

Questionnaire: Sweden

1. **There needs to be a careful balance between collective and individual arrangements and responsibilities, which is not easy to achieve. Individuals can be involved in collective arrangements (through co-payments; or personal budgets) while local authorities can help people to cope independently with long-term care.**

- 1.1 *Is collective funding of long-term care in your country a part of the fiscal taxation or a part of the obligatory care-insurance or both?*

Long term care in Sweden is mainly funded by taxes in the municipalities. About 4 per cent is from co-payments.

- 1.2 *Is long-term care the same for everybody (packet / content; cost) or does a possibility exist that someone receives (after assessment) a "better" or "more luxurious" packet of long term care by paying a higher or additional premium?*

This is not possible to receive by the tax-funded services, which should be the same for everybody with similar needs, but it is nothing that excludes the possibility to buy an extra service on the "market" which could be the same provider. This is already happening but probably to a small extent. On the other hand, if there is an assessed "need" within the law there should be no need to buy the service because the municipalities has an obligation to fulfil assessed needs. Unfortunately this is not always the case.

- 1.3 *Referring to the system of objective assessment / indication of long-term care: is it common practice to take personal characteristics into account, like age, personal income and / or wealth, to belong to and behave (or not) as a part of a social network of family / friends / neighbours?*

Everyone has the same right to care regardless of financial standing. In an needs assessment all relevant aspects should be taken into account. If you are wealthy you may need to pay more out of your own pocket. but the fee differs between municipalities and there is a cap at about 160 EUROS per month. According to the law there shouldn't be a difference if you have family or friends who support you but in practice it is. Without family carers the system would collapse. Just recently a law has been past that makes it compulsory for municipalities to give assistance to family carers. In Sweden there are differences between different municipalities both when it comes to costs for the individual (there is a cap) and when it comes to who gets support and who is not.

2. Clear boundaries need to be drawn between long-term care and related schemes like subsidised housing or home-help, so that people are aware of what services they are entitled to and how this is decided.

2.1 Are residential or living arrangements part of long-term care, (a) in the current legal / financial system and / or (b) in the practice of care delivery?

Within the needs assessed elderly care there is only one system. The municipality are obliged to provide special housing to persons in need. You need an assessment from the municipality to be entitled to home help or to move to special housing. Special housing applies almost solely to elderly in great need of care, 24 hours a day. The elderly person almost always own or pay rent for the "apartment". For people with low income (pension) there is a housing subsidy.

2.2 Is medical treatment ("cure") part of long-term care, (a) in the current legal / financial system and / or (b) in the practice of care delivery?

Yes, depending how you define long term care. However medical treatment is almost always provided for by the county councils and not the municipalities. The trend is however that more responsibilities for health care is shifted to the municipalities. Already municipalities have the responsibility for health care in special housing and to an increasing extent when it comes to home health care. The County Councils has a monopoly in employing doctors and is responsible for hospital care and out patient clinics. There are vast regional differences in both organisation and provision. Health care is regulated in the Medical Services Act and social services in the Social Services Act and they do not always fully correspond.

2.3 Is there a separation between residential (intramural) care and ambulant (extramural) care concerning (a) the current legal / financial system and / or (b) the actual organisation of the care system?

Yes and no, see above. Home help care, special housing and to a large extent home health care are provided for by the municipalities. Hospital care and community health care are provided for by the county councils who also have a monopoly in employing doctors.

2.4 Do you observe (or expect) that clear boundaries between long-term care and related schemes will improve or complicate an integrated and client-oriented approach (traject management, case management, chain management)?

Our experience is that unclear boundaries are bad for the elderly in need of services and their families (lack of cooperation and communication between sectors and staff etc). There is an ongoing effort to make boundaries clearer but it is complicated matter and it takes time. There is a risk that increases in knowledge and possibilities for improved care will result in increasing specialisation and fragmentation in the care giving system. Therefore a system with "pilots" or "omtinker" is discussed.

3. Qualified personnel are as important as funding being available, while balancing supply and demand needs to take account of demographic and, labour market factors.

3.1 Is the availability of sufficient personnel a worrisome item for long-term care, (a) now and (b) in the coming decennia?

Right now there is no shortage of personnel but there will be a significant increase in demand for staff in 10 years time at the same time as many in the staff retires and the total available work force shrinks.

3.2 Do you expect that long term care, as a branch, will be able to compete with other branches in terms of a tight labour market? Do you expect that branches within the public sector (like education) will challenge long-term care in this respect in the future or do you expect more competition from the side of trade and industry branches?

It will be a much greater competition for competent staff in the future. The competition will be great from trade and industry which often can offer better salaries than the public sector. There is an effort to challenge this, but it is just getting started. See below.

3.3 Are there programmes or initiatives to make schooling and training of future personnel in long-term care enough attractive and large-scale so that sufficient supply of personnel can be guaranteed in the future?

A recent government inquiry on the subject was published just before Christmas. The inquiry suggests that in order to attract personnel in the future you have to make clear what is actually demanded by those working with home help nursing and nursing in special housing. It is a qualified work that acquires a lot of skills and there should be a regulation setting a minimum competence standard for the staff. There should be enhanced possibilities to develop your skills within the elderly care and better opportunities for making a career without having to leave the branch. In school there should be a special programme supplying education for work within the long term care. Hopefully this will make it easier to attract enough staff. Currently there is no large shortage for staff. One third of the municipalities has some difficulties in recruiting medical nurses but we see ahead, in ten to fifteen years time, very great shortages of staff, especially with adequate competence, if we don't start planning well already now.