improved skills, research, statistics and follow-up and technological development can be mentioned as examples. Good quality and good efficiency are essential if long-term legitimacy is to be gained for this activity among the public.

Annex 1 Statistics and indicators

a) Risk of poverty in 2003 (Per cent)

		EU	Sweden
Whole population		16 s[7]	11
Children aged 0-15		20 s	11
Adults aged 16+	All	16 s	11
	Men	14 s	10
	Women	17 s	12
Adults aged 16-64	All	15 s	10 b
	Men	14 s	11 b
	Women	16 s	10 b
Adults aged 65+	All	18 s	14
	Men	15 s	9
	Women	20 s	18

Source: EU Survey on Income and Living Conditions (EU-SILC)

"Risk of poverty" shows the proportion of people with equivalised disposable income below 60% of median income.
Disposable income is divided by its 'equivalent size' so that households with different numbers of adults and children become comparable.

The EU equivalence scale has been used, which means:
The first adult is given the equivalence weighting 1.0.
Children aged 0-13 are given the weighting 0.3.
Older children and other adults are given the weighting 0.5.

[7] s=Estimates by Eurostat

b) Remaining life expectancy at birth, at the age of 45 and 54 and expected number of healthy life years at birth 1995-2003

		1995	1996	1997	1998	1999	2000	2001	2002	2003
Life expectancy at birth - men	**SW**	76.2	76.5	76.7	76.9	77.1	77.4	77.6	77.7	77.9
Remaining life expectancy at age 45 - men	**SW**	33	33.2	33.4	33.5	33.7	34	34.2	34.3	34.4
Remaining life expectancy at age 65 - men	**SW**	16	16.1	16.2	16.3	16.4	16.7	16.9	16.9	17
Expected number of healthy life years at birth - men	**SW**	:	:	62.1	61.7	62	63.1	61.9	62.4 (e)	62.5 (e)
Life expectancy at birth - women	**SW**	81.4	81.5	81.8	81.9	81.9	82.0	82.1	82.1	82.5
Remaining life expectancy at age 45 - women	**SW**	37.5	37.6	37.9	37.9	37.9	37.9	38.1	38.1	38.4
Remaining life expectancy at age 65 - women	**SW**	19.6	19.7	19.9	19.9	19.9	20	20.1	20	20.3
Expected number of healthy life years at birth - women	**SW**	:	:	60	61.3 (e)	61.8	61.9	61	61.9 (e)	62.2 (e)
Life expectancy at birth - men	**EU**	72.8	73.2	73.5	73.5	73.8	74.4	74.7	75	75.1
Remaining life expectancy at age 45 - men	**EU**	:	:	:	:	:	31.8	32.1	32.2	32.3
Remaining life expectancy at age 65 - men	**EU**	:	:	:	:	:	15.7	15.9	16	16.1
Expected number of healthy life years at birth - men	**EU**									
	EU	79.7	79.9	80.2	80.2	80.4	80.8	81.1	81.2	81.2
Life expectancy at birth - women	**EU**	:	:	:	:	:	37.2	37.4	37.5	37.4
Remaining life expectancy at age 45 - women	**EU**	:	:	:	:	:	19.4	19.6	19.6	19.6

c) Persons of low educational attainment who do not continue studying (Per cent)

		EU	Sweden
1999	All	:	6,9
	Women	:	6,1
	Men	:	7,7
2004	All	15.6i	8,6
	Women	13.1i	7,9
	Men	18i	9,3
2005	All	15,2	8.6p
	Women	13,1	7.9p
	Men	17,3	9.3p

Source: Labour Force Surveys:

Proportion of persons aged 18-24 whose highest level of education is primary and lower secondary school (grundskola) and who have not been in education or training in the last four weeks.
(Values 0, 1 or 2 according to the international scale ISCED 97)

d) Forecast total public expenditure

Total age-related public expenditure: pensions, health care, long-term care, education and unemployment transfers (% of GDP), baseline scenario

	2004	Change 2004-2010	Change 2004-2020	Change 2004-2030	Change 2004-2040	Change 2004-2050
EU	**23.4**	**-0.7**	**-0.2**	**1.5**	**3**	**3.4**
Belgium	25.4	-0.3	1.2	4.5	6.2	6.3
Czech Republic	19.3	-0.5	-0.1	1.7	4.8	7.1
Denmark	26.8	0.2	1.8	4	5.3	4.8
Germany	23.7	-1.2	-0.8	1	2	2.7
Estonia	17.1	-0.6	-2	-2.3	-2.8	-2.7
Greece*	8.9	-0.2	-0.2	0.2	0.8	1.3
Spain	20.1	-0.4	0.3	3.3	7.2	8.5
France	26.7	0	0.9	1.9	2.9	2.9
Ireland	15.5	-0.1	1.6	3.3	5.2	7.8
Italy	26.2	-0.5	-0.3	1.1	2.5	1.8
Cyprus	16.4	0.1	1.2	4.1	7	11.8
Lithuania	16	-0.7	-0.9	0.3	0.8	1.4
Latvia	17.5	-2.9	-2.9	-1.5	-1.3	-1.3
Luxembourg	19.5	-0.1	2.1	5.5	7.9	8.3
Hungary	20.7	0.3	1.6	2.8	5.7	7
Malta	18.2	0.9	2.2	1.8	1	0.3
Netherlands	20.9	-0.3	1.5	3.8	5.3	4.9
Austria	25.2	-1	-1	0.8	0.9	0.1
Poland	23.7	-3.5	-5.8	-6.1	-6.4	-6.7
Portugal	23.8	0.4	2.5	4.2	7.3	9.8
Slovenia	24.2	-0.2	1.3	4.4	7.5	9.6
Slovakia	16.2	-0.8	-0.9	0.3	1.5	2.9
Finland	25.4	0.2	2.3	4.7	5.3	5.2
Sweden	29.6	-1.4	-1	1.3	2.3	2.2
United Kingdom	19.6	-0.2	0.3	2.2	3.3	4

1) The total expenditure for GR does not include pension expenditure.
2). The total expenditure for GR, FR,, PT, CY, EE, HU does not include long-term care.

3) the forecasts for public expenditure on long-term care for Germany do not reflect current legislation, where contribution levels are constant. A scenario which comes closer to current legislation forecasts that public expenditure as a percentage of GDP will remain constant over the forecast period.
Note: These figures refer to the baseline forecast for social expenditure on pensions, education and unemployment.
The "AWG reference scenario" is used for health care and long-term care.

e) Equivalised median disposable income for persons aged 65+ relative to income persons aged 0-64

EU	:
Belgium	0.76
Czech Republic	0.83
Denmark	0.71
Denmark[2]	0.75
Germany	0.88
Estonia	0.76
Greece	0.78
Spain	0.77
France	0.90
Ireland	0.62
Italy	0.95
Cyprus	0.55
Lithuania	0.80
Latvia	0.89
Luxembourg	1.00
Hungary	0.87
Malta	0.90
Netherlands	0.84
Austria	0.93
Poland	1.13
Portugal	0.76
Slovenia	0.87
Slovakia	0.89
Finland	0.75
Sweden	0.77
United	0.74

Kingdom

[2] Including standard estimated income for own home.

f) Employment rate for elderly persons

% of population aged 55-64		EU	Sweden
1998			
	All	35.8	63
	Men	46.6	66.1
	Women	25.5	60
2000			
	All	36.6	64.9
	Men	46.9	67.8
	Women	26.9	62.1
2002			
	All	38.7	68
	Men	48.8	70.4
	Women	29.2	65.6
2004			
	All	41	69.1
	Men	50.7	71.2
	Women	31.7	67
2005			
	All	42.5	69.5
	Men	51.8	72.4
	Women	33.7	66.7

Source: Eurostat – Labour force survey, Annual averages.

g) Risk of poverty % by most frequent employment status and gender.

		EU	Sweden
All	All	16	11
	Men	14	10
	Women	17	12
In work	All	**9**	**6**
	Men	**9**	**6**
	Women	**8**	**6**
* Employed	All	:	:
	Men	:	:
	Women	:	:
* Self-employed	All	:	:
	Men	:	:
	Women	:	:
Not in work	All	23	18
	Men	23	16
	Women	24	19
* *Unemployed*	All	42	26
	Men	46	31
	Women	37	18
* Pensioners	All	16	14
	Men	15	11
	Women	17	16
* Other inactive	All	26	24
	Men	26	23
	Women	26	25

h) Workforce participation (% of population aged 15-64)

		EU	Sweden
1998			
	All	68	76.2
	Men	77.4	79
	Women	58.7	73.5
2000			
	All	68.7	77.3
	Men	77.4	79.8
	Women	60	74.8
2002			
	All	69	77.6
	Men	77.3	79.4
	Women	60.7	75.8
2004			
	All	69.7	77.2
	Men	77.5	79.1
	Women	62	75.2
2005			
	All	70.2	78.7 b
	Men	77.8	80.9 b
	Women	62.5	76.3 b

Source: Eurostat – Labour market surveys, Annual averages.

(b) break in time series

Workforce participation is the proportion of the population aged 15-64 in employment or unemployed

i) Regional cohesion

	1999	2004
EU 25	13.4	12.2
BE	8	8.7
CZ	5.6	5.6
DK	-	-
DE	5.4	6.2
EE	-	-
EL	5.2	4.1
ES	10.7	8.7
FR	7.1	7.1
IE	-	-
IT	17.4	15.6
CY	-	-
LV	-	-
LT	-	-
LU	-	-
HU	9.1	9.4
MT	-	-
NL	2.3	2.3
AT	2.3	3.5
PL	4.8	6.4
PT	2.6	3.5
SL	-	-
SK	8.1	9
FI	6.7	5.5
SE	5	4.4
UK	7.1	5.8

Source: Eurostat - Labour Force Survey,

Annual averages

Standard deviation of regional employment rates divided by the weighted national average (age group 15-64 years) NUTS II (=National Areas (Riksområden) in Sweden)

Annex 2 Good practice

University course for student social workers and former clients together

Under the Equal Programme, Basta Work Cooperative and the School of Social Work at Lund University have launched and run three university courses. These courses mix student social workers with students who have previously been clients/marginalised. The course lasts for 6 weeks and gives both groups – future social workers and former clients – a mutual opportunity to gain a greater understanding of and insights into the working and living conditions of the other group. The content of the course is concerned with empowerment and how clients' own resources are to be coordinated and organised so that exclusion can be overcome, and in what way social workers can contribute to such development.

The client students have no previous university experience and have not formally had authorisation to pursue university studies. After completing the course the students, including the former clients, are awarded 5 European credit transfer (ECT) points. The course has been a success and will be made permanent. The course will also be presented at the world congress of schools of social work in Santiago de Chile (IASSW, during August 2006).

Komet programme – Social inclusion through prevention

The Komet programme consists of several different parts and is aimed at the child's parents or teachers. It has been developed from the Komet project in the city of Stockholm in cooperation with several different central-government actors.

Research shows that children who are unruly and disruptive and do not concentrate are at greater risk of failure at school and in social relations. This in turn increases the risk of employment, substance abuse and criminality. Komet stands for KOmmunikationsMETod (Communication Method), the core components of which are breaking the child's pattern of behaviour early on by people around the child reinforcing what it does well.

A randomised controlled study of FöräldraKomet ('Parent Komet') is currently in progress and will be presented in the autumn of 2006. The study is based on around 150 families. Among those who have taken part, problems decrease by 30% after 4.5 months and by 40% after 10 months. On the waiting list the problems decrease by 3% after 4.5 months.

Good housing in Bergsjön – Project to prevent evictions

Good Housing in Bergsjön is a project that has received funding from the National Board of Health and Welfare to develop its work on preventing evictions and working together with property owners. The principal aim is for households in this city district who do not have anywhere to live to be offered assistance with a housing career aimed at adequate housing in the ordinary housing market.

The background to this project is that there are around 14,500 people living in Bergsjön, the majority of whom have a foreign background. Almost half of all the inhabitants of this city district receive social welfare allowance. This leads to difficulty in finding an apartment in the regular housing market as most landlords require prospective tenants to have an income of their own and to be self-supporting. Complaints from the landlords about rent arrears and disturbances had also increased. It was also very difficult for the social services to arrange good housing for families as the supply of apartments was poor.

Two housing support officers were appointed. These officers were to work on supporting clients who were threatened with eviction and also assist clients who had a chance of obtaining a 'first-hand' contract but did not have any references. The housing situation in Bergsjön could not be resolved by the social services alone, and other actors, particularly the property owners, had a crucial role. The project has not solved the problems of homelessness in this city district. However, the social services have succeeded in finding ways of tackling evictions, putting homelessness on the agenda in their own organisation and finding procedures for working together with relevant actors.

Annex 3 Contribution from the Network Against Social Exclusion

The Network Against Social Exclusion consists of a very large number of representatives of NGOs and user organisations, organisations for the disabled, immigrant organisations, religious communities and many others working in the social field.

Primarily we would like to emphasise the necessity of a strong and universal welfare policy, the importance of user influence, that people in vulnerable situations are being treated by respect and that the local cooperation between municipalities and organisations concerned is based on distinct rules of the game. In this contribution we would like to clarify our view on work and housing, which are indispensable parts in a strategy against social exclusion.

We stand by the remarks that we reported in an Annex to the previous Government's strategy report. In the revised report we wish to clarify our views on work and housing, which are key aspects of a strategy to tackle exclusion.

A job and a home of one's own are fundamental elements of participation and influence in the community, as well as of our own self-image. They are also important in how people are seen by those around them. Someone who has been excluded from the labour or housing market for a long period risks losing their self-esteem, that self-esteem which is the very basis of our preparedness to be active citizens with a sense of connection to the community.

Work

Work, and the community that work provides, are key factors in tackling exclusion and social marginalisation. Exclusion has many faces however. For some people, the labour market is within reach and an economic upturn might be enough to put the unemployed person back in productive work. For others, a job is seen as something that is out of reach and the regular labour market as an illusion. Most in this group are not even registered as jobseekers at the local employment office.

Something between 200,000–300,000 excluded people – often social welfare recipients, people on a disability pension, many immigrants and disabled people, people with substance abuse problems – could re-enter the labour market given the right circumstances. But if this is to happen,

labour market policy must be extended to all groups and not just cover those who are registered with the employment offices.

The social economy, and above all social enterprise, could be grown in a way that helped large groups who are currently permanently unemployed to get back to work. Social enterprise combines rehabilitation-to-work with productive work that generates human and economic gain. In social enterprises, rehabilitation is based on empowerment, which is to say that the work organisation is structured in a way that allows people to step by step regain the self-esteem which long exclusion has slowly eroded.
There are a number of already successful Swedish social enterprises, but other European countries have seen more rapid growth with strong support from the public purse. EU heads of government have made positive pronouncements, and the Lisbon strategy involves prioritising and supporting the employment of the most vulnerable groups through the programme of the European Social Fund, not least Equal-type projects. The Labour Market Administration, the Social Insurance Agency and municipalities must work together. At the same time, support to social enterprises is needed in the shape of favourable enterprise legislation, venture capital for start-ups, advisory and education measures and directed public procurement.

Having a job does not automatically sweep away exclusion. Low pay, stress and a sense of powerlessness at the workplace, difficulties in combining work and family and an insecure link to the labour market mean that many people still experience economic and social exclusion. Nor does work automatically remove exclusion that is based on cultural, ethnic or sexual factors. Labour market policy is therefore only one aspect of active work to combat poverty and exclusion.

Housing

To secure access to good housing for all, the Swedish welfare model should stand and be further improved. The statements in the Swedish Constitution that everyone is entitled to good housing should mean that central and local government will continue to work together to provide good access to rented housing that can be offered to all those who request it. This has also been expressed by the Government in its most recent Budget Bill.

The Swedish model, which has its point of departure in equal treatment of the different types of housing – rented homes, tenant-owner homes and wholly-owned homes – should be maintained and further improved. At the same time, we cannot emphasise enough the municipalities' responsibility for housing supply and that they, via their municipal housing corporations, are to provide housing and where necessary start

housing agencies. If groups with special needs are to have a chance on the often overheated housing markets of today, it is crucial that central and local government stand by the social housing policy.

To improve security and participation in housing, tenants should have greater opportunities to take responsibility and influence how they want to shape their housing.

The Network Against Social Exclusion wishes to particularly point to the importance of various measures to improve the "million programme areas" and the role of public housing corporations in this important work.

The Swedish model should be improved in respect of responsibility for providing everyone with the right to housing. Special types of housing for vulnerable groups can be developed, working from the view that everyone should be provided with housing of their own while the forms of doing this are not to lead to special areas for marginalised groups and social stigmatisation. The objective must be housing that is as integrated as possible with mixed housing areas with respect to types of housing, size and degree of service.

Private as well as public actors can shoulder more responsibility for improving support and possible adaptations of housing to suit people who are experiencing social exclusion, have special needs or lack a home. There are already areas of legislation that can be used to prevent evictions (see the Social Services Act).

A review of the rules for eviction is to be carried out along with the modernisation of the Rent Act (directives adopted in 2006). Here, we wish to point to the need of an even better processing procedure and social responsibility on the part of community actors with respect to vulnerable groups' forfeit of their rented accommodation.

Housing issues are complex, have great impact on the financial situation of individuals, and there are as many solutions to housing issues as there are EU Member States. A clear position for every Swedish government should be to assert national self-determination in housing policy since it is policy in the public interest. It should be possible to gain broad acceptance of this position from the governments of the other Member States.

Annex 4 The Network Against Social Exclusion

The Network Against Social Exclusion consists of the following organisations (January 2007).

Basta
Cesam
EKC i Gävle /Familjeslanten
ENU Sverige
FEANTSA Sweden
Forum FFSA
Frälsningsarmén
Föreningen Urkraft
Hassela Solidaritet
Hela Människan
Stockholms hemlösa
Stiftelsen Stockholm Hotellhem
HSB
HSO
Hyresgästföreningen Riksförbundet
IOGT-NTO
Caritas
Coompanion
Kontaktforum
Koopi
KRIS
Kvinnoforum
Sveriges Makalösa Föräldrar
NBV
PRO
Rainbow Sweden
RF/ Riksförbundet
RF
RFHL
RSMH
Rådet för lokal utveckling i Stockholms län
Rädda Barnen
Röda Korset
SIOS
SKOOPi
Sociala missionen
AGDOR
Stadsmissionen i Stockholm
Studieförbundet Vuxenskolan
Sveriges Fontänhus
Verdandi
VISIR
African Sisters
Resurscenter Vårby Gård
Diakonistiftelsen i Uppsala
Broderskapsrörelsen
Räddningsmissionen i Göteborg
Göteborgs Kyrkliga Stadsmission

Annex 5 Brief comments on Swedish pensions

Work commenced in Sweden in the 1990s which culminated in the pension reform implemented from 1999. The new general pension system which has been introduced is flexible in relation to both democratic and economic fluctuations and is financially stable.

The incomes of Swedish pensioners come for the most part from the general pension system. The reformed old-age pension system is defined-contribution. An important feature of the system is that it is based on lifetime earnings. The direct link between contributions paid in and benefits paid out provides an incentive to work longer. It is also important that the general system is financially stable due to its flexibility in response to economic and demographic changes. The indexing of pensions and pension entitlements follows the development of incomes in society, and the level of pensions is affected by mean life expectancy at the time of retirement. There is also an automatic adjustment mechanism that balances the finances of the pension system in the event of unfavourable economic development by adjusting the indexation of pensions and pension entitlements. The system also permits individual flexibility through a flexible retirement age and the possibility of partial drawing of pension. The system is autonomous and is not affected by fluctuations in the central government budget, and the income and expenditure of the old-age pension system can only be utilised for old-age pension purposes.

A state tax-funded guarantee pension is paid for those who have not themselves earned a reasonable income-related pension. For those who do not quality for a sufficiently large guarantee pension because they have not been resident in Sweden for a sufficiently long time, there is what is known as maintenance support for the elderly. Many people are also entitled to a means-tested housing supplement. This basic protection is intended to provide pensioners with a reasonable standard of living.

Alongside the general system, almost everyone receives an occupational pension which supplements the general pension and provides the principal protection for incomes above the income ceiling in the general system.

Annex 6 Descriptive material on health care

National IT strategy

IT use forms a natural part of health-care activity today. Electronic patient records and prescriptions and digital messaging are used. However, there is great potential to make the use of IT more efficient and to improve it. This is partly due to the fact that it varies in the care sector, and partly because many of the various forms of IT support used cannot communicate with each other.

Against this backdrop, the Swedish Government and the Swedish Association of Local Authorities and Regions agreed to develop close cooperation on IT development in the health-care and social services sector. The *National Steering Group for IT in Health Care and Social Services* was appointed in March 2005. The group contains representatives of the Ministry of Health and Social Affairs, the Swedish Association of Local Authorities and Regions, the National Board of Health and Welfare, the Swedish Medical Products Agency, Apoteket AB and Carelink. The work is undertaken under the Dagmar agreement, a government-financed agreement between central government and the county councils for special development projects to develop health care.

The steering group's work has resulted in a national IT strategy which is to serve as support for local and regional development work. A number of measures will be required to attain IT use which in the best way possible promotes work in the care sector. The measures must be taken at various levels, at county council and municipal level and also at national level. County councils and municipalities have responsibility for operational activity and thus have the principal responsibility for the development of IT use, while central government and several other actors have the task of taking measures at various levels of decision-making.

The work which needs to be performed has been divided into six strands:

1. Harmonise laws and regulations with increased IT use
2. Create a common information structure.
3. Create a common technical infrastructure.
4. Create the necessary conditions for collaborating and activity-supporting IT systems.
5. Make possible access to information across organisational boundaries.
6. Make information and services readily accessible for the public.

Work to attain increased national collaboration in these matters will be done in stages. Elaboration of the new National IT Strategy represented

the first stage. A second stage will be begun in 2006, in which the contents of the national IT strategy are to be endorsed by all the county councils and municipalities and other actors in health care. Following discussion with the various actors, the steering group for IT in health care will present its position on planning, implementation and funding of continued work. The group is due to report by March 2007.

The various authorities responsible for health care, the county councils, municipalities and private care providers, decide for themselves how IT is to be used and develop for themselves the IT support they decide on. However, the private care providers must comply with the requirements for processing of information and reporting that follow from agreements with county councils and municipalities.

Swedish Council on Technology Assessment in Health Care (SBU)

The Swedish Council on Technology Assessment in Health Care (SBU) was set up under the auspices of the Swedish Government Offices in 1987. It has been an autonomous government agency since 1992. Its task is to critically examine the treatment methods used in health care from a combined medical, financial, ethical and social point of view. SBU describes which methods provide most benefit and cause least harm and which ones are most economical with resources. It can also identify methods that do not provide benefit, have not been studied or are not cost-effective. The agency's reports emphasise a scientific basis for reporting on the weaknesses and strengths of the various methods.

SBU's assessments are undertaken in project form. Interdisciplinary working groups are recruited for the major projects. These consist of leading Swedish and/or foreign experts who work in both clinical medicine and research. The length of projects varies widely. Some may extend to several years, while other, often more limited, projects are completed far more quickly. SBU does not perform any research of its own but gathers and assesses research results that already exist.

SBU's reports have several target groups. They are aimed both at people in the profession and decision-makers at local, regional and national level and at patients, families of patients and the public.
To reach out with its reports, SBU runs a recipient programme which means that each county council is expected to have a recipient function that can implement SBU's recommendations in the county concerned.

As well as the work SBU undertakes in project form, it produces what are known as Alert reports. New methods of treatment and their anticipated expects are described in the reports. This is a way of identifying new methods and assessing them early on. One of the principal aims is to contribute towards new methods in health care being introduced in as effective a way as possible and the introduction being

preceded by scientific assessment. In addition, an improved basis for decisions on setting priorities in health care is offered with the reports.

National quality registers

At present there are 57 national quality registries divided among the country's hospitals and clinics. The registry holders, who are representatives of the profession, have built up the registries as support for quality development in clinical work. The Swedish Association of Local Authorities and Regions and the National Board of Health and Welfare have been collaborating for more than ten years to support the national quality registries. Collaboration takes place in what is known as the Decision-Making Group for the National Quality Registries. As well as representatives of the Swedish Association of Local Authorities and the National Board of Health and Welfare, the Decision-Making Group contains representatives of the Swedish Medical Association and the Swedish Society of Nursing.

The quality registries, of which there are currently 57, are principally funded through the Dagmar Agreement. The decision-making group decides how financial support is to be distributed between those quality registries which have applied for grants. As well as the registries, grants are allocated to three 'centres of expertise', which are tasked with working towards the addition of new quality registries and creating synergistic benefits in the cooperation between registries in various respects, for example in technical operation or analysis.

To assist it, the Decision-Making Group has recruited an Expert Group. This group examines incoming application documents every year and assists the Decision-Making Group with proposals for decisions on the allocation of grants. There is expertise in a number of different fields in the Expert Group: health care, epidemiology and statistics, registry operation and clinical enhancement.

The quality registries will play a key role in the future, as there is an increasing requirement to report results in the health-care sector. To make continued positive development possible, it is desirable to integrate the National Quality Registries with health-care record systems and to carry out a review of the legislation relating to work on the quality registries. Collaboration will also be required here with the development work in progress for IT in health care.

Open comparisons

In the report "Öppna jämförelser av hälso- och sjukvårdens kvalitet och effektivitet" ("Open comparisons of the quality and efficiency of health care"), the Swedish Association of Local Authorities and Regions (SALAR) and the National Board of Health and Welfare present comparisons between county councils for a number of different

measures of quality and efficiency in health care. SALAR and the National Board of Health and Welfare have previously presented separate reports on different aspects of health care. The report on open comparisons is thus the first to have been produced jointly, and this joint activity has made it possible to collaborate with regard to data sources, skills and experience.

Open comparisons are a type of development work and form part of a long-term strategy for *Good Care*, which develops when evidence-based knowledge, open comparisons and enhancement activity come together in one entity.

The report presents comparisons with regard to medical results, patient experiences, accessibility and costs. The primary aim of the report is to provide the responsible authorities with supporting material and encouragement for a discussion and in-depth analyses of their health care. Another purpose is to encourage improvements in health care. The comparisons can be used to drive development and quality enhancements. A third, more indirect aim is for the report to prompt improved access to and quality of data. A good public debate in health care is dependent on relevant data of good quality.

The report is regarded as a first step in work on open comparisons in health care and in disseminating good practice to other parts of the care sector. The comparisons presented in the report are snapshots of the situation in health care, but the comparisons are gradually to be developed and increased in number so that they provide better coverage of the whole of health care. It is hoped that in future comparisons will also be made between hospitals and clinics.

Care guarantee

Since 1997 there has been a visit guarantee, which means that the primary care sector has to offer assistance, either over the phone or through a visit, on the same day as contact is made. If contact with a doctor is required, the waiting time must be no more than 7 days and a person referred to specialist care must be offered this within 90 days. Central government and the Swedish Association of Local Authorities and Regions (SALAR) have now agreed to extend this guarantee to a national care guarantee which also covers waiting time for treatment.

The national, extended care guarantee has applied throughout the country since 1 November 2005 the country and covers *all* treatment in the county council's *planned* care. The guarantee signifies a commitment for the county councils to offer treatment within 90 days from the time when a decision on treatment has been taken. If the county council cannot meet the deadline, the patient must be helped to obtain care in another county council area within the guarantee period. If the treatment

is given in another county council area under the care guarantee, this must be done at no extra cost to the patient.

The extended care guarantee was introduced in conjunction with a continued investment in improved accessibility in health care. The Government's aggregate investment in a national care guarantee and improved accessibility totals 1.95 billion Swedish kronor in 2005 and 1.75 billion kronor per year from 2006 on.

The county councils have to submit reports annually to the National Board of Health and Welfare on how the care guarantee is being met and on the measures taken to improve accessibility. The National Board of Health and Welfare is to report the effects of introducing the national care guarantee, firstly in an interim report due by 1 November 2006 and secondly in a final report to be submitted by 1 November 2007.