Paper to the Conference 3rd of September 2013 in the Hague, arranged by the European Urban Knowledge Network

Housing and Care of the Elderly in Sweden:
The Role of the Municipalities

Magnus Jegermalm, PhD, Associate Professor, Social Welfare
School of Health Sciences, Institute of Gerontology, Jönköping University
P.O. Box 1026
SE-551 11 Jönköping, Sweden
Phone: +46 36 101311, Mobile: +46 73 657 4662
mail: magnus.jegermalm@hhj.hj.se

Cecilia Henning, PhD, Associate Professor, Social Work
Department of Behavioural Science and Social Work
School of Health Sciences
Jönköping University
Box 1026, 551 11 Jönköping, Sweden
Phone: + 46 36 101218, Mobile: +46 733 927376
mail: cecilia.henning@hhj.hj.se

Introduction

Vignette: Mrs. A is an 85-year-old widow who lives alone. Her closest adult child is single and lives two hours away by car and comes to visit once a month. Her other family members are farther away and while they talk on the phone regularly, they visit once every few months. She has diabetes and congestive heart failure, needs assistance with getting out of bed and dressed in the morning, shopping and cooking food, bathing and getting ready for bed in the evening. She is seeking help in her community. Where can she turn? What kind of support can she expect to find, and how will it be paid for?

In this paper we will discuss the type of services that our prototypical Mrs. A. might receive from different care providers in Sweden, including the public sector, the market, informal caregiving and voluntary organizations. We will focus on patterns of change over time.

Sweden is characterized as a country with high levels of taxation and provision of public services, with ambitions of having universal welfare schemes (Anttonen, Baldock, & Sipilä, 2003; Esping-Andersen, 2003). This approach exemplifies, too, the aim to create 'lifespan' communities where anyone, at any age, can feel supported and integrated into the community. An overall aim is that all older people should have equal access of care and services despite age, sex, ethnicity, or financial situation (NBHW, 2008a). The responsibility for old-age care Sweden is divided between the national, regional and local levels. The Parliament and central government set out policy aims and directives by means of legislation and national policy declarations. According to law, the municipalities are obliged to meet the care and service needs of older people and other age groups at the local level. However, within the framework of the national legislation, the Swedish municipalities have substantial autonomy concerning standards for services and care provided. This tradition of local independence applies to all the Scandinavian countries (Bergmark, Lindberg & Thorslund, 2000; Jegermalm, 2005). Regarding times of financial downturns the economic crisis that came in the 1990s hit Sweden hard. That era was, however, also characterized by deregulation of the welfare state, and in several areas market-oriented systems for organizing and providing welfare were introduced. At the beginning of the 21st century Sweden managed to recuperate from the crisis and the first years of the new century were relatively stable from an economic point in view. However, the financial crisis in 2008 hit Sweden as hard as any other country (Bergmark & Fritzell, 2007; Gustafsson & Szebehely, 2007; Svedberg, von Essen & Jegermalm, 2010).

The public sector

Mrs. A., living in Sweden, has a legal right to claim services and care that would provide extensive support, regardless of her income level (NBHW, 2008a; 2008b). At the least, Mrs. A. could retain SEK 4,800 for personal expenses. The same financial principle would be used if she were to move to an old age home, based on a needs assessment by a municipal case worker. The primary service in this case would be Home Help; in this way, Mrs. A. is typical for this kind of need, considering that she is over 80 years old, a widow and that 70 percent of home help in Sweden is provided to women. The concrete activities can consist of both ADL

and IADL assistance. In addition to Home Help she can apply for other municipal services for older people, such as housing adaptations, safety alarm or transportation services, services which have increased during the last decade (Sundström et al., 2011).

If Mrs. A. were very well off, she could supplement her government-provided support with private purchases of services from the small and growing private marketplace, receiving a tax deduction for those expenses. If Mrs. A were middle-income or low-income, she could access services through her local municipality. In Sweden a person has the legal right to age in place regardless of care level, so that very extensive care can be organized in the home, even in cooperation with the local hospital. Even though she can claim help, she has no automatic right or entitlement to specific services; she has to go through a process of needs assessment by a municipal care manager. To support the value of independence and community integration, Home Help has been considered a cornerstone of the Swedish public services for older persons. In the 1950s an important initiative was taken by the Swedish Red Cross, which, with inspiration from Great Britain, organized the first Home Help for elderly people in Sweden. Soon it became clear that many elderly persons, as in most countries, preferred to be cared for in their homes. In the late 1950s the municipalities took over responsibility for financing and provision of Home Help services (Lundström & Wijkström, 1995; Larsson & Thorslund, 2002; Trydegård, 2000). The emphasis on Home Help means that Sweden does not have a high proportion of older people receiving LTC in institutions. Since the 1990s about 5 percent of older people (65+) received LTC in institutions, compared to countries such as Canada, Finland and Norway with more than 6.5 percent (Jegermalm, 2005; With Respect to Old Age, 1999, NBHW, 2008a). It also means that a wide range of housing options, with varying levels of support, are available (SOU 1984:78). The 1980s and 1990s saw a decline in the proportion of older people (65+) receiving Home Help from about 16 percent to less than 10 percent (Szebehely, 2003), and this has remained relatively steady during the last few years (NBHW, 2008b). One factor in the relative decline has been a change in prioritizing, meaning that those with the greatest need of help have received more Home Help while a substantial group that earlier received help does not get any help at all (Edebalk, 2002; Szebehely, ibid.).

The costs for municipal care and services have changed slightly in the last years. While the overall cost decreased 1.6 percent from 2003 to 2007, there has been an increasing emphasis on Home Help during these years. The costs for Home Help have increased by 13 percent, compared with a decrease of the costs for supportive housing by 11 percent (NBHW, 2008a). And, even though fees have increased somewhat over time, the user still only pays a fraction of the total cost, and the vast majority of the care for older people is financed by taxes. In addition to Home Help since 2007 there is new legislation which has enabled state subsidized service and care to be accessible to everyone. An older person can turn to a private firm for help with instrumental activities, but also for personal care. The customer has to pay for the full cost but can then make tax deductions up to a sum of SEK 50,000 (NBHW, 2008b). This could be seen as an indicator towards more fluid boundaries between the roles of the market, state and family.

Unique to the Swedish welfare model is a long tradition of linking housing policy to social policy. Housing issues are closely connected to the organization of eldercare. '*Aging in place'* has been the dominant policy in Sweden since a government report was published (SOU 1984:78) that showed this policy was most humane, as well as most cost-effective. It was also tied to an underlying social priority of urban renewal. As a result of this policy, many 'supportive housing' elements (defined as housing with a high level of support services, including in-house staff around the clock) were added in what had been considered 'ordinary housing' before. A needs-assessment procedure is now needed to get into such supportive/sheltered housing. The concept of regular 'senior housing' for people 55+ (housing without a needs assessment by a municipal case manager required) has become popular as an alternative for supportive housing, since it is barrier-free and includes locations for common activities, but has no staff around the clock. However, there is a growing awareness that there is need for a more secure housing alternative between residential care (with various forms of supportive housing) and senior housing. Therefore a so-called 'safety housing' alternative, has been launched in a government report (SOU, 2007). This is a kind of accessible senior housing but with more arrangements for practical support (for more safety) and common activities (to combat loneliness). The government gives subsidies to municipalities and housing companies for building this kind of housing alternative under certain conditions. There should be an employed coordinator for activities and various practical help. The residents must also have a possibility to eat together somehow organized as congregate meals.

The market

While welfare services in Sweden have traditionally been both financed and provided by the public sector, in the 1990s there was an increase in the proportion of market options providing publicly financed welfare services such as health care, child-care and 'old-age' care. During the last decade, the proportion of older people receiving care and services from non-public agencies providing publicly financed services have increased from 9.5 percent 2000 to 12.0 percent in the year 2006. Even though provision from non-public agencies has increased over time, wholly privately market solutions are still uncommon (Jegermalm, 2005; NBHW, 2008a; 2008b).

The role of the market in Sweden is complex, as the government has played a major role in monitoring and controlling its emergence. Home-based care usually has been provided by municipal home care organizations, but gradually private providers also have been licensed to deliver home care, partly subsidized by local municipalities if providers meet a basic level of quality. These private entrepreneurs are mostly for-profit as a result of a complex purchase-provider system which until recently has made it difficult for small organizations to compete. More and more the price is fixed, so providers must instead compete for customers by offering different amenities and quality. This complicated system creates a kind of 'quasi-

market', which represents a balance between the market and the state when it comes to eldercare. The new law (SFS 2008:962) open up for more specialized, providers. Still, if this supports a free choice between different providers, which is a way to support the elderly to age in place, it differs dramatically from a truly 'free´ market like in the United States.

Volunteering and informal caregiving

Some have assumed that unpaid work in the form of volunteering in organizations and informal caregiving is weak in Sweden. However, Sweden has scored relatively highly (comparatively) when it comes to unpaid engagement during the last decades. Four national survey studies conducted 1992-2009 shows that around 50 percent of the population had regularly engaged in formal volunteering within an organization. Volunteering was most common in areas such as sports and leisure, but as a provider of the core areas of welfare (e.g. health, social services and education) volunteers are more a minor supplement to public services (Jeppsson-Grassman & Svedberg, 1999; 2007; Lundström & Svedberg, 2003; Svedberg, von Essen & Jegermalm, 2010). Results from these four representative surveys have, in addition to formal volunteering, analyzed the role of informal helpgiving. The results indicate a relatively dramatic increase, from 30 percent in the late 1990s to 50 percent in 2005, in the rate of informal assistance for someone outside of one's household. While there has been some decrease most recently, the prevalence and number of hours spent helping still remain at high levels compared to many other countries. In addition, over time the percentage of informal helpers who assist both relatives and non-relatives has increased, with about half of caregivers in 2009 involved with a non-relative. The socioeconomic composition of the group of informal helpers and caregivers is rather stable over time (Jegermalm & Jeppsson-Grassman, 2009; Olsson, Svedberg & Jeppsson Grassman, 2005; Svedberg, von Essen & Jegermalm, ibid.).

In Sweden, policies and legislation providing support for informal caregivers have been developed since the 1990s. State grants have been distributed in order to persuade municipalities to develop and provide services and support for informal caregivers. In 2009, the Parliament enacted a new law, making the municipalities explicitly responsible for support to carers, by stating that municipalities have to offer support to family caregivers who care for older persons, chronically sick persons or persons with functional disabilities' (NBHW 2008a, p.18). Payment for care is not common in Sweden. Two available forms of payment for carers are employment as a caregiver and a cash allowance. In 2000, approximately 9,000 people in Sweden received some kind of economic support for care-giving, compared to 20,000 in the early 1980s (Jegermalm, 2005; Johansson, 2007). To what extent informal care is a complement of care and services provided from other sources or if it is a substitute is an empirical question that needs investigation. Some studies have shown that care recipients prefer to get personal care from the public sector rather than from informal caregivers (Jegermalm, 2005; Parker & Lawton, 1994; Szebehely, 2005).

Discussion

Sweden is often characterized as a role model for a country with high levels of taxation and public services with the goal of helping people across the lifespan to maintain independence and integration into the community. An overall aim is that all older people as well as other age groups should have equal access of care and services despite age, sex, ethnicity, or financial situation. In earlier research it has been assumed that unpaid work is weak in such a country. The research presented here do, however, show that Sweden scores relatively highly when it comes to engagement in volunteering in organizations and informal caregiving.

From the studies of unpaid activities in Sweden, we see that there may be more of a 'crowding in' effect on social care instead of informal helpgivers and volunteers 'crowding out' the government programs. One explanation for the parallel existence might be that the public welfare and civic involvement in the form of unpaid help are involved in different forms helping tasks, especially concerning older people. After cutbacks and changed priorities concerning Home Help the public sector have focused more on helping people with 'heavier' tasks involving personal care (e.g. dressing, bathing, feeding, using the toilet). This development have most likely led to that informal caregivers and volunteers commonly carries out 'lighter' tasks for someone who is a relative but might also be a neighbour or a friend. Many of these contacts could probably be described as *weak ties* (Granovetter 1973; 1982) or *thin ties* (Henning & Lövgren, 2002, 2004). The linkage between weak ties and 'light tasks' is mostly an invisible part of the helping patterns, and we need more knowledge about the significance of weak/thin ties and 'light tasks' to get a more comprehensive picture of the interaction between public services and unpaid activities. What we can say is that informal helpgiving and volunteering are important sources as providers of help and care, also in a country such as Sweden. We do, however, argue that it is important to challenge the widespread view of unpaid help work as being instrumentally related to the country's welfare policy and to changes in the welfare state. Yet another explanation for the parallel existence between the two might be that civic involvement in the form of unpaid help work might have a number of components that are expressions of civil society 'in its own right', and not necessarily related to changes in the welfare state (see further Jegermalm & Jeppsson Grassman, 2012).

Sweden, as many other countries, stands at a crossroad when it comes to the balance of welfare mix between different sectors providing help and care. The issue of a 'welfare mix' has been raised in earlier studies about the formal and informal care and have focused on substitution and/or complementarity patterns. In this respect, the results presented here reveal the same ambiguity as studies which have indicated that there is no clear-cut relationship between changes in the welfare state and the development of unpaid work. One of the arguments is that there is no solid evidence for the thesis that a cutback in the formal care instrumentally leads to an expansion of informal care (Chappell & Blandford, 1991; Dahlberg et al., 2007; Jegermalm & Jeppsson Grassman, 2009; 2011; Jeppsson Grassman, 2010; Jeppsson Grassman & Svedberg, 2007; Lingsom, 1997). Sweden gives an example of a

country where there does not seem to be any simple contradiction between having extensive engagement in unpaid work and a substantial public sector. Demographic changes of an increasingly aging population will lead to challenges for the welfare state, and the public sector will have to further support and promote the continuation of volunteering as well as informal care. In this process, the municipalities play an important role when it comes to organizing volunteer activities and finding a good balance between formal care, family care, and volunteer activities within care for older people and other age groups.

References

Anttonen A, Baldock J, Sipilä J eds. (2003). *The Young, the Old and the State: Social Care Systems in Five Industrial Nations*. Cheltenham, Elgar.

Bergmark Å, Lindberg E, Thorslund M (2000). Beyond benevolence – solidarity and welfare state transition in Sweden. *International Journal of Social Welfare* 9 (4): 238-249.

Bergmark Å, Fritzell J (2007). Välfärdens utveckling under 1990-talets kris [Development of the welfare in Sweden during the crisis of the 1990s]. *Socialvetenskaplig tidskrift* 2-3: 102-109.

Chappell N, Blandford A (1991). Informal and formal care: Exploring the Complementarity. *Ageing and Society* 11: 299-317.

Dahlberg L, Demack S, Bambra C (2007). Age and gender of informal carers: a population-based study in the UK. *Health and Social Care in the Community* 15 (5): 439-445.

Edebalk, PG (2002). Ekonomi och äldreomsorg [Economy and old-age care]. In L. Andersson (Ed.). *Socialgerontologi* [Social gerontology]. Lund: Studentlitteratur.

Esping-Andersen G (2003). *Why We Need a New Welfare State*. Oxford, University Press.

Granovetter M (1973). The Strength of Weak Ties. *American Journal of Sociology 78*:1360-1380.

Granovetter, M. (1982). The Strength of Weak Ties. A Network Theory Revisited, pp 105-129. Marsden & Lin (eds) *Social Structure and Network Analysis.* London: Sage Publications.

Gustafsson RÅ, Szebehely M (2007). Privat och offentlig äldreomsorg – svenska omsorgsarbetares syn på arbetsmiljö och politisk styrning. *Socialvetenskaplig tidskrift*, 14: 47-65.

Henning C, Lövgren, S. (2002) The Significance of Neighbours in a Changing World. Malmberg Bo, Henning Cecilia (eds). *Aspects on Aging, Old Age Care and Local Contexts*. Jönköping: Hälsohögskolan. (Rapport 2/2002, Programmet Åldrande och äldreomsorg i ett lokalt sammanhang).

Henning C, Lövgren S (2004). Behovet av trygghet och identitet - vad betyder grannätverket? [The Need of Safety and Identity- the Significance of Neighbourhood Networks]. Norin, Ingemar (red). *Rapport från hälsans provinser. En jubileumsantologi*. Linköping: Tema Hälsa och samhälle, Linköpings universitet (SHS 32).

Jegermalm M (2005). *Carers in the Welfare State. On Informal Care and Support for Carers in Sweden*. PhD thesis, Stockholm University, Department of Social Work.

Jegermalm M, Jeppsson Grassman E (2009). Patterns of Informal Help and Caregiving in Sweden: a 13-year Perspective. *Social Policy & Administration* 43 (7): 681-701.

Jegermalm, M., & Jeppsson Grassman, E. (2012). Helpful citizens and caring families: Patterns of informal help and caregiving in Sweden in a 17-year perspective. *International Journal of Social Welfare*, 21,4, 422-432.

Jeppsson Grassman E, Svedberg L (1999). Medborgarskapets gestaltningar – insatser i och utanför föreningslivet [Formation of citizenship – activities inside and outside associations]. In: Amnå E, ed. SOU 1999:84 *Civilsamhället* [Government Report 1999:84. The civil society]. The Sköndal Institute, Off-print series 8, Stockholm, Ersta Sköndal University College.

Jeppsson Grassman E, Svedberg L (2007). Civic Participation in a Scandinavian Welfare State: Patterns in Contemporary Sweden. In: Trägårdh L, ed. *State and Civil Society in Northern Europe, The Swedish Model Reconsidered*. New York, Berghahn Books.

Johansson L. (2007). Anhörigstöd – omsorg och stöd [Support for carers]. Lund: Studentlitteratur.

Larsson, K., & Thorslund, M. (2002). Does Gender Matter? Differences in Patterns of Informal Support and Formal Services in a Swedish Urban Elderly Population. *Research on Aging*, 24, 3, 308-336.

Lingsom S (1997). *The substitution issue. Care policies and their consequences for family care.* Social Research, NOVA-Rapport 6/1997.

Lundström, T., & Wijkström, F. (1995). *Från röst till service* [From voice to service]. The Sköndal Institute, Occasional Papers 4. Stockholm: Ersta Sköndal University College.

Lundström, T. and Svedberg, L. (2003), The Voluntary Sector in a Social Democratic Welfare State – The Case of Sweden, *Journal of Social Policy*, 32, 2: 217-238.

National Board of Health and Welfare (NBHW) (2008a). Care of Older People in Sweden 2008. Stockholm: Socialstyrelsen.

National Board of Health and Welfare (NBHW) (2008b). Vård och omsorg om äldre. Lägesrapport 2008 [Care of older people in 2008]. Stockholm: Socialstyrelsen.

Olsson LE, Svedberg L, Jeppsson Grassman E (2005). *Medborgarnas insatser och engagemang i civilsamhället – Några grundläggande uppgifter från en ny befolkningsstudie* [Engagement in the civil society – a report from a national survey]. Stockholm, Justitiedepartementet.

Parker, G. & Lawton, D. (1994) *Different Types of Care, Different Types of Carer: Evidence from the General Household Survey*, London, Her Majesty's Stationary Office.

SFS 2008:962. *Lag om valfrihetssystem* [Law about freedom of choice of public service provider]. Stockholm: Riksdagen.

SOU. (1984:78). *Bo på egna villkor.* [Government Report 1984:78. Housing on your own terms]. Stockholm: Socialdepartementet.

SOU. (2007:13). *Bo för att leva* [Housing for living] State commission.

Statistics Sweden (SCB) (2009). Tabeller över Sveriges befolkning 2008 [Tables of the population in Sweden 2008]. Örebro, Statistiska centralbyrån.

Sundström.,G, Herlofson., K, Daatland.,S.O., Boll Hansen,E., Johansson, L., Bo Malmberg, B., et al. (2011). Diversification of old-age care services for older people: Trade-offs between coverage, diversification and targeting in European countries. *Journal of Care Services Management*, 5(1), 36-42.

Svedberg L, von Essen J, Jegermalm M (2010). *Svenskarnas ideella engagemang är större än någonsin. Insatser i och utanför föreningslivet* [Voluntary and informal engagement in Sweden]. (Rapport till Regeringskansliet). Stockholm: Ersta Sköndal högskola, Enheten för forskning om det civila samhället.

Szebehely, M. (2003). Mellan trender och traditioner - svensk äldreomsorg i ett europeiskt perspektiv [Between trends and traditions – Swedish old age care in a European perspective]. In C. Bergqvist & C. Florin (Eds.). *Framtiden i samtiden – ett jämförande perspektiv på framtidens könsrelationer* [The future in the contemporary time – a comparing perspective on gender relations in the future]. Stockholm: Institutet för Framtidsstudier.

Szebehely, M. (2005) Anhörigas betalda och obetalda äldreomsorgsinsatser [Paid and unpaid informal old age care], in *Forskarrapporter till jämställdhetspolitiska utredningen, SOU 2005:66* [Research reports to the Government commission on gender equity, Government White Paper], Stockholm, Fritzes.

Trydegård, G-B. (2000). *Tradition, Change and Variation. Past and Present Trends in Public Old-Age Care.* (Diss.). Stockholm: Stockholm University, Department of Social Work.

With Respect to Old Age: Long term Care – Rights and Responsibilities. (1999). *Research Volume 3.* London: The Stationery Office.