



Ministry of Health and Social
Affairs
Sweden

**National Follow-up to the UNECE Regional Implementation
Strategy (RIS) of the Madrid International Plan of
Action on Ageing in Sweden**

Executive Summary

Since January 2009 a new law against discrimination, the Discrimination Act, is in force. The Act aims to combat discrimination and promote equal rights and opportunities regardless of sex, transgender identity or expression, ethnic origin, religion or other belief, disability, sexual orientation or age.

At the same time a new act on freedom of choice for users of social services entered into force. The aim of the new legislation is to put the interest of the individual at the core of all social services policies. The free choice system is not compulsory for the municipalities but in mid 2010 over 50 percent of the Swedish population lived in municipalities which had introduced the system. In 2007 the Government initiated a system of open comparisons of quality in social services and care of elderly persons. This system facilitates elderly people's choice of provider, supports improvement efforts and form a basis for local and national monitoring, follow up and evaluation of services and care.

To improve standards of living for fragile older persons, a new paragraph was included in the Social Services Act in January 2011. The paragraph stipulates that elderly care shall promote a dignified life and the feeling of well-being. The aim is to highlight certain ethical principles that must permeate all elderly care, by both public and private providers. The National Board of Health and Welfare has been appointed to support the professionals in implementing these ethical principles in their daily work. In order to raise the basic level of competence and to meet the demand for more specialised skills the Swedish Government is also financing a four-year education initiative to improve the competence among staff without any formal education.

The Government has begun long-term, systematic efforts to improve the situation of the most ill elderly people, who may be in need of home health care, social services, primary care, specialist care and rehabilitation. The Government has appointed a senior coordinator to submit proposals on how the Government can strengthen incentives and opportunities for local governments to better coordinate care and services for this group.

Employment is the top priority for the Swedish Government since it is a precondition for tackling the demographic challenges of an ageing population, to secure a universal welfare system and to support those who cannot participate in the labour market.

Sweden has a labour market participation rate amongst 55+ which is higher than in most European countries, still the ambition is to raise that figure. Two reforms have been implemented to make it attractive for people to work longer. These are increased in-work tax credit for people who are 65+ and abolishment of the special employer's contribution for employees who are 65+.

Unacceptable gaps still remain between the intention of social legislation on the one hand and the living conditions experienced by many of those depending on social services on the other. Important steps to address this are to clarify legislation and develop guidelines and standards; increase the competency of the staff in relevant services; create structured systems to take care of complaints and feed back from individuals on inadequate quality of services, and to encourage cooperation between different actors.

Still there are great variety in quality between municipalities and even though the elderly persons have a formal right to participate in the planning of services, the actual feeling of participation need to be strengthened e.g. by reinforced user participation at local level.

General Information

Country: Sweden

Main authors of the report are:

Ms Eva Lisskar-Dahlgren, Deputy Director
Division for family and social services
Ministry of Health and Social Affairs
Telephone: +46 8 405 3752 Mobile: +46 70 625 37 52
E-mail: eva.lisskar-dahlgren@social.ministry.se

Ms Elisabet Aldenberg, Head of Section
Division for family and social services
Ministry of Health and Social Affairs
Telephone: +46 8 405 30 01 Mobile: +46 70 356 00 34
E-mail: elisabet.aldenberg@social.ministry.se

1. National ageing situation

Increasing elderly population in the years to come

In 2010 over 18 per cent of the Swedish population, or about 1.7 million people, were 65 years old or older. The number of people aged over 80 is projected to almost double between now and 2050.

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

Year	Persons 65+	Percentage 65+	Women, per cent
2010	1,737,000	18.4	55
2020	2,080,000	20.8	53
2030	2,345,000	22.6	53
2040	2,522,000	23.9	52
2050	2,563,000	23.9	52

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

Year	Persons 80+	Percentage 80+	Women, per cent
2010	506,000	5.3	59
2020	525,000	5.4	60
2030	763,000	7.6	57
2040	812,000	7.9	57
2050	912,000	8.7	56

Source: Sweden's future population 2010–2050 (Statistics Sweden)

In 2010, average life expectancy in Sweden was 83 years for women and 79 years for men. Mortality rates are falling more for men than they are for women. In 2060, average life expectancy for women is expected to rise to 87 years and for men to 85 years.

In the next ten years demand for care due to the demographic changes will be quite modest. Many pensioners will still be in the age group 65–70 years where the need for health care and social care is relatively small. This need increases more rapidly after the age of 80 years.

Responsibilities on local, regional and national level

The responsibility for social care services and health care for elderly are divided between the local authorities and the regional authorities. The 290 local governments, municipalities, are responsible for social services, long-term care and some of the health care provided for elderly (within the competence of nurses). The 21 regional governments, county councils, are responsible for health care and hospitals.

The legislation on social services and health care allows the municipalities and the county councils a great deal of freedom to plan and organise their own services and levy taxes in order to finance them.

Under the general Health and Medical Services Act (1982:763), a special paragraph stipulates that every municipality is obliged to provide good health and medical care to individuals living in special housing. That applies also to individuals taking part in daytime activities. In addition, the municipality may take over the responsibility for home health care, wholly or partly, for elderly people living in ordinary housing. The county councils are responsible for care provided by doctors.

The National Board of Health and Welfare has a national responsibility for supervision and development of guidelines and standards based on legislation and for promoting an evidence based practice in social services and health care.

Scope and costs for social care services and health care for elderly

Swedish people have a statutory right to claim service and care whenever needed. The provision of long term service and care for the elderly is based on a single-entry system; persons in need of help turn to their local municipality in order to claim help. Need is determined through a process of needs assessment, which is carried out by a municipal care manager.

Access to services is based on need and not means-tested. The municipality decides the service level, eligibility criteria and range of services provided. Individuals can claim services but they have no automatic right or entitlement to services. If the elderly person requesting service is dissatisfied with the care manager's decision, he or she can appeal that decision in the administrative court. Although the number of successful appeals is very low, the possibility to appeal is considered an important individual right.

Since a large majority of the elderly live in ordinary homes (over 94 per cent) a main feature of the elderly care in Sweden is that help and services are provided as home help services, municipal home health care and daytime activities. It contains help with daily activities, e.g. shopping, cooking, cleaning and laundry. It also includes personal care. Age and whether a person is living in a single household or is co-habiting affect the number of hours of home-based care that is allocated daily or weekly. Besides home help, there is also a comprehensive range of municipal services for the elderly, such as transportation services, foot care, meals on wheels, security alarms, housing adaptations, technical advises, etc.

Grants for housing adaptation make it possible to improve the accessibility in the home by e.g. remove doorsteps and make adjustments in the bathroom. In 2008, around 75 000 cases for housing adaptation were granted at a total cost of SEK 959 million.

For the most fragile elderly, often the oldest age group, there are special housing (institutional long-term care) and short-term housing (temporary accommodation combined with treatment, rehabilitation etc.). Access to special housing is decided in the same way as for home-help services in general, i.e. through a process of needs assessment, carried out by the municipal care manager. Access criteria may and do very much differ from one municipality to another. However, the level of dependency and degree of cognitive impairment is often decisive. Admission is not based on means-testing. Special housing facilities could be run by private entrepreneurs, commissioned by the municipality, which then decide over the placement of the elderly. Private institutions or special housing, where the resident pay out of pocket does exist, but they are utterly rare.

In October 2009, about 300 000 people aged 65 or above were either receiving home help services in ordinary housing (206 000 people) or living permanently in special housing (95 000 people). Although a majority of the elderly are receiving home help services, these services accounts for 39 per cent of the municipalities cost while the cost for special housing accounts for 59 per cent. Care for a person in special housing is almost twice as costly as care/services in ordinary housing.

In 2009, the total cost of social services and health care for elderly amounted to SEK 163 billion. The municipalities' cost amounted to SEK 90 billion and accounted for 53 percent of the municipal costs for social services. The county councils' cost amounted to SEK 73 billion. A great majority of the costs are staff costs, which accounts for 50 percent of health care costs and 80 percent of social care services costs.

Even though the number of elderly in the population has increased the municipalities' costs have not changed to the same extent. Instead, municipalities have shifted resources from the more expensive special housing to the less expensive home help services. This is illustrated by the clear development towards decreasing costs for special housing (-2,8 percent between 2005-2009) and increasing costs for services in ordinary housing (+13 percent between 2005-2009).

Municipal health care and social care services for the elderly are mainly (more than 80 per cent) financed by municipal taxes paid by residents. A contribution from national level comes in the form of government grants to the municipalities. About 4 per cent of the costs are financed by charges.

2. Methodology

Since this report covers elderly issues within different policy areas, the report has been prepared with contributions from different ministries within the Swedish Government Offices.

In October the main results in the report were discussed at a hearing with different civil society organizations representing elderly people. Main conclusions from the hearing are included in the report.

The National Board of Health and Welfare and the Swedish Association of Local Authorities and Regions have also been consulted in the preparation of the report.

The report build on national statistics and quality indicators including surveys published by the National Board of Health and Welfare . The National Board of Health and Welfare publishes the main results and conclusions from the supervision of health care and social services every year. The supervision report published in 2011 is one important source of information . Another source of information is a report where the National Board of Health and Welfare sum up the situation in health care and social services in Sweden.

3. Review and Appraisal of national actions to fulfill Commitments of UNECE MIPAA/RIS

RIS Commitment 1: To mainstream ageing in all policy fields with the aim of bringing societies and economies into harmony with demographic change to achieve a society for all ages.

Areas in which ageing is mainstreamed

Employment

Within the labour market policy most measures are general and focus on employment and participation in the labour market for all ages. The objective of working life policy is to ensure good working conditions and opportunities for development at work for both women and men. A general challenge is to make sure that working environment allows people to develop and contribute through their potential working years.

Still there is a higher risk to become long term unemployed if a person loose his/her job at 55+ than for younger people. There is a special measure aimed at this group within the so called "New Start Jobs". The employer who hires a person of age 55+ that meets the criteria for New Start Jobs (ie having been without an employment for more than 6 months) gets a financial compensation equivalent to twice the employer's social security contribution. The financial compensation is

payable to the employer for twice the time the person has been unemployed up to a ceiling of ten years or until the employee turns 65.

Housing

The municipal responsibility for housing comprises all men and women of all ages. Persons with disabilities can apply for housing adaptation allowances from the municipality to improve accessibility in their homes.

”Growing older living well” is a government commission aimed at supporting innovative thinking and the development of housing and living environments for elderly persons. The program is managed by the Swedish Institute of Assistive Technology (SIAT) and will run from 2010 to 2012.

During six years, the Swedish Government has supported the development of products and services that can assist elderly people and their relatives in everyday life through the Technology for Elderly programme. The programme is coordinated by the SIAT and 100 projects received support during 2007–2010. For the period 2010–2012, the Government has reserved an addition of 66 SEK million (approximately 6,97 million EUR). Companies, organisations and local government authorities can apply for project funding in this area.

Transport

An ageing population means that increasing accessibility in public transport will become more and more important. The transport services are held together with the responsibility for public transport. The legislative protection that exists in the transport sector relates to public transport , mobility services and the national mobility service .

The Government and Parliament have decided on specific transport policy goals and funds for achieving an accessible and usable transport system. Among the 13 prioritised areas, the goal for accessibility is that the transport system must be designed so that it can be used by persons with disabilities.

By broadening the goals to encompass the entire transport system, it will become clear that it is not enough simply to have accessible public transport. It is necessary to design a transport system that can be used by everyone.

Universal Design

Universal Design can be described as a vision, a goal for how society ought to be designed. Universal Design or Design for All, which is used in Europe, can be described as a design methodology that challenges creative skills within architecture, design and social planning to broaden the target group approach in order to satisfy the needs of as many users as possible. The Swedish government supports

the idea of Universal Design. In addition there will always be a need of individually adapted assistive technology products and solutions.

Digital inclusion

Information and communication technologies (ICT) presents huge opportunities. At the same time, when more and more services in society are becoming digital, there is a need for everyone to be able to make use of the opportunities that are created. Digital inclusion is increasingly essential in order to be able to take part in modern-day society and make use of education, community services, social participation and entertainment and amusement. In Sweden, about one tenth of the population never uses or use Internet rarely. Elderly people are by far the largest group among these.

eInclusion is a vital part of the Digital agenda for Sweden, that the Swedish government decided in September 2011. (<http://www.sweden.gov.se/sb/d/2156/a/163994>). The Digital agenda for Sweden represents the general strategy for digitisation in Sweden. In relation to older persons, it includes a packet of initiatives in order to face the problems of digital exclusion.

Dialogue, openness and transparency has guided the process of framing the agenda, supported by both a digital discussion forum and e-mail communication, as well as physical meetings and postal cards. It includes participation of a broad variety of stakeholder, for example network of older persons and NGOs that help elderly with Internet and ICTs in the their daily life.

Extent to which the different policies related to aging pursue a holistic approach and are coordinated and applied consistently.

A main challenge is to bring about a holistic approach to health and social care for the most ill elderly people. This group may be in need of home health care, social services, primary care, specialist care and rehabilitation. The Government has appointed a senior coordinator to submit proposals on how the Government can strengthen incentives and opportunities for local governments to improve situation for of the most ill elderly people by better coordination of health and social services. County councils and municipalities will be rewarded through economic incentives to tailor services to fit the target group and to come up with local, contextualized, innovative solutions. Cooperation and coordination between stakeholders will be encouraged, strengthened and intensified through this effort from the government.

Initiatives taken to tackle age discrimination

Since January 2009 a new law against discrimination, the Discrimination Act, is in force. The Act aims to combat discrimination and promote equal rights and opportunities regardless of sex, transgender identity or expression, ethnic origin, religion or other belief, disability, sexual orientation or age.

The prohibition of discrimination covers direct discrimination, indirect discrimination, harassment, sexual harassment, and instructions to discriminate.

The Equality Ombudsman supervises compliance with the law and is entitled to bring a case in the courts on behalf of an individual who considers himself or herself to have been discriminated against. The concept of discrimination within the Act originates from the EU legislation on non-discrimination.

The prohibition of discrimination on grounds of age applies only to working life, educational activities, labour market policy activities and employment services not under public contract, starting or running a business, professional recognition and membership of certain organisations. The Government stated in the Government Bill (2007/08:95) that the Discrimination-committee's conclusions did not provide a sufficient base for further actions regarding age discrimination and that the EU law did not require such a ban either. However, the Government also stated its intention to return to these issues in another context.

In August 2009 the Government appointed a special investigator with the task of proposing how protection against age discrimination could be introduced in the areas where such a protection is lacking. The aim of the investigation was to secure the same level of protection regardless of ground of discrimination. In the final report, which was submitted to the Government in August 2010, the investigator proposed that age be subject to the same basic protection as other grounds of discrimination. The investigator also proposed an exception; the ban should not prevent differential treatment on grounds of age if it has a legitimate purpose and the means that are used are appropriate and necessary to achieve that purpose, for example age limits for purchasing tobacco and alcohol. The proposals are currently being processed within the Government Offices.

RIS Commitment 2: To ensure full integration and participation of older persons in society

Mechanisms put in place to take into account the views of older persons on the services provided to them

To meet the ambition of putting the interest of the individual at the core of all social services policies, a new act on freedom of choice for users of social services was introduced in January 2009. The main objective of a free choice system is that elderly persons, as well as other groups in need of social services, shall be able to remain in charge of their own life. The freedom of choice increases the possibility for each and everyone to find a service provider that suits their particular needs and interests and their social and cultural

background. The free choice system is not compulsory for the municipalities but in July 2010 over 50 percent of the Swedish population lived in municipalities which had introduced the system.

In 2007 the Government initiated a system of open comparisons of quality in social services and care of elderly persons. The aim is to make it possible for potential users, users, families, care personnel, managers, private and public providers and local and national politicians to compare the quality, costs and efficiency of the services provided to older people by easily accessible comparative data about services and care. This could be the base for the elderly people's choice of provider, support improvement efforts and form a basis for local and national monitoring, follow up and evaluation of services and care.

As a part of the system of open comparisons, the National Board of Health and Welfare was commissioned to develop a system of national quality indicators and to develop a system of national user surveys and studies of the elderly population's living conditions and preferences. The results are presented on a web site called the "Elderly guide", which give information on different aspects of quality of services and care for older persons in a user friendly way .

One central quality area is the level of influence on the services provided. According to the Social Services Act, each service receiver shall take part in the planning and design of the services and this shall be documented in an individual plan. According to the Elderly guide the amount of elderly at special housing that has been involved in the planning has increased from 40 percent 2006 to 53 percent 2009. A majority of home help services receivers are satisfied with the services provided, but there are big differences between municipalities.

There is a strong political will from national level to promote user involvement in the development of social services and health care. The Government has therefore commissioned the National Board for Health and Welfare to identify best practises on how to strengthen user participation at national, regional and local levels in order to promote quality and efficiency of services that better meet the needs and aspirations of the individual. The commission includes a systematic research review on effective models and approaches for user involvement, a survey of applied models for increased user participation and co-production both nationally and internationally. It is especially important to assess the users' and their relatives' experiences from these models for example through focus groups.

At the hearing with NGO:s they expressed the importance of involvement of elderly people in the local planning, not only regarding health and social services, but in all areas e.g. physical planning and transport. Many municipalities have established local advisory boards

with representatives from NGO:s. These form an important basis for participation of elderly people in local policy making.

To sum up, user surveys highlight important quality areas which put pressure for improvements. Still there is great variety in quality between municipalities and even though the elderly has a formal right to participate in the planning of services, the actual feeling of participation need to be strengthened e.g. by reinforced user participation at local level. The NGO:s highlighted that freedom of choice is an important instrument to empower elderly people. But they also expressed some concerns. The ability to choose may be limited due to physical and mental disabilities which can lead to inequality between different groups. Elderly with more resources have better ability to take advantage of this opportunity than the more fragile elderly. The NGO:s identified that they could play an important role to offer support and guidance in the choice of provider. They also highlighted the importance of accessible information about the different alternatives. Another concern that the NGO:s put forward were the need to safeguard quality when services are provided by private companies.

Actions promoting active ageing and encouraging participation in society, culture and economy

The Government has highlighted the importance of access to culture among elderly persons. Active participation in cultural activities together with others promotes health and gives a feeling of well-being and meaningfulness. Recent research also points out positive effects on various brain functions.

Many elderly have difficulties to take part in cultural activities and to engage in creative work. Therefore the Swedish Arts Council has been appointed to allocate funds to promote elderly people to participate in cultural activities such as opportunities to cultural experiences and to engage in creative work together with others. Funds may be applied by County councils, Municipalities and private care providers. The Swedish Arts Council will also make a review of on going arts initiatives targeted to elderly persons within health and social care in order to gain knowledge on how cultural activities can be implemented and developed further in these areas. In total SEK 30 million is allocated for this initiative.

Existence of a National advisory body on ageing or a similar institutional mechanism that includes older persons to ensure a dynamic and coordinated contribution of older persons to national policy responses to ageing.

The minister responsible for elderly policy has regular meetings with representatives from NGO:s within the elderly sphere in order to discuss current policy issues that impact the life situation of elderly

people in Sweden. The aim of this Pensioners Commission is to promote a dialogue with relevant stake holders on issues that concerns them.

RIS Commitment 3: To promote equitable and sustainable economic growth in response to population ageing

Strategies adopted to transform economies with a view to eradicating poverty, especially among older persons

Since 2010 the EU-Member States have agreed on a new strategy for smart, sustainable and inclusive growth – Europe 2020. Every year, each Member State draw up a national reform programme to inform how the strategy is implemented. The Swedish national target to promote social inclusion and combat poverty is formulated as “Promoting social inclusion by reducing the percentage of women and men aged 20-64 who are not in the labour force (except full-time students), the long-term unemployed or those on long-term sick leave to well under 14 per cent by 2020.”

Sweden’s opinion is that work creates the conditions for social inclusion by providing income, admittance to the social security systems and promotes social participation. A policy for raising employment and reducing unemployment is therefore the best way to promote social inclusion and counteract poverty.

The national target comprises people of working age. Employment is the top priority for the Swedish Government since it is a precondition for tackling the demographic challenges of an ageing population, to secure a universal welfare system and to support those who cannot participate in the labour market.

Reflecting the view of the Swedish government that the fight against poverty requires measures within different policy areas, Sweden will monitor the national target using a broad set of indicators covering various areas and groups. The monitoring of the financial situation of elderly will continue, also as a part of the monitoring of the adequacy of the Swedish pension system. Sweden has among the highest employment rates among elderly and this is expected to increase further.

In the Budget Bill for 2012 the Swedish Government expect that a weakened growth leads to a weakened employment rate. The unemployment rate is expected to be 7,8 percent 2012 and reduce to 5,5 percent 2015. The labour supply is expected to increase as a result of population growth in working ages.

Measures ensuring that welfare will benefit everyone

Many of the reforms presented in the Budget Bill for 2012 aim at protect the welfare services directed to groups in vulnerable situations in society. In the Government bill for 2012, the Government proposes measures to improve the financial situation for groups with small margins, including pensioners and families with children who have low incomes. An example is a proposal to raise housing allowances, which provide economic protection for old-age pensioners with low income.

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

Actions to adapt social protection systems to societal and demographic changes

Due to the changing demographic situation, work commenced in the 1990s to reform the Swedish public pension system. The reform was implemented from 1999.

The public old-age pension system which has been introduced is flexible in relation to both demographic and economic fluctuations and is financially stable. 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. The level of pensions is based principally on the statistical remaining life expectancy at the time of retirement. This entails that the later someone retires, the larger the pension will be. There is a statutory entitlement to remain in employment up the age of 67. The indexing of pensions and pension entitlements follows the development of incomes in society. There is also an automatic adjustment mechanism that balances the finances of the pension system in the event of unfavourable economic development. The system is autonomous and is not affected by fluctuations in the central government budget.

Steps taken to achieve a sufficient income for all older persons

The incomes of Swedish pensioners come primarily from the public pension system. A tax-funded, residence based guarantee pension is paid for those who have not themselves earned a reasonable income-related pension. For those who do not qualify for a sufficiently large guarantee pension, there is a so-called 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 an adequate standard of living.

Alongside the public system, almost everyone receives an occupational pension, which supplements the public pension and provides the

principal protection for incomes above the income ceiling in the public system.

The NGO:s pointed out that the in-work tax credit that the Government has introduced has led to a lower tax burden for wage earners than for pensioners. Under the in-work tax credit, every wage earner and entrepreneur can keep a substantially greater part of his or her income from a job and entrepreneurial activities. The Government has lowered taxes for pensioners in several steps. The tax reductions have made pensioners considerably better off, particularly those on low pensions. The Government intends to come back in 2013 or 2014 with proposals for tax cuts for pensioners, provided that public finances are in balance.

Policies adopted to address in a timely manner the needs of older persons for a variety of social and health services, including sheltered housing and long-term care.

The development of special housing for older people at the municipal level shows a trend of decreasing special housing and increasing home help services. Comparable data from 1993 and 2008 illustrate a substantial reduction in the coverage ratio of special housing in the age group 80 and above, from 24 to roughly 15 per cent. Between 2000 and 2008, the number of persons in municipal special housing facilities decreased by approximately 20 000. At the same time, the number of home help recipients has increased by some 20 000 persons. From a national perspective, these numbers seem to indicate that home-help service has replaced institutional care. However, local figures show that only half of the municipalities that have cut back on institutional care have expanded home help services during the same period of time. A consequence of the 'ageing-in-place' policy is that elderly moving to institutional care today are more frail and dependent, in terms of functional and cognitive capacity, than before. This in turn has further increased the pressure on municipal health care services for the elderly to improve the quality of service, care and working conditions in institutional care and on outpatient services. In the end, families will have to take on greater care responsibilities .

Unacceptable gaps still remain between the intention of social legislation on the one hand and the living conditions experienced by many of those depending on social services in Sweden on the other. This is especially true as regards social protection targeting elderly persons and persons with disabilities. To bridge the gap between objectives and reality the Government has identified a multytrack strategy.

The strategy includes: clarifying legislation and developing guidelines/and standards; increasing the competency of the staff in relevant services; creating structured systems to take care of

complaints and feed back from civil society and individuals on inadequate quality of services and inadequate accessibility, and to encourage cooperation between different actors.

In order to legally deal with the existence of unimplemented decisions that in practice deny many citizens their rights under existing legislation, the Government has extended, in two stages, the county administrative boards' possibilities to impose penalties on municipalities that fail to enforce judgments within a reasonable period of time.

Steps taken to establish or further develop a regulatory framework for occupational and private pension provision

Occupational pension is not a statutory requirement in Sweden. It is left to workers and employers to decide such matters by way of collective bargaining agreements or individual contracts. Most Swedish workers (over 90 per cent) are covered by occupational pension schemes provided as a part of the remuneration they receive from their employers. Occupational pension makes up a significant share of the total pension for many workers.

As regards private pension, it is not mandatory for the individual worker to have a private pension scheme or otherwise save money for retirement. However, it is encouraged to make such savings by way of tax deductions for a limited amount of retirement savings (SEK 12 000 p/a).

Changes made to the laws regulating mandatory retirement

The Swedish public pension system is designed to encourage longer working lives. The life-income principle is fundamental. The longer a person works, the higher his or her pension will be which creates an incentive to work. In order to encourage a longer working life, the reformed system was accompanied with a flexible retirement age from the age of 61 and a possibility for partial withdrawal of pension and the possibility to de-retire. Additionally, in accordance with the revised legislation, beneficiaries are entitled to retain their employment up to the age of 67.

Policies adopted to ensure the equal treatment of men and women by the social protection system

The pension regulations are in themselves gender neutral. The Swedish system is based on the individual and earned pension rights are not divided. Even so, some rules may favour a specific gender. When the income-based pension is calculated, for example, the same average life expectancy at the time of retirement is used for both women and men. Since women on average live longer than men, this may favour women. Additional pension rights are allotted for parents of children under the age of four. This may also be said to favour

primarily women since these additional pension rights are automatically given to the parent with the lowest income which in most cases is the woman. This only applies if the parents together have not requested any other arrangement.

Survivor's pensions were reformed in 1990 and widow's pension, which was a life annuity and could only be disbursed to surviving women, was abolished and replaced by an adjustment pension. Far-reaching transitional regulations allow for a slow phasing out of widow's pension.

The adjustment pension is gender neutral and aims to give the surviving spouse adequate financial protection during a certain period so that he or she can manage the financial readjustment after the death of a spouse. The reason for changing the rules was that the frequency of gainful employment amongst women had reached the men's level and there was therefore no reason for a survivor's pension for women only. Widow's pension risked cementing old gender roles.

Policies to ensure that social protection system supports better reconciliation of work and family responsibilities throughout the life cycle

The whole social protection system involves a life-cycle perspective. Sweden has an extensive family policy with a generous parental leave insurance. Parental benefit in connection with childbirth is paid for 390 days at 80 percent of income up to a ceiling and an additional 90 days paid at a flat rate of SEK 180 a day. Parental benefit is divided equally between parents with joint custody with an option of giving away some days to the other parent. Parental benefit can be paid out until the child is 8 years old and can be used for part of a day in order to for example reduce working hours. Temporary parental benefit makes it possible to stay home from work to take care of a sick child, benefit is paid out at 80 percent of income up to a ceiling. Income in the form of parental benefits accrues pension rights in the same way as work income. The contributions to the pension system are paid by the beneficiary and the state.

Parental insurance, together with low fee childcare based on the different wishes and needs of families with young children enables both men and women to combine bringing up a family with work. Sweden has a high rate of female participation in the labour force, along with a relatively high birth rate.

Since most elderly live at home, they receive help and services by informal carers such as husband or wife, children or relatives. It is mostly older persons between 75-84 years that take care of a relative. Short-term housing can be granted in order to relieve an informal

carer for a period of time. The municipality is responsible to give informal carers the support they need.

See also under RIS Commitment 9.

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

Active labour market policies to improve employability of older workers

Sweden has a labour market participation rate amongst 55+ which is higher than in most European countries, still the ambition is to raise that figure and find reforms that make it viable and attractive for people to work longer. It should also be attractive for employers to hire older people. Today it is difficult for an individual over 55 who has lost his/her job to find a new job.

Two important reforms to reach the objectives:

- Increased in-work tax credit for people who are 65 years of age or more
- The special employer's contribution has been abolished, from 1 January 2008, for people who are 65 years of age or older.

The Swedish Public Employment Service has been commissioned to conduct vocational rehabilitation in the form of initiatives focusing on guidance, investigation, rehabilitation or preparation for work. The Service will co-operate with the Social Insurance Office as well as municipalities and county councils. The Government has launched several initiatives aimed at improving the situation on the labour market for persons with reduced working capacity (persons with disabilities). In order for employers to employ persons with a considerable need for support to a greater extent than previously, the Government has increased the amount available for support for vocational assistive devices as well as support for personal assistance, both for the employee and for the employer.

There are possible ways of increasing the number of hours worked through more people working and people staying in the labour market for longer. The length of working life can be extended at both ends. Length of working life can be extended by young people entering the labour market earlier and the participation of elderly people in the workforce being extended.

In the later part of working life the most important contribution would be for less people to leave the labour market prematurely. The average age at which people retire (if they are in the workforce at the age of 50) was estimated at 63.2 years for 2009. This is the highest age

recorded since the early 1980s. Since every working hour is pensionable, there is a positive incentive for people to work for longer.

Chapter 3, Section 3 (2) of the Work environment Act lays down that "The employer shall make allowance for the employees special aptitudes for the work by adapting working conditions or taking other appropriate measures. In the planning and arrangement of work, due regard shall be paid to the fact that individual persons have different aptitudes for the tasks involved."

Official responsibility for matters of job adjustment and rehabilitation is vested in several agencies, the Work Environment Authority among them. The Work Environment Authority's inspection activities focus primarily on work environments and the organisation of rehabilitation, not the rehabilitation of individuals.

Samhall AB, which is funded by means of public grants, is tasked with arranging activities to provide meaningful and developmental employment for occupationally disabled persons.

Specific measures to increase the labour force participation of women.

The labour market policy, together with other policy areas, must contribute towards the achievement of the goals in the Strategy for gender equality in the labour market. Examples of initiatives include the strengthening of the '(work-first principle', for example through tax reductions for those in work. A gender equality bonus has been introduced in parental insurance in order to encourage a more even take-up of parental leave. Tax reductions for household services have been introduced, which make it easier for women and men to combine working life with family life.

The Public Employment Service is conducting targeted work aimed at actively promoting equal opportunities between women and men on the labour market. This work is intended to provide women and men with access to mediation and programme activities on the same terms. The Public Employment Service is also conducting a pilot project aimed at reducing isolation among foreign born women who are distant from the labour market.

On Sweden's labour market, the distribution of men and women in sectors, areas of business and professions is generally uneven. This affects both the individual's and the employer's choices and constitutes the arena in which the Public Employment Service operates.

Making retirement flexible and gradual

The Swedish national public pension system is designed to encourage the elderly to remain on the labour market for a longer period. The

income-based pensions and premium pensions can be drawn from the age of 61 at the earliest. The size of the annual pension will increase the later a person chooses to retire due to the life expectancy based annuity divisor. Pension rights may be earned for an unlimited time, and no definite retirement age exists.

Under the Employment Protection Act, an employee is entitled to stay on in his/her employment until his/her 67th birthday. 25, 50, 75 or 100 per cent of the pension may be drawn. The unclaimed share of pension capital will later be divided by a lower annuity divisor and thus give you a higher pension the day it is claimed. There are no limitations as regards to de-retire or to change the share of pension withdrawal.

If the individual continues to work after beginning to draw the pension or a partial pension, new pension rights are earned irrespective of age. The flexible retirement age and the possibility for partial withdrawal of pension, facilitates a gradual reduction of working hours. The life-income principle is also fundamental. The longer a person works, the higher his/her pension will be, which creates an incentive to work.

All the different forms of basic security directed towards pensioners can be disbursed from the age of 65, at the earliest.

A very large proportion of wage earners, approximately 90 per cent, are covered by some form of occupational pension insurance. The four major collectively bargained contract areas insure about 80 per cent of wage earners. In a majority of collective agreements there is a contracted age of retirement of 65. There is a possibility of early retirement from the age of 55 but in some cases from the age of 61. There are rules for delayed retirement and they are limited to the age of 70 at most. The collectively bargained defined-benefit occupational pensions can entail that it is unprofitable to reduce working hours since the benefit is based on wages in the last few working years. If a person cannot manage to work full time, this construction may mean it is more financially profitable to stop working altogether.

RIS Commitment 6: To promote lifelong learning and adapt the educational system in order to meet the changing economic, social and demographic conditions

Steps taken to adjust educational institutions to the needs of persons in retirement

The Swedish education system is built upon the principle of lifelong learning. We have a generous public adult education, free of charge and with the possibility to have study financing in the form of grants and loans. There is no upper age limit for students in municipal adult education, but the age limit for state student financing is 54.

Municipal adult education should be designed to meet both society's and individual needs for training.

Since 2009 a comprehensive system for Higher Vocational Education (HVE) is in place in Sweden. HVE educations are created by partnerships of education providers and representatives from the labour market. All education are designed to meet specific labour market needs. Average age of students in HVE is 29 years, but there is no upper age limit to be admitted. HVE is used by many to re-train and switch careers. There is no upper age limit for admittance to university level studies in Sweden.

Adaptation of educational curricula to prepare people for lives of continuous change and to equip them with the necessary skills and attitudes favouring flexibility; promotion of new didactic methods in this regard.

Curricula and syllabi have recently been reformed for compulsory and upper secondary education (also used in municipal adult education) and will soon be for Swedish tuition for immigrants. The curriculum for adult education will be reformed soon. The syllabi are designed with the idea in mind that they should prepare for lifelong learning, seeking and assessing information, being an active citizen and be properly skilled for an ever-changing labour market. In upper secondary education and adult education more focus is put on work-based learning and apprenticeship.

Steps taken to establish closer links between educational institutions and employers and to encourage employers to provide on-the-job training for workers of different ages, including older workers.

Upper secondary education has been reformed and one of the aims has been to make education more relevant for the labour market. Social partners have been involved in designing the new syllabi and for each of the upper secondary Vocational Education and Training (VET) programmes a national programme council has been set up for quality development and connections to the labour market. Local VET councils are compulsory. Work-based learning is a compulsory part of the VET programmes and students can choose to do their programme as an apprenticeship training instead of school-based if they want to.

Apprenticeship training has also been introduced in adult education. No upper age limit exists. The scheme is so new that no results exist yet. However since a few years the government support adult VET courses within adult education. The majority of the students are between 20 and 24 years old (around 10 000 individuals), but there are also students 45-54 years of age (around 3 000 individuals) and 55 or older (around 600 individuals) per semester.

Development and/or promotion of special programmes to facilitate the reintegration into the labour market of those who left the formal educational system early.

Municipal adult education gives priority to individuals with the shortest previous training and most needs for more training. A large group of students in basic adult education is immigrants with short previous training.

In times of economic crises the government can grant extra education and training places for unemployed people or those who need to reskill in order to not become unemployed. In the 2010 extra spring budget the government allocated around 5 million Euro for new training places in the Western part of Sweden, where industry was severely hit by the economic crises. Extra study places were financed both in HVE (500 places+500 one year places) and at university level (500 places). Many of the students were older workers who needed to re-skill.

Steps taken to make formal schooling more gender-sensitive, e.g. through the introduction of gender-sensitive curricula, specific programmes for girls and women, and specific programmes for older women to help them re-enter the labour market.

As already mentioned curricula has recently been reformed. They have been designed with the aim to give equal opportunities in school for both boys and girls. The new upper education study programmes have also been designed in order to appeal to both female and male students, even if we know that we are far from realising an equal distribution of the genders on all the programmes.

The government decided on a commission for enhanced equality of opportunities in school in 2008. The commission published its final report in January of 2011. In June 2011 the government asked the National Agency for Education to take certain measures with the aim to enhance equal opportunities in school education. Within the government offices, work is ongoing on which other measures should be taken within the area.

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

Actions taken to integrate ageing issues into sector policies

See RIS Commitment 1

Initiatives to improve long-term care service for older persons, in particular community-based services that are needed to overcome the

mismatch between the home based services that are usually desired and the residential care service that are in fact supplied

The development trend in Sweden, where more care is being given at home, places new demands on the staff working in the home care services sector. Since elderly care is labour-intensive, the quality is highly dependent on the skills and working methods used by the professionals who meet elderly people on a daily basis, such as nurses and nursing assistants. A highly skilled workforce is able to apply best knowledge and put new methods into practice.

To meet these new challenges, the Swedish Government is financing a four-year education initiative to improve the competence among staff without any formal education. The aim is both to raise the basic level of competence and to meet the demand for more specialised skills. Municipalities can apply for state support to procure education courses corresponding to upper-secondary-school level. The National Board of Health and Welfare has set criteria for the components that need to be covered in the courses. In order to motivate the municipalities to boost competence levels among their staff, a bonus will be paid at the end of the period to those municipalities that have raised competence levels to a certain extent.

Actions to improve the coordination and integration of services provided to older persons

In January 2011, a new paragraph was included in the Social Services Act stipulating that elderly care shall promote a dignified life and the feeling of well-being. The aim is to highlight certain ethical principles that must permeate all elderly care, by both public and private providers. These principles include respect for privacy and physical integrity, autonomy, individualised services and participation, quality services and treating the elderly person in a respectful way. The National Board of Health and Welfare has been appointed to support the professionals in implementing these ethical principles in their daily work by offering training and guidelines. This initiative is a joint venture with the Swedish Association of Local Authorities and Regions.

Efforts to improve the skills of older persons in terms of self-care, health promotion, preventive of disease and disability

Protection of health and disease prevention or postponement can have dramatic effects on the need for health care and elderly care. There is strong scientific evidence that physical and mental activity late in life and treatment of hypertension are protective factors against dementia. An active and stimulating lifestyle for the elderly and reduced incidence of obesity and smoking are therefore significant.

Small decreases in the incidence of dementia are of great significance over time. An American study has shown that if the development of

Alzheimer's disease can be delayed by up to five years, the incidence of the disease in the population can be halved in 50 years. National Board of Health and Welfare states that if everyone with hypertension could normalise their blood pressure, around 6 000 people annually would avoid being affected by stroke in Sweden .

There is strong evidence that medication for hypertension, programmes for giving up smoking, and physical and mental activity reduce the risk of Alzheimer's disease, stroke and heart disease.

The Swedish Government has decided on an initiative for active and healthy ageing. The Swedish National Institute of Public Health will produce a guidance document to inspire local authorities to work together with NGOs in order to create health promotion activities, such as cultural events, cooking, dancing, etc. The initiative also includes health coaches to help individuals with minor health problems to lead a healthier lifestyle.

In order to promote an evidence based practice in elderly care, the Government has decided to allocate funds during a three year period (2012–2014) to promote the implementation of national guidelines for care in case of dementia. The initiative aims at developing local models for cooperation between municipalities and county councils that meet the needs of a person with dementia.

RIS Commitment 8: To mainstream gender approach in an aging society

Measures taken to mainstream gender, to remove all obstacles for achieving gender equality, to eliminate all forms of discrimination against women, and to promote individual development of women throughout their entire life cycle

Promoting gender equality has been an important political priority in Sweden for many years. The aim of the Swedish Government's gender equality policy is to counter systems that preserve the gender-based distribution of power and resources on a societal level and to create conditions for women and men to enjoy the same opportunities. The Government underlines the importance of having women and men sharing power and influence in all aspects of community life, since this is a prerequisite for a democratic society. The Government also recognizes that gender equality contributes to economic growth by promoting all persons' skills and creativity.

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

Mechanisms put in place to strengthening the role of communities, organizations and associations in providing support and care to older persons

As mentioned under RIS Commitment 4, informal carers play a vital role for supporting elderly relatives. The NGO:s expressed concerns that the burden for informal carers might increase if the publicly provided services can't meet the higher demand for services in the future. Organizations supporting informal carers give voice at this group. The Government has from 2012 increased the amount of funding that is allocated to support these organizations.

Support to care-giving families, family friendly policies and services

According to Swedish law, parents are responsible for their children. Spouses have the responsibility for their common economy and for the household. According to law, spouses have no responsibility for medical care for each other. Nor do children have responsibility for their parents.

However, the fact still remains that families, relatives, friends and neighbours provide a considerable amount of help and support for persons who have difficulty in managing on their own.

Already in 1998 a new law came in to force in the Social Services Act that stipulates that the social welfare board should assist, through support and relief services, persons caring for next-of-kin who are suffering from long-term illness, are elderly or have functional impairments. In 2009 the act was reinforced so that the social welfare board is obliged to provide these services. The Government declared that the contributions made by members of the family should be voluntary and regarded as an adjunct to public initiatives. The purpose of the law was to create early and preventive support, better and more developed content in the support.

The Government has allocated incentive grants to stimulate municipalities in developing new forms of support. A lot of forms of support have been developed through the years. But there are no data available on what kind of support public authorities provide to informal carers and the consequences the care obligations have on the informal career. The Government has therefore taken an initiative to develop knowledge in this area. The National Board of Health and Welfare and Statistics Sweden have been commissioned to investigate what kind of support informal carers are offered, the quality of the support and the social, health and economic consequences the care obligation have on the individual.

The Government also gives economic support to two knowledge centers in this area, The Swedish Center for Dementia and The National Center for Relatives. Both centers aim at increase knowledge among professionals, decision makers and the public about the situation of informal carers and relatives and how to support them.

RIS Commitment 10: To promote the implementation and follow-up of the regional implementation strategy through regional cooperation

The issue of ageing populations is relevant within the Swedish International Development Cooperation Agency's bilateral cooperation within the health sector in relation to NCD and the new challenges for the national health plans and health systems. Demographic changes due to better health (decrease in child mortality) and an increase in life expectancy is an issue also in developing countries. Sweden gives a comprehensive support to the health sectors in Bangladesh, Zambia, Uganda, Guatemala and Democratic Republic of Congo. This is part of the implementation of the global strategy for the Swedish development cooperation.

The Swedish International Development Cooperation Agency is currently working on a decision and contract with a United Kingdom-based organization called HelpAge . The organization is working with the following aims:

- To promote economic security for elderly men and women.
- To give access to health- and HIV-services among elderly men and women and their relatives.
- To promote the participation of and support to elderly men and women in emergencies and include them in humanitarian relief efforts.
- To build global and local "movements" that promote action to protect older people's rights and helping them access their entitlements.
- To support a global network of organizations working on improving working life for older people in developing countries.

Activities undertaken to strengthen cooperation among UNECE

Sweden established a working group under its EU-presidency in 2009, with the aim to place the issue of "a healthy and dignified ageing" on the agenda of the EU. The working group, which reports to the Social Protection Committee, which SE chairs, has met three times. SE arranged a ministerial meeting on healthy and dignified ageing during its presidency in the EU 2009. The European Centre for Social Welfare Policy and Research, an UN-affiliated inter-governmental

organization, was commissioned to write a report for the ministerial meeting.

4. Conclusions and Priorities for the Future

Assuring welfare for everyone

Publicly financed welfare services must benefit everyone and maintain the highest possible quality. The basis for achieving this is public financing in a spirit of solidarity. Good publicly financed health care and social services make living conditions between people more equitable. Welfare must continue to be safeguarded in the future. Shifts in the age structure of the population mean that those of working age must in future be able to finance health care and social services for a growing number of older people. In the future every fifth Swede will be over 65. The demographic developments will probably lead to an increase in the demand for publicly financed welfare services. The demand for such services may also increase when living standards rise. This will place major demands on our welfare system and our society and the way we look at work at different stages in life. The government's top priority is to achieve full employment. Everyone who can work should be able to obtain a job.

High quality health services and elderly care in the future

The Government's objective for health and medical services is to offer people needs-adjusted, accessible and effective care of a good quality, irrespective of income and background. In addition, the Government wants to create conditions for good health and medical services based on the needs and wishes of each individual patient. There is also a need to continue to promote diversity among providers in the welfare sector. This will benefit both patients and staff, as well as broadening the labour market for workers in health and social care.

An ageing population and an increased need for care in the future will bring additional challenges for health and medical services. The core objectives of the Government's elderly policy measures are for elderly people to be able to lead active lives and have influence in society and in their everyday lives. To be able to grow old in security while maintaining independence, and to be treated with respect and have access to good health and social care is vital. In the coming years, the Government will prioritise measures to facilitate coordinated health and social care for the most infirm elderly people, raise the level of skills among elderly care staff and develop new, secure forms of home care service based on increased freedom of choice and increased self-determination for elderly people.

Economic security for old-age pensioners with the lowest economic status

The Government has lowered taxes for pensioners in several steps. The tax reductions have made pensioners considerably better off, particularly those on low pensions. The Government wants to make further improvements to the financial situation of the old-age pensioners with the lowest economic status. The Government therefore proposes to raise the housing supplement for pensioners by SEK 170 per month and to raise the threshold for a reasonable standard of living in two further benefit schemes, the special housing supplement and maintenance support for elderly persons, by an equivalent amount. Raising benefits in this way will give the pensioners who have the lowest incomes the greatest relative improvement in their disposable incomes. The effect of the proposal on expenditures will be SEK 500 million per year from 2012 onwards.

Improving efficiency through open comparisons and quality registers for better follow-up on results

To improve efficiency there is a need to create a better basis for comparing and following up outcomes. Therefore, the National Board of Health and Welfare and representatives from municipalities and county councils are working together to develop open comparisons and public performance reports on health care and social services. The aim is to promote local and national discussions on quality and efficiency through peer pressure, greater transparency and political accountability. Data on a wide range of quality indicators is collected through surveys directed at service providers and users, and by using official statistics. The data is then presented to illustrate how municipalities and county councils are scoring in different quality areas.

Quality registers are another important tool for follow up on outcomes. Two quality registers have been developed in the area of elderly care. They contain data on quality indicators on fall injuries, care-related infections, malnutrition, patients' experiences of pain, etc. The registers build on modern IT solutions and give care providers the opportunity to monitor results over time and compare their own results with those of others. In order to motivate care providers to register, the Government has introduced a performance-based grant system. This has increased the input to the registers dramatically, and the coverage and quality of data have improved. The next step is to promote the use of the registers for local improvements in quality by strengthening analysis capacity at local level.

The Government has drawn up an eHealth strategy in close collaboration with stakeholders with the aim of ensuring the efficient and effective use of information and communication technology (ICT) to promote safer, more accessible and efficient health and elderly care

services. A range of issues relating to ICT use must be solved at national level, in collaboration with all actors in the health care sector and on the basis of a common approach and nationally established guidelines and solutions. The areas for action are:

1. Bringing laws and regulations in line with the broader use of ICT.
2. Creating a common information structure.
3. Creating a common technical infrastructure.
4. Facilitating interoperable, supportive ICT systems.
5. Facilitating access to information across organisational boundaries.
6. Making information and services easily accessible for citizens.