

ANNEX

Requested by the EMPL committee



Ageing policies – access to services in different Member States

Annex VIII - Country study on Sweden



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Abstract

The study provides an overview of the most recent developments with regards to ageing policies and access to services by older people in Sweden. It focuses on six areas: active ageing, economic participation, social participation, health care, long-term care, and supportive environments. The study includes examples of best practices regarding access to services and assesses the impact of COVID-19 pandemic on the well-being of older people.

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LIST OF ABBREVIATIONS

EPA	Employment Protection Act
ESF (+)	European Social Fund
EU	European Union
OECD	Organisation for Economic Co-operation and Development
RRF	Recovery and Resilience Facility
SOU	Swedish Government Official Reports (Statens Offentliga Utredningar)
WHO	World Health Organisation

EXECUTIVE SUMMARY

In Sweden, the concept of active ageing is at the core of its ageing policies, with a large focus on older people living independent lives. Key developments in different aspects of ageing policies are:

- **Economic participation:** Efforts are made to combat age discrimination and stimulate more people to work until a later age. Recent pension reforms gradually increase the retirement age as well as the age until which labour contracts cannot be terminated without a ground. COVID-19 negatively affects economic participation of older people, both because they were expected to self-isolate and because they lack certain digital skills.
- **Social participation:** Social participation is seen as strongly tied to mental health and is defined mostly by its absence that is social isolation and loneliness among the elderly. Social isolation rises with age. Efforts are made to organise activities and set up meeting places. COVID-19 has negatively affected social participation, in fact the visitor's ban to care homes was particularly impactful. Sweden offered additional financial support to municipalities to organise visits with loved ones outside and digitally.
- **Health and well-being:** Sweden invested heavily in the use of digital technology, such as security alarms and medicine robots, in elderly care. The pandemic exposed pre-existing weaknesses to the care system, namely a lack of personalised care, a lack of coordination among the many actors involved in care and a lack of qualified staff.
- **Long-term care:** The majority of Sweden's population over 65 lives in their own home. Sweden offers a range of homecare services designed to allow people to live at home for longer, including help with personal hygiene and cleaning, ready-made food deliveries and home health services. COVID-19 affected care home residents more than homecare users, in part because care homes are increasingly reserved for those most frail and old.
- **Supportive environments:** There is a lack of buildings with elevators and other age-friendly features. Government funding aims to motivate adjustments and new housing development. Some municipalities offer shuttle services to those unable to use public transport. Around 25,000 older people in Sweden receive additional financial support because they receive an insufficient pension.

Recommendations based on the Swedish context to the EU-level include:

- **Economic participation:** Promote actions combating age-discrimination. Focus on increasing the digital skills of older people to improve their position on the labour market.
- **Social participation:** Promote joint action on mental health and loneliness among older people, for example through research and funding projects to stimulate social participation.
- **Health care:** Use Sweden's knowledge of the use of digital tools in eldercare from Sweden to help implement similar tools in other Member States. Address a lack of staff in elderly care on the EU-level, for example by stimulating visa-schemes for care workers, funding training options and promoting mobility of staff to those regions most in need.
- **Long-term care:** Let Sweden's homecare services serve as a model to other countries, for example the ready-made food deliveries and health care provided at home.
- **Supportive environments:** At EU-level, guidelines could be made to increase the suitability of the housing stock for the older populations as well as minimum requirements for transport services to the elderly and funding options to secure these services in Member States in need.

1. INTRODUCTION

This country report provides insights into Sweden's national ageing policies, access to related services and statistics as regards economic and social participation, health and well-being, long-term care and supportive environments, giving particular attention to the impact of COVID-19. The aim is to identify good practices and gather suggestions for action at the EU level. The study is mainly built on government reports, such as Swedish Government Official Reports (Statens Offentliga Utredningar, from here on indicated as SOU), reports by the National Board of Health and Welfare, the Swedish Association of Local Authorities and Regions and data provided among else by Statistics Sweden. In addition to desk research, three interviews were held with Swedish stakeholders, representing the Swedish Association of Local Authorities and Regions (Gregor Bengtsson, Head of Social Services), the National Board of Health and Welfare (Michaela Prochazka, Coordinator for Elderly Affairs) and the Swedish Federation for Seniors (Martin Engman, Head of Public Affairs). Sweden's plan for the Recovery and Resilience Facility includes a separate chapter regarding meeting the challenges of demographic change that will be briefly addressed in chapter two of this report as well as in the thematic subchapters. Other use of EU funding in Sweden for ageing policies was solely identified for the European Social Fund (ESF) in relation to improving the employment of older people.

The National Board of Health and Welfare is a government agency under the Ministry of Health and Social Affairs in charge of collecting and analysing information, developing standards and maintaining health data registers and official statistics. The Swedish Federation for Seniors is one of Sweden's non-profit organisations, with a quarter of a million members, representing those who receive a pension and their partners.

2. ACTIVE AGEING IN NATIONAL POLICY

In Sweden, instead of promoting a single active ageing policy or policy for an age-friendly society, such as can be seen in Norway, the Swedish government has integrated elements of active ageing policies into various policy areas, including housing, the labour market, social care and healthcare (Nordic Welfare Center, 2020).

In 2003, a Swedish Government Official Report titled 'Ageing policies for the future – 100 steps towards security and development with an ageing population' (SOU, 2003) discussed the WHO's active ageing concept in detail and confirmed that the Swedish parliamentary committee in charge of elderly affairs embraced the concept of active ageing. The committee highlighted that they "share WHO's assessment that active ageing means the ability to take part in social, economic, cultural, spiritual and political questions" and that efforts to achieve active ageing should aim to reduce differences between men and women, socio-economic groups as well as differences between generations. Active ageing, the committee states, should be seen in the light of decisions that individual people take about their lifestyle and life circumstances. This should also allow for people to decide to not partake in economic or social activities. However, writes the committee, given the ample scientific evidence that activity in older age carries positive effects, one can expect most people in elderly age to themselves think that being active is valuable. Important in this respect is also the concept of security (trygghet). Security is described in this context as the ability to take care of oneself and to be able to connect to others. Other aspects are the ability to be mobile inside and outside of the home without the fear of injury, the ability to experience joy, for example through access to nature, and having the economic resources to be able to influence one's situation. A key responsibility for Sweden's national, regional and local authorities should, in the eyes of the committee, be to create the right circumstances for people so that they themselves can plan for and take responsibility for active ageing. These efforts should be aimed at the right of people to have equal opportunities and be equally treated in all parts of life. In the interviews, a shared concern regarding active ageing in Sweden referred to the differences between socio-economic groups: different societal groups have different capabilities to partake actively in society until a later age. The frame of thinking laid out in the 2003 Government Report, focusing on security and independence, still applies to today's policies. Currently, the Swedish government describes the objectives of care for the elderly as follows¹:

'Elderly people should: be able to lead an active life and participate in and exert influence over society and their everyday lives; be able to grow old in security and retain their independence, be treated with respect, and have access to good health and social care.'

According to a report by the Nordic Welfare Center (Nordic Welfare Center, 2020), Sweden's ageing policies, similar to the policies in other Nordic countries, focus on:

- Enhancing the ability to work until a later age;
- Promoting the accessibility of public transport and infrastructure to promote mobility among the elderly;
- Supporting the accessibility to social and cultural events, such as offering reduced tickets;
- Promoting independent living and living as long as possible in one's own home; and

¹ Government of Sweden. *Social services including care for older people*. Available at: <https://www.government.se/government-policy/social-services-including-care-for-older-people/objectives-for-social-services-including-care-for-older-people>.

- Efforts to reduce loneliness among the elderly, through using digital means of communication and promoting good health.

Especially the ability to take care of oneself, in other words, to be independent, can be seen as a guiding principle throughout Sweden's approach to ageing policies, noticeable in several of the abovementioned goals. From being economically independent through work, being independent in terms of transport through accessible public transport, to living independently in one's own home, Sweden's elderly are supported in living independent lives through the provision of public services. This can be seen as connected to the role of the state in providing health and social care to the elderly. In Sweden, as in other Nordic countries, eldercare is seen as principally a public responsibility, with grown-up children carrying no legal responsibility for ageing parents. Care for the elderly is publicly financed and also largely publicly provided, with services available to all citizens based on need rather than the ability to pay.

2.1. Attitudes towards the elderly

The 2003 Swedish Government Official Report on ageing (SOU, 2003) recognised that negative attitudes towards the elderly and ageing people dominated the landscape in Sweden. Older people were seen as underrepresented in the media, are expected to refrain from political opinions and are not expected to take up leadership positions. The committee working on ageing in 2003 proclaimed that it was necessary to replace negative attitudes with positive connotations, among which experience, wisdom and leadership.

2.2. The role of demographic change in Sweden's plan for the Recovery and Resilience Facility

The demographic change is one of the topics in the plan that it submitted for the Recovery and Resilience Facility².

Specific reforms that are mentioned in this field are:

- Organising more and better skilled health care workers through more training facilities for existing workers and more funding to municipalities for employing new workers;
- Creating a protected professional profile for assistant nurses, which implies that those who want to use this title will have to confirm their knowledge and competence with a dedicated competence certificate issued by the National Board of Health and Welfare³. This would allow to ensure higher quality of care and facilitate planning of the health care workforce; and
- Encouraging longer working lives by changing age limits in social security and tax legislation so that they will follow the increasing retirement age.

² Government of Sweden (2021). *Sweden's Recovery Plan* (Sveriges återhämtningsplan). Available at: <https://www.regeringen.se/rappporter/2021/05/sveriges-aterhamtningsplan>.

³ Government of Sweden. Protected professional title for assistant nurses (Skyddad yrkestitel för undersköterskor). 04 March 2021. Available at: <https://www.regeringen.se/pressmeddelanden/2021/03/skyddad-yrkestitel-for-underskoterskor/>.

3. ASSESSMENT OF ACCESS TO SERVICES FOR OLDER PEOPLE

3.1. Economic participation

3.1.1. The need for longer working lives

Sweden's policies regarding the labour market participation of older people are aimed at motivating more people to work until a later age. A recent Swedish Government Official Report named 'Never have the old been as young – more and more can and want to work longer' (SOU, 2020) explicitly describes the need for older people to stay active on the labour market. In Sweden, the dependency ratio of those active in the labour market versus those they need to provide for is expected to rise from 0.75 today to 0.90 by the end of the 2050s. As the Swedish Delegation for Senior Workers behind the report summarises, 'collectively financed welfare services require that as many as possible contribute with tax provisions for as long as possible, so that the care responsibility of those who work does not become too burdensome' (SOU, 2020, p.12). A longer working life is seen by the committee as crucial for pensions to be secured at an appropriate level both for those working as for those who are no longer able to work, for example due to mental or physical barriers to work. Labour market participation of older workers is also seen as vital for a well-functioning labour market and the need for well-educated workers' demands more people to work longer.

3.1.2. Pension reforms in Sweden

Recent pension reforms in Sweden aim to lengthen working lives. Swedish pensions are made out of three main pillars that follow different rules and are each made up out of different elements (voluntary personal private pensions), occupation pensions (quasi-mandatory) and public pensions (universal). In 2020, the lowest age to take out different elements of universal pension was increased from 61 to 62 and it is set to rise to 63 in 2023. From 2026, two main elements of universal pension (including the so-called guarantee pension⁴) will be raised to 64 years and 66 years, after which both will be tied to life expectancy, as will other age limits currently included in social security systems flanking the pension system. The minimum age for occupational pension, another pillar of the pension system, will be raised to 55 years. Additionally, the age at which employees can be let go without a specific ground, as part of employee protection, was raised in 2020 from 67 to 68 years and will go up to 69 in 2023. For civil servants, at both the national and local level, their contract will no longer automatically be terminated when they reach 68 years of age. Instead this decision will be taken in the form of a dialogue of how much longer the employee should remain in his or her position (SOU, 2020).

3.1.3. Older employees on the labour market

The report 'How much do seniors work?' (Fransson & Söderberg, 2019) shows how much, and in what kind of jobs, do senior Swedish citizens work, using data from Statistics Sweden. Seniors are in this context defined as those in the age group 65-74 years. In 2005, 10% of those between 65-74 years were employed, with 6% of women and 14% of men. In 2018, these numbers went up to 17%, with 13% for women and 21% for men. Most seniors work part-time, with those 65-69 years working on average 20 hours per week and those 70-74 years working on average 16 hours per week. Men work more hours than women, namely 3.5 hours more in the age group 65-69 and 7 hours more in the age group 70-74 years. The average number of hours working per week for both age groups has not changed

⁴ It provides protection to those who had low or no income during working life – about SEK 8,597 per month for single person. For more details, see Pensions Myndigheten. *Garantipension*. Available at: <https://www.pensionsmyndigheten.se/forsta-din-pension/sa-funqerar-pensionen/garantipension-om-du-har-lag-pension>.

substantially between 2005 and 2018. Those in manual jobs have longer average work hours in later age than those in white-collar professions. However, those employed in the service-sector or other non-manual professions are more likely to work until a later age than manual workers. In Sweden, the norm to go on a pension at 65 remains strong but is changing slightly (Ossowicki, 2019). There are both more people taking a pension before and after 65, indicating more variation among individuals. There are also more people above 65 who take out a pension while continuing to work part-time. The average age to retire has increased with about 2 years since the end of the 1990s, reaching 63.6 for women and 64.6 for men in 2018. Many factors influence the decision to retire, from the labour environment throughout one's working life, to one's health and attitudes of employers, colleagues and others in one's environment about when one is expected to retire (Nillson, 2019).

3.1.4. Effects of reforms

There are indications that more and more people in Sweden want to work longer. When asked in a survey by the National Insurer, fewer people plan to take out a pension before 65 in 2011 (15 %) than in 2001 (40 %) (Kadefors, 2019). It is also common for people who are leaving the workforce to actually have preferred to stay longer. A study by Statistics Sweden showed that from the age group 55-69 who left the workforce 25 % of men and 35 % of women wanted to continue working for longer (Swedish central bank, 2020).

According to the government committee responsible for the aforementioned Official Government Report (SOU, 2020), it is unclear whether pension reforms in the past decades are responsible for the heightened labour participation of older workers. It may be that other factors such as the improvement of health among the above 65s or improvements in general labour circumstances have played a bigger role. Regarding future policy in Sweden to motivate longer working lives, the aim is to change attitudes towards older workers, combating age-discrimination, increasing changes for life-long learning and helping employees identify tasks appropriate for older workers. In terms of EU funding, Sweden deploys European Social Fund (ESF) funding to support projects that help employers and older people for the latter to remain in the workforce for longer, for example through improving work practices or updating skills⁵. Also, Sweden's plan for the Resilience and Recovery Facility includes a reform aimed at lengthening working lives, specifically by changing age limits in social security and tax legislation so that they will follow the increasing retirement age⁶.

3.1.5. Impact of COVID-19

In Sweden, those over 70 have been asked to self-isolate due to the pandemic for over 6 months in 2020. These guidelines were given regardless of individual differences in that age group. While healthy people over 70 were much less likely to die from COVID-19 than those in that age group of weaker health, this general guideline may have negatively affected the view of people above 70 to participate in the labour market (SOU, 2020). Statistics from Sweden's Public Employment Service show that the pandemic has negatively affected the situation of older employees. In absolute numbers, more people lost their jobs since the start of the pandemic in the age group 50+ (21,492) than those 18-25 years (11,923). These numbers are described as alarming because older employees are more likely to be long-term unemployed⁷. Two factors are named to be behind this development. First, age-discrimination is known to exist in the Swedish labour market, with employers favouring younger employees. Second,

⁵ European Commission. ESF in Sweden. Available at: <https://ec.europa.eu/esf/main.jsp?catId=396>.

⁶ Government of Sweden (2021). *Sweden's Recovery Plan (Sveriges återhämtningsplan)*. Available at: <https://www.regeringen.se/rappporter/2021/05/sveriges-aterhamtningsplan>.

⁷ Arbetsvärlden (2021). *Coronakrisen slår hårt mot äldre arbetstagare*. Available at: <https://www.arbetsvarlden.se/coronakrisen-slar-hart-mot-aldre-arbetstagare/>.

structural changes that were already underway in the labour market seem to have been speeded up by the pandemic (Swedish central bank, 2021), with digitalisation happening more quickly than ever before and demands on employees to develop their digital competencies stronger than before.

3.2. Social participation

3.2.1. Social participation among the elderly in Sweden

Social participation among the elderly is seen in Sweden as strongly tied to mental health and is described more often by the absence of it, in other words, the prevalence of social isolation among elderly. Promoting social participation among the elderly or more commonly, combating social isolation and loneliness among the elderly, is portrayed largely as a question of public health, tied to depression, anxiety and dementia. Most Swedish citizens between 65-84 years old report their mental wellbeing to be good or very good. Still, depression is the most common illness among the elderly (Swedish Agency for Health Technology Assessment and Assessment of Social Services, 2015). This condition can severely decrease life quality and can increase risks for an early death. A major risk factor for depression is loneliness, while factors that protect people against depression are to feel socially involved, to have a social network and to receive social stimulation. Dementia, another illness common among the elderly, is also tied to staying mentally and physically active, with more active individuals being at a lower risk. Data from the Public Health Agency of Sweden⁸ shows that social participation decreases with age. The share of people not participating in social or cultural activities goes up from approximately 10% for the age groups 16-29 and 30-44, to 15% for those 45-64, 25% for those 65-74 and around 35% for those 75-84. In all age groups, the share of people not participating in social or cultural events is between 5% and 10% higher for men than for women. Decreased social participation with age can be due to friends or acquaintances passing away or getting ill or because of limited physical strength, which makes it harder to go out and meet people. For older people receiving eldercare, 58% report loneliness, of which 43% sometimes and 15% often.

3.2.2. Policies aimed at reducing social isolation and promoting social participation

The Swedish government assessed that, while the elderly population is not homogenous and variations exist, social isolation rises with age. The government-funded project 'Together against loneliness'⁹ was executed by the three biggest pensioner's organisations in Sweden. The aim of this project was to identify ways to reduce social isolation, produce information materials and educate members of pensioner's organisations on the topic. In 2019, 2020 and 2021 the government also handed out close to two million EUR in funding to foundations seeking financing for projects aimed at reducing social isolation¹⁰. This funding was used to:

- organise activities contributing to a sense of community and social stimulation among the elderly;
- setting up meeting places for the elderly and opportunities for older and younger people to meet; and

⁸ Public Health Agency of Sweden. Statistics about social participation. Available at: <https://www.folkhalsomyndigheten.se/folkhalsorapportering-statistik/statistik-a-o/ovrig-statistik-a-o/socialt-deltagande/?t=county>.

⁹ Government of Sweden (2017). Letter regarding the budget year 2018. Available at: <https://www.esv.se/statsliqgaren/regleringsbrev/?RBID=18527>.

¹⁰ National Board of Health and Welfare. *Combating involuntary loneliness among the elderly*. Available at: <https://statsbidrag.socialstyrelsen.se/organisationer/motverka-ofrivillig-ensamhet-bland-aldre/>.

- create conditions that make it possible for more older people to be engaged in voluntary activities.

An example of initiatives meant to create meetings between older and younger people are generation-integrated forms of housing. In Sweden, just like in other Nordic countries, there are examples of students being offered reduced rents in exchange for living in the same building as older people and to undertake activities with the older residents (Nordic Welfare Centre, 2020).

Box 1: SällBo – intergenerational living experiment

SällBo is a trial project focused on reducing loneliness and promoting intergenerational integration in Fredriksdal. The project was launched in December 2019 and is set to run until the end of 2022.

The project provides accommodation for 70+ and 18-25 years old people. Aside the affordable rent, participants benefit from common space, including outdoor garden, as well as workshops and exchange events organised in the premises.

Older group participants (i.e., 70+) are also allowed to maintain accommodation beyond the project timeline.

Source: [Helsingborgshem. SällBo.](#)

3.2.3. Measures to combat social isolation related to COVID-19

COVID-19 measures in Sweden entailed that those above the age of 70 were expected to self-isolate to reduce the chance of infection. For those in institutionalised care facilities, a temporary visitor's ban was imposed. The Swedish government acknowledged that social distancing rules and isolation caused by COVID-19 can increase the risk of mental illness among the elderly. The Swedish government also highlighted that loneliness is associated with heightened risks for developing heart disease, strokes, and dementia. To reduce the effects of the spread of the coronavirus and the social distancing measures on the elderly, the Swedish government¹¹ decided to attribute additional funds amounting to 30 million Swedish Crowns, approximately EUR 3 million, to municipalities in Sweden to implement measures combating social isolation among the elderly in relation to the pandemic. These include:

- Arranging protected visitors' rooms where residents of care facilities for the elderly can meet with their family and acquaintances;
- Hiring extra staff in care facilities to make it possible for residents of care facilities to meet with visitors outside;
- Buying technical equipment in order to set up digital meetings when physical meetings aren't possible; and
- Investing in training of staff and the elderly to use digital means of communication.

3.3. Health and well-being

Sweden offers universal and comprehensive health care, based on need rather than ability to pay. Health care and social care for the elderly in Sweden are decentralised, funded mainly by municipal and regional taxes and responsibility lies with regional and local authorities. The government-subsidised nature of Swedish health care ensures that health care is affordable to all (OECD, 2013).

¹¹ Government of Sweden. *Combating the consequences of isolation of the elderly*. Available at: https://www.kammarkollegiet.se/download/18.5914338d172a255b3d665bb3/1593598841200/Kommuner%20motverka%20konsekvenserna%20isolerings%20aldre%20S2020_05407_FS.pdf.

Older people have the right to claim and use public health and social care services. User fees, making up 3-4 % of the costs, are capped and based on income. Private health care exists, but it is mainly used by patients using private companies which are under contract with the government authority responsible, meaning that for patients the costs of private and public health care are generally the same. When using private health care providers which are not under contract with the National Health Services, patients do need to pay for the full treatment¹².

In recent years, Sweden has focused intensively on increasing the use of digital technology to improve health and social care to homecare and residential care. Examples for homecare include (SOU, 2020):

- A common use of technology used for homecare to older people is a security alarm, which for several decades has had a steady use of around 200,000 people in Sweden;
- 86 % of local authorities also use passive alarms, not activated by the individual, such as alarm doormats and movement alarms, camera supervision and gps-alarms;
- 35 % of local authorities use digital devices, so called medicine-robots, that can remind people to take their medicine and which portions out medicine according to a pre-programmed schedule;
- There is a large set of tools for care workers in their daily work, such as electronic planning tools which help to schedule home visits, register visits and register notes about visits;
- Before leaving the hospital, care workers use video conference tools to meet up with family members of acquaintances and local caretakers; and
- Electronic locks in homes of people receiving home care are used in 56 % of Sweden's municipalities.

Examples of the use of digital technology in care homes include:

- Most commonly, passive alarms are used, including sensory alarms and gps-alarms as well as digital planning tools for employees;
- Video-consultations are used for consulting with medical staff;
- Digital locks to the apartments of residents; and
- Other, less often used digital means include robotic cats, virtual games for stimulation and training for people with dementia, musical dolls, shower-robots and incontinence-sensors.

The aim of using digital tools such as gps-tracking is to avoid the need for older people to be monitored using less patient-friendly methods such as closed doors in dementia wards. Digital tools in general are seen as necessary because Sweden deals with severe workforce shortages in elderly care. The hope is that the use of digital tools will allow the available staff to focus on less strenuous tasks, reducing the turnover (SOU, 2020). As highlighted by the interviewees, the pandemic exposed weaknesses in elderly care which were present long before the start of the pandemic but had thus far failed to gain sufficient political attention. Among these weaknesses are:

- the lack of person-based care and the focus on individual diseases as opposed to holistic care;
- the great number of different people representing different organisations dealing with delivering care to older people on a daily basis, bringing with it a lack of coordination and a

¹² Government of Sweden. *About the Swedish health care system*. Available at: <https://www.socialstyrelsen.se/en/about-us/healthcare-for-visitors-to-sweden/about-the-swedish-healthcare-system/>.

lack of personal attention; and

- the lack of qualified staff, both nurses and medical staff.

These weaknesses were also summarised in a report by a special government committee on elderly care during the pandemic (SOU, 2020). Suggestions to improve the situation are to increase the number of employees in the elderly care sector and improve their labour conditions and competences as well as introduce methods to improve coordination between care providers, for example by creating a digital record of each patient that can be accessed by all responsible providers. Sweden will use part of the Recovery and Resilience Facility to offer financial support to municipalities in hiring more health care workers and offer better training facilities to the existing workforce¹³.

The COVID-19 pandemic has affected all health care services. During 2020, there was a decrease in the number of operations, visits to medical facilities and specialised medical care which also affected the population of elderly people (National Board of Health and Welfare, 2021). At the same time, there was a decreased intake of people receiving home care for the first time. Especially during the first wave, the numbers of visits and treatments decreased sharply. The number of people waiting longer than 90 days, the period in which care is generally guaranteed in Sweden, increased substantially, from 22,000 people in 2017 to 158,000 people in 2020. This increase was higher for older people, who were asked to self-isolate, than for younger people. The pandemic also led to a sharp decrease in the use of dental care, especially for those over 70. However, acute treatments such as treatments for stroke or heart diseases decreased only marginally.

The pandemic has led to a further increase of digital means in health care and care for the elderly. More and more care workers can document their tasks digitally. The change was especially strong for homecare workers. However, only 15 % use systems in which personal information is adequately protected, indicating that the safe use of digital means remains an issue. There has also been an increase in the use of digital means by the elderly. Currently, 77 % of care homes offer internet access to residents in their own apartments and this number is increasing. Since the beginning of 2020, an increasing number of older people has started using the internet, for example to have video calls with family and acquaintances and to receive medical care in terms of contact with medical professionals via the internet.

3.4. Long-term care

3.4.1. Homecare and residential care in Sweden

A key feature of Sweden's provision of long-term care to Sweden's population over 65 is that a large majority, namely 96 % in 2019, up from 94.7 % in 2010, lives in their own ordinary housing arrangement as opposed to specialised housing arrangements such as care homes and receives homecare (National Board of Health and Welfare, 2021). In Sweden, a greater focus is put on homecare rather than residential care. There has been a steep decline in the number of older people in care homes, down from 20 % of the population over 80 years in 2000 to 9.1 % in 2021. This shift has been accompanied by a changing population of care home residents, being increasingly older and frailer (Szebehely, 2020). Close to 80 % of residents are 80 years or older and over 70 % have dementia. Care home residents spend an average of 22 months in a care home. The time between applying for a place in a care home and moving in has been quite stable over the past 13 years, with the latest measurement from 2019 showing an average of 67 days between application and move-in date. There is a large variety between

¹³ Government of Sweden (2021). *Sweden's Recovery Plan (Sveriges återhämtningsplan)*. Available at: <https://www.regeringen.se/rappporter/2021/05/sveriges-aterhamtningsplan>.

municipalities, with the difference being between 4 and 250 days for the municipalities with the lowest and highest number of waiting days (Swedish Association of Local Authorities and Regions, 2020 and interview with representative of this organisation). Sweden's local and regional authorities who are responsible for specialised housing, health care and social care for the elderly, promote various policies to help people remain in their own home (Swedish Association of Local Authorities and Regions, 2020):

- Home care services, meaning a care worker that visits the person at their home and helps with personal care such as showering and getting dressed, cleaning and buying groceries;
- Many municipalities offer daily ready-made food deliveries to older people;
- Home health care services, with the aim of avoiding hospitalisation, such as the administering of medicine and rehabilitation. Municipalities in Sweden are also starting out with mobile care teams involving teams of medical professionals visiting patients with specific issues, such as the provision of early-stage palliative care or the provision of emergency care at home instead of in the emergency ward;
- Providing digital monitoring devices and training so that older people can monitor their health situation at home and provide self-care.

Of those receiving homecare in Sweden, a total of 410,000 people, 43 % received services every month, while many received short-time services. Of people above 65 who received homecare services, 67 % also received at home health care services such as monitoring of medicine-intake (Swedish Association of Local Authorities and Regions, 2020). A feature of Sweden's at home care is that older people can choose whether they want the services to be provided by a public or private health care provider (National Board of Health and Welfare, 2016). Older people who receive homecare or residential care are periodically asked to complete surveys to assess their satisfaction and their feeling of security with the service (National Board of Health and Welfare, 2020). Close to 90 % of older people answered that receiving homecare made them feel secure and over 80 % were satisfied with the service. Similar results were found for residential care. In most of the country's 1,700 care home units over 80 % of residents reported to be satisfied or very satisfied with the service.

Due to the pandemic, even greater efforts than previously were made to provide home services in order for older patients to avoid both hospitalisation and entry to specialised care facilities. This is related to the large impact of the pandemic on care home residents. Of those who died in Sweden of COVID-19 in the first wave in 2020, 47 % were care home residents and 25 % were homecare users. Older people living at home and receiving no homecare were least affected by the virus. Care home residents were thus especially exposed to the virus, both due to the lack of protective gear and the resulting inability to stop to spread inside a care home once the virus had entered as to the fact that care home residents are older and frailer than other people above 65 years. The pandemic hit care home residents differently in different parts of Sweden. In Stockholm, as of July 2020 7 % of care home residents had died because of COVID-19, as opposed to 2.2 % nationally, with some regions barely affected at all.

3.5. Supportive environments

3.5.1. Housing for the older population

Comparing different age groups above 65, one sees that the real change in the living situation of the elderly occurs after the age of 80. In 2020, only 4 % of those 65-79 live in specialised housing compared to 11 % of those above 80 (National Board of Health and Welfare, 2021). This is shown in surveys as the preferred situation for the older population. The right to live at home is also included in the legal framework. The legal obligation of the state towards older people and people with disabilities are laid

down in the Social Services Act of 1982, which is still in force today. A key goal of the Social Services Act is to allow older people to remain in their ordinary living environment.

In the Swedish Official Government Report 'Housing to remain in' from 2015 (SOU, 2015), it was shown that:

- Older people in general live well and are happy with their housing situation;
- Accessibility should be improved, for example when it comes to a lack of elevators in apartment buildings;
- There is an increased interest among older people for housing arrangements that create more social community; and
- There is a need for a greater variation in the types of housing available to older people.

People's preferences for their housing arrangement change with age. It becomes more important to have a smaller living space, increased accessibility and a reduced maintenance burden, for example having a balcony instead of a garden. There are differences between men and women, with men desiring more strongly to live close to a forest and to have access to a parking spot and place to execute hobby activities, while women prefer to be close to children and grandchildren, to have access to public transport and to have access to an elevator (Abramsson, 2015). Research shows that many municipalities need to either adjust or add to their housing stock to respond to the changing housing demands of older people. While specialised housing such as care homes are the responsibility of the municipalities, adjusted housing for older people to grow old in needs to be built by private developers. The association of Swedish local and regional authorities is working on creating guidelines that municipalities can use to stimulate private developers to build housing for the older population. Ideas to stimulate accessibility of older people to housing, part of which have already been implemented and others up for debate, include (SOU, 2015):

- Investment support from the national government to care homes and other collective forms of living to create communal spaces for meals, being together, hobbies and recreation;
- Starting funds for building associations, made up out of public and private actors including future residents, to plan, build and move in to housing appropriate for the elderly;
- Support for pensioners with a lower income to guarantee rent payments in rental apartments;
- Special support for those over 75 to help them with the planning and physical moving of belongings into other housing; and
- Funding to municipalities to adjust their housing stock for the elderly, such as installing elevators.

3.5.2. Accessibility to transport

For those who are not able to use public transport because of physical limitations, some of Sweden's municipalities offer shuttle services. There is also a nation-wide service that provides transportation across the country. These services are generally provided by private companies paid for by the municipality. In order to be eligible for shuttle services, people need to get proof from a doctor that they are unable to use public transport. For short trips inside one's own municipality, so-called 'flex-lines' are offered, being small busses with ground-level entry making it easier to enter the bus. Flex-lines can be ordered in advance and can pick people up close to their residence. Flex-lines do not follow a fixed schedule, but rather stop at places where people have ordered them in advance (Government of Sweden, 2018). The pandemic has made older people fearful of getting infected while sharing a bus

or taxi with others. Some municipalities therefore offer individual shuttle services to all people over 70 and to under-70s with illnesses¹⁴.

3.5.3. Financial independence

People who have lived all their life in Sweden generally are entitled to a state-provided guaranteed pension and can be eligible for housing benefits if their financial situation indicates so. There are however people above the age of 65 in Sweden for which other pension forms and housing benefits are not enough to provide a decent living standard, mainly because even the guaranteed pension is dependent on the number of years one worked and/or lived in Sweden¹⁵. For this reason, Sweden introduced additional financial support (Äldreförsörjningsstöd) for elderly in 2003. The group of older people who are eligible for this support are in general (Swedish Pensions Agency, 2016):

- Immigrants with a low base-line pension and a reduced guaranteed pension;
- Immigrants without any pension;
- Pensioners who because of early take out of pension have such a low pension that they are eligible for support;
- People who have a low pension because they failed to pay part of their own pension payments;
- People who have a low pension because they were under a long time unable to work and received a one-time payment instead of a periodical payment.

More women than men are eligible for this financial support, because men die earlier than women and women are less likely to have built up sufficient pension over the years. The number of people receiving this support has gone from approximately 20,000 in 2003 to around 25,000 in 2021¹⁶, in line with the ageing population and the increase in migration. There is no information available indicating that the level of financial independence of older people in Sweden, measured by the use of financial support, has decreased over the course of the pandemic.

¹⁴ Transport Authority of the region of Skåne. *Extra services during COVID-19*. Available at: <https://www.skanetrafiken.se/aktuellt/covid-19/extra-insats-for-service-resor/>.

¹⁵ Swedish Pensions Agency. *Financial support for pensioners*. Available at: <https://www.pensionsmyndigheten.se/for-pensionarer/ekonomiskt-stod/ansok-om-aldreforsorjningsstod>.

¹⁶ Swedish Pensions Agency. *Misunderstandings about economic support for pensioners*. Available at: <https://www.pensionsmyndigheten.se/for-pensionarer/ekonomiskt-stod/missuppfattningar-om-aldreforsorjningsstodet>.

4. RECOMMENDATIONS FOR THE EU-LEVEL

- In Sweden, the concept of active ageing is at the core of its ageing policies, with a large focus on helping older people live independent lives. Instead of promoting a single active ageing policy or policy for an age-friendly society, the Swedish government has integrated elements of active ageing policies into various policy areas, including housing, the labour market, social care and healthcare.
- **Economic participation:** Sweden highlights the need for more people to work until a later age. Recent pension reforms gradually increase the retirement age as well as the age until which labour contracts cannot be resolved without a ground. Barriers to achieving increased labour participation among older people are, among others, age discrimination and a lack of digital skills. COVID-19 has increased the need for digital skills among the labour force, something to which some older employees struggle to adjust.
- **Social participation:** Sweden focuses mainly on a lack of social participation, defined as social isolation and loneliness. Social isolation rises with age. Efforts are made to organise activities and set up meeting places. COVID-19 has negatively affected social participation. In particular, the visitor's ban to care homes was impactful. Sweden offered additional financial support to municipalities to organise visits with loved ones outside and digitally.
- **Health care:** Sweden invested greatly in the use of digital technology in elderly care. Examples include security alarms, passive alarms, medicine robots and electronic planning tools for care workers. The pandemic exposed pre-existing weaknesses to the care system, being a lack of personalised care, a lack of coordination among the many actors involved in care and a lack of qualified staff.
- **Long-term care:** A greater focus is put on homecare rather than residential care, with most of older people living at home. Sweden offers a range of homecare services designed to allow people to live at home for longer, including help with personal hygiene and cleaning, ready-made food deliveries and home health services. COVID-19 affected care home residents more than homecare users, in part because care homes are increasingly reserved for those most frail and old.
- **Supportive environments:** A key question is the suitability of housing for the older population. There is a lack of buildings with elevators and other age-friendly features. Government funding aims to motivate adjustments and new housing development. Some municipalities offer shuttle services to those unable to use public transport. In the pandemic, these services were offered on an individual basis. Around 25,000 older people in Sweden are eligible for additional financial support because they receive an insufficient pension. This group entails mainly women and immigrants.

Recommendations based on the Swedish context to the EU-level include:

- **Economic participation:** Address cultural barriers which prevent people from working until a later age. Apart from pension reforms already in place in many Member States, an example can be taken from Sweden regarding legislation concerning the age until which one cannot be dismissed without an objectively justifiable ground (i.e. redundancy and personal reasons). Thus, all employees in Sweden are protected by the Swedish Employment Protection Act (EPA)

and have a right to remain in employment until the age of 68 (69 starting from 2023)¹⁷. While other EU Member States have made efforts in limiting age based discrimination, including prioritisation of employment safeguard for close-to-retirement workers in Lithuania and awareness raising campaign in France, Swedish legislation makes continuous employment of older workers a baseline scenario. This not only ensures higher direct protection for employees but can also limit the likelihood of dismissal decisions by the employer, given costs associated with challenging this scenario. EU-level action can also focus on increasing the digital skills of older people to improve their position on the labour market.

- **Social participation:** Mental health and social isolation are key concerns for the older population, especially in times of COVID-19. This topic has gained a central role in the Swedish debate on ageing and can benefit from EU-level action, for example through research and joint projects to stimulate social participation.
- **Health care:** Sweden has shown strength regarding the knowledge of the use of digital tools in eldercare from Sweden. This experience can be used to help other Member States implement similar schemes. However, the use of digital tools is also required because of a lack of staff in elderly care, something that could be addressed at the EU-level, for example by stimulating visa-schemes for care workers, funding training options and promoting mobility of staff to those regions most in need.
- **Long-term care:** Sweden's homecare services can serve as a model to other countries, for example the ready-made food deliveries and health care provided at home.
- **Supportive environments:** At EU-level, guidelines could be made to increase the suitability of the housing stock for the older populations as well as minimum requirements for transport services to the elderly and funding options to secure these services in Member States in need.

¹⁷ *Lag (1982:80) om anställningsskydd (Employment Protection Act)*. Available at: https://www.riksdagen.se/sv/dokument-lagar/dokument/svensk-forfattningssamling/lag-198280-om-anstallningsskydd_sfs-1982-80.

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The study provides an overview of the most recent developments with regards to ageing policies and access to services by older people in Sweden. It focuses on six areas: active ageing, economic participation, social participation, health care, long-term care, and supportive environments. The study includes examples of best practices regarding access to services and assesses the impact of COVID-19 pandemic on the well-being of older people.

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