



Policy for the elderly

FACT SHEET

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The number of elderly people in Sweden is set to rise very sharply in the decades ahead. As the generation born in the 1940s passes retirement age there will, initially, be a rapid increase in the number of “young old” people (aged 65-79). A decade and a half later – in the 2020s – the large increase in number of “old old” (aged 80 and over) will ensue.

Population by year and age group, statistics and projections

Year	0-19 %	20-64 %	65+ %	80+ %	Total (x 1000)
1950	29,4	60,4	10,2	–	7,041
1980	26,4	57,3	16,4	3,2	8,316
1990	24,6	57,7	17,8	4,3	8,590
2000	24,1	58,7	17,2	5,1	8,833
2010	24,3	57,3	18,4	5,2	9,234
2020	23,1	56,2	20,7	5,1	9,466
2030	22,4	53,9	23,7	7,9	9,478

Source: Statistics Sweden (2001)

The population increase in Sweden in the twentieth century can largely be attributed to a reduction in mortality at all ages having raised average life expectancy. In 1999, average life expectancy for women was almost 82 and for men 77. This can be compared with the figures of 55 and 53 respectively in 1900.

National objectives for the elderly

In Sweden, policy for the elderly aims at enabling older persons to live independently with a high quality of life. Older persons in need of care and social services are entitled to help of high quality. Elderly care is provided in accordance with democratic principles and is mainly financed out of taxation revenue.

The Swedish Riksdag (parliament) has defined the following objectives for national policy for the elderly.

Older persons shall

- be able to live an active life and have influence over their everyday lives
- be able to grow old in security and retain their independence
- be treated with respect and
- have access to good healthcare and social services

One of the most important principles of Swedish policy for the elderly is that society’s initiatives are to be framed in such a way that older persons can continue living in their own homes for as long as possible, even when in need of extensive care and social services. An accessible society, good housing, transport services and home help services are examples of important measures to realise that principle.

Housing and accessibility

A great majority of the elderly in Sweden (about 92%) live in ordinary homes. The housing conditions of older persons do not differ significantly from those of the population generally. Most elderly persons live in modern, centrally heated homes with well-equipped kitchens, hot and cold running water and an indoor toilet. The great majority of older persons live by themselves or with their spouses. Only about 2% live with their children.

Grants for housing adaptation make it possible for persons with functional impairment to undertake the individual adaptations to their homes and immediate vicinity that they need to stay on in their own homes. Common adaptations are e.g. removing thresholds and rebuilding bathrooms.

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

Transport services

The municipalities offer transport services to persons that are unable to use public transport because of functional impairment. This service enables persons with functional impairment to travel by taxi or in specially adapted vehicles at prices on the same level as public transport fares. The number of journeys per person has an upper limit in many municipalities. Regional and national journeys are also possible within the framework of this system. In 1999, about 21% of those 65 years and older had transport assistance permits. The corresponding figure for those 80 years and older was 48%.

Pensions and allowances

A new pension system came into force on 1 January 1999. The pension system is designed to guarantee elderly a basic measure of economic security. The reformed pension scheme has a number of different components: an income-related pension, a prefunded pension and a guaranteed pension. A person's income-related pension is based on his or her full lifetime earnings. The prefunded, or premium pension is that portion of a pension that a person may invest in a fund of his or her own choosing. Persons who have had little or no earned income are guaranteed basic protection through the guaranteed pension. It is also payable as a supplement to the income-related pension. The new pension scheme is designed to be viable in the face of demographic change. Retirement age will be flexible and time devoted to caring for children, military service and studies also confers pension rights.

Pensioners with low incomes can also obtain a state housing supplement. This is a means-tested allowance, which guarantees a reasonable economic standard of living, with provision made for housing costs. The rules for eligibility are determined by the state.

Pensioners' influence

There are five nationwide pensioners' organisations in Sweden and these have local branches in nearly every municipality. The pensioners' organisations are interest organisations for the elderly that, among other things, arrange recreational and educational activities for their members and others. Nearly 50% of the elderly in Sweden belong to one or other of these organisations. Also, there are pensioners' councils at national level and in the majority of municipalities and county councils. The councils act as advisory bodies and the pensioners' organisations are represented in them.

The care of the elderly

Responsibility for the care

In Sweden, responsibility for the care of the elderly rests with three authorities acting at different levels. At national level, the Riksdag and the Government realise policy goals through legislation and financial control measures. At regional level, the 21 county councils are responsible for the provision of health and medical care. At local level, Sweden's 289 municipalities have a statutory duty to meet the social service and housing needs of the elderly.

Sweden's municipalities and county council have a high level of autonomy by international standards. Activities in caring services are ultimately controlled by politicians appointed to policy-making assemblies in municipalities and county councils through general elections. The decentralisation of responsibility for elderly care makes it possible for local and regional

conditions to be taken into account when policies for the elderly are formulated.

The national authorities – the National Board of Health and Welfare (focusing healthcare issues) and the 21 county administrative boards (focusing social services issues) – are responsible for supervision, follow-up and evaluation of municipal and county council caring services.

The Ädel Reform, which came into force on 1 January 1992, made the municipalities comprehensively responsible for long-term service and care for the elderly and persons with disabilities. Among other things, it became the duty of municipalities to provide health care in special forms of housing accommodation and in daytime activities. One of the reform's important components was the transfer of financial responsibility for patients in county council hospitals and geriatric departments, whose medical treatment had been completed, from the county councils to the municipalities. This had the effect of greatly reducing the number of elderly "bed-blockers" in county council institutions, simultaneously with an expansion of municipal housing capacity for elderly in need of care and social services.

It is society's duty to ensure that elderly in need of care or social services receive help of high quality. The contributions made by members of the family should be voluntary and regarded as an adjunct to public initiatives. However, the fact still remains that families, relatives, friends and neighbours provide a considerable proportion of help and support for older persons who have difficulty in managing on their own.

The Health and Medical Services Act

Municipal responsibilities with regard to health care and medical services are defined in the Health and Medical Services Act. According to this act, health care should be available to all members of society, thus ensuring a high standard of general health and care for everyone on equal terms. Among other things, the act requires municipalities to offer good health care and medical services in special forms of housing accommodation. The municipalities can assume responsibility for home nursing by agreement with the county councils. By this law, the municipality also shares responsibility with the county councils for rehabilitation and assistive technology. It is the duty of the municipality to employ personnel with suitable training and experience. The county councils are responsible for medical services provided by doctors in all healthcare services, in both special and ordinary housing accommodation.

The Social Services Act

The Social Services Act covers the duty of municipalities to provide social services and care for older per-

sons. Under this act, any person who is unable to provide for his or her needs or to obtain provision for them in any other way is entitled to assistance towards their livelihood and towards their living in general. The municipalities are responsible for the casework – which also includes needs assessment – under the Social Services Act. The formal regulations concerning the casework are contained both in the act itself and in a special statute, the Administrative Procedure Act. An elderly person dissatisfied with a decision regarding means-tested social services and care made in accordance with the Social Services Act can appeal to an administrative court.

The act further stipulates that municipalities shall endeavour to ensure that older persons are enabled to live independently, in secure conditions and with respect shown for their self-determination and privacy. Among other things, the municipality should facilitate for the individual to continue living at home by means of home help services, daytime activities or other such social services. Through support and relief services, municipalities should facilitate the situation for family members caring for older persons. The act also requires the municipality to establish special forms of housing accommodation with service and care for older persons in need of special support.

Home help services and home nursing

Home help services imply service and personal care in the home provided by the municipality under the Social Services Act. Service tasks include e.g. cleaning and doing laundry, help with shopping, post office and bank errands and preparation of meals. Personal care can include assistance with eating and drinking, getting dressed, personal hygiene and moving about. For those in need, municipal security alarms are available, which are usually linked to the nearest special housing, where personnel respond and attend to alarms they receive. In 1999, roughly 8% of persons aged 65 and older were entitled to home help services in ordinary housing. The corresponding figure for those 80 years and older was 20%.

During the 1990s it became increasingly common for persons in need of extensive care and attention to be looked after in their own homes. Home nursing today can mean both qualified care and highly specialised medical care several times a day, as well as terminal care. About one third of the persons that receive home help services also receive home nursing care. About half of Sweden's municipalities have opted to take over responsibility for home nursing from the county councils.

Daytime activities and short-term care

Daytime activities and short-term care signify means-tested support, under the Social Services Act and/or

the Health and Medical Services Act. The support of daytime activities is given in the form of treatment and rehabilitation during daytime for persons suffering e.g. from senile dementia, persons with mental functional impairment and persons otherwise in need of treatment and rehabilitation. During 1998, roughly 3% of persons aged 65 and older were provided with daytime activities at some point. Short-term care is given in the form of temporary housing combined with treatment, rehabilitation and care, partly for purposes of relief and alternate care. During 1998, roughly 3% of persons aged 65 or older received short-term care at some point.

Special housing accommodation

Special housing accommodation is taken to include housing that in earlier legislation was classed as service blocks, old people's homes, group housing and nursing homes. A place or apartment in special housing accommodation is granted as assistance under the Social Services Act. In most municipalities today, in order for older persons to qualify for special housing accommodation they must be in very extensive need of care and attention. In 1999, roughly 8% of those aged 65 years and older were living permanently in special forms of housing accommodation. The corresponding figure for those 80 years and older was 20%.

Funding and expenditure

The elderly care is heavily subsidised, with the recipient usually paying only a few percent of the actual cost. Each municipality decides its own charges for elderly care. As a result, care recipients with similar kinds of care can find themselves paying different charges, both within a single municipality and from one municipality to another. Most municipalities have income- and delivery- related charges.

The care and services for the elderly is to the largest part (above 80%) financed by taxes levied by the municipality from its residents. A smaller part of the elderly care is financed by state grants directed to the municipalities. Municipal expenditure on caring services for the elderly in 1999 is estimated at upwards of SEK 60 billion. The biggest item of expenditure, over SEK 43 billion, concerns caring services in special housing accommodation. Expenditure on caring services in ordinary housing totalled some SEK 15 billion.

Private care

One noticeable trend during the 1990s was for municipalities to make their elderly care services increasingly open to competition, the aim being to cut the cost of elderly care and also to provide alternatives to municipal care. Today, private entrepreneurs provide approximately 10% of the elderly care. However, the funding and supervision of elderly care are municipal responsibilities, regardless of whether activities are run by the

municipality itself or by a private entrepreneur. The funding is based on public purchasing involving commercial tenders.

An increasingly restrictive allocation of help

Developments in the 1990s were characterised by the change of responsibility for elderly care under the Ädel Reform and, during the first half of the decade, by a deterioration of municipal and county council finances. Straitened economic circumstances have led to a reduction in the number of beds for elderly persons in county council hospitals. This in turn has increased the pressure on municipal caring services for the elderly and on outpatient services.

These developments resulted in a heavy expansion of special forms of housing accommodation by municipal authorities in the beginning of 1990s. The standard of special housing accommodation was improved at the same time. Also, the prospects of persons in extensive need of care and attention living on in ordinary homes improved significantly. Elderly today can receive advanced care in their home all around the clock.

However, the municipalities have not had the financial capacity to expand the elderly care to an extent commensurate with the growth of demand. During the 1990s a previously generous allocation of elderly care had to give way to an increasingly restrictive approach. In 1980, almost 16% of persons aged 65 or older were entitled to home help services in ordinary housing. The corresponding figure for 1990 was 10% and for 1999 roughly 8%. There are several reasons for this development, but foremost among them was the deterioration in municipal finances. Also, some of the cutbacks in the care of the elderly may be deemed to correspond to a reduction in needs due to old persons' improved health.

The development described above has not, however, had any extensive adverse effects on elderly persons in great need of care. It is above all measures on behalf of relatively healthy older persons with less need of care and service that have been given lower priority in the allocation of municipal aid resources. This group has to a growing extent had to rely on relatives or volunteers to provide the necessary assistance. A minority of economically well-to-do elderly persons have been able to a somewhat greater extent to make provision for their

needs by purchasing services in the private market.

The economy and the supply of appropriately qualified personnel are the main issues relating to the future of caring and other services for the elderly. A higher retirement rate during the years ahead, coupled with diminishing numbers of younger personnel in the elderly care, will make the recruitment and retention of personnel a critical factor.

The National Action Plan on Policy for the Elderly

In June 1998, the Riksdag adopted the government bill "National Action Plan on Policy for the Elderly". The action plan has laid the foundations of a wider perspective on policy work for older persons. It contains about twenty measures aimed at achieving the national objectives for policy for the elderly. These include, for example, amendments and additions to the Social Services Act, among other things with regard to quality assurance and clarifications concerning charges for elderly care. The action plan is being implemented between 1999 and 2001 and for this period a special incentive grant totalling MSEK 900 has been set aside to hasten developments in a number of priority fields. Examples are gerontological research, outreach activities and health promotion work for the elderly, as well as the development of support for family members that care for an elderly person. Also, MSEK 380 has been allocated to finance more places and better standards in special housing accommodation.

Future policy for the elderly

The ongoing change in the age structure of Sweden's population will impinge on most sectors of society – the family and social relations, the labour market and economic activity, pensions, caring and other services, and so on. In December 1998 the Government appointed a parliamentary committee on elderly policy, which is to analyse what demands an ageing population will place on society in the future. The main task of the committee is to suggest how policies for the elderly should be designed from the year 2005 onwards. The committee's work is being made to focus on three main sectors: older persons at work, healthy retirement and older persons in caring and other services.



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