January 2010

European Social Charter (revised)

European Committee of Social Rights
Conclusions 2009 (SWEDEN)

Articles 3,11,12, 13, 14, 23 and 30
of the Revised Charter

This text may be subject to editorial revision.

Introduction

The function of the European Committee of Social Rights is to rule on the conformity of the situation in States with the European Social Charter and the Revised Charter. In respect of national reports, it adopts “conclusions” and in respect of collective complaints, it adopts “decisions”.

A presentation of this treaty as well as statements of interpretation formulated by the Committee appear in the General Introduction to the Conclusions.[1]

The Revised European Social Charter was ratified by Sweden on 29 May 1998. The time limit for submitting the 8th report on the application of this treaty to the Council of Europe was 31 October 2008 and Sweden submitted it on 21 January 2009.

This report concerned the accepted provisions of the following articles belonging to the thematic group “Health, social security and social protection”:

- safe and healthy working conditions (Article 3),
- the right to protection of health (Article 11),
- the right to social security (Article 12),
- the right to social and medical assistance (Article 13),
- the right to benefit from social welfare services (Article 14),
- the right of elderly persons to social protection (Article 23),
- the right to protection against poverty and social exclusion (Article 30).

Sweden has accepted all of these articles with the exception of Articles 3§4 and 12§4.

The applicable reference period was:

- 1 January 2003 - 31 December 2007 for Articles 11, 14, 23 and 30,
- 1 January 2005 – 31 December 2007 for Articles 3, 12 and 13.

The present chapter on Sweden concerns 17 situations and contains:

- 12 conclusions of conformity: Articles 3§1, 3§2, 3§3, 11§1, 11§2, 11§3, 12§2, 13§1, 13§2, 13§4, 14§2 and 30;

- 2 conclusions of non-conformity: Articles 12§1 and 23.

In respect of the 3 other situations concerning Articles 12§3, 13§3 and 14§1, the Committee needs further information. The Government is therefore invited to provide this information in the next report on the articles in question.

The next Swedish report deals with the accepted provisions of the following articles belonging to the third thematic group “Labour rights”:

- the right to just conditions of work (Article 2),
- the right to a fair remuneration (Article 4),
- the right to organise (Article 5),
- the right to bargain collectively (Article 6),
- the right to information and consultation (Article 21),
- the right to take part in the determination and improvement of the working conditions and working environment (Article 22),
- the right to dignity at work (Article 26),
- the right of workers' representatives to protection in the undertaking and facilities to be accorded to them (Article 28),
- the right to information and consultation in collective redundancy procedures (Article 29).

The deadline for the report was 31 October 2009.

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[1] *The conclusions as well as state reports can be consulted on the Council of Europe’s Internet site (www.coe.int/socialcharter).*

Article 3 - The right to safe and healthy working conditions
Paragraph 1 - Health and safety and the working environment

The Committee takes note of the information contained in the report submitted by Sweden.

The occupational health and safety policy of the Government is implemented by the Work Environment Authority. The programme of activities of the Work Environment Authority for 2004-2006 focused on six areas: health care, mental welfare and social services, schools, construction and engineering, transport and the timber goods industry. In addition, three areas of general priority were added, namely systematic work environment management, musculoskeletal ergonomics, and organisational and social aspects of the work environment. The programme for 2007 set the following priority areas: repetitive assembly-line (around 600 specific inspections were carried out); accidents in the engineering industry; violence and threats in public transport; renovation and enlargement of buildings (with special focus on the handling of heavy loads, strenuous postures, exposure to vibration, dust, asbestos and noise); use of trucks (especially in wholesale and transport trade, 3 800 inspection notices were addressed asking for investigations and risk assessments of truck operations to be carried out); domiciliary care (with information provided in particular on musculoskeletal disorder prevention, violence and threats, traffic safety).

The Committee examined the occupational risk prevention institutions as well as the arrangements for consulting employers' and employees' organisations on the preparation and implementation of the national health and safety policy in a previous conclusion (Conclusions XIV-2). The report states that there has been no changes in the system in place.

Conclusion

The Committee concludes that the situation in Sweden is in conformity with Article 3§1 of the Revised Charter.

Article 3 - The right to safe and healthy working conditions
Paragraph 2 - Issue of safety and health regulations

The Committee takes note of the information contained in the report submitted by Sweden.

Content of the regulations on safety and health at work

The Committee examined the general scope of the Swedish regulations in a previous conclusion (Conclusions XIV-2) and recalls that the Work Environment Act No. 1160 of 1977 is the framework in Swedish law with regard to occupational health and safety. The reports indicates that no amendments to this Act were made during the reference period. The report also mentions a list of provisions which were issued by the Work Environment Authority between 2005 and 2007, including on microbiological work environment risks (transposing an

EC Directive), compulsory medical screening, exposure to vibrations, exposure limit values and measures against air contaminants, modernisation of rules on lifting devices and trucks. On the basis of the information provided, the Committee finds that the situation in Sweden meets the general obligations under Article 3§2 of the Revised Charter.

Protection against dangerous agents and substances

Protection of workers against asbestos

The Committee has previously considered that the protective and preventive measures on asbestos progressively put in place in Sweden were in conformity with Article 3§1 - now Article 3§2 of the Revised Charter (Conclusions XIV-2). In reply to the question of the Committee concerning possible problems caused by the demolition and repair of buildings containing asbestos and measures take in this respect, the report indicates that according to section 20 of the Provisions of the Working Environment Authority on Asbestos (AFS 2006:1), before an activity which entails or may entail exposure to asbestos starts, every measures must be taken to identify the materials which could contain asbestos. Furthermore, the person directing a worker who will be exposed to asbestos will need to have undergone regular special training. Permission delivered by the Working Environment Authority is required to carry out work involving exposure to asbestos (e.g. demolition of a building).

Protection of workers against ionising radiation

The Committee notes from another source that Council Directive 96/29/Euratom[1] laying down basic safety standards for the protection of the health of the workers and the general public against the dangers arising from ionising radiation has been transposed into domestic law.

Protection of temporary workers

The Committee noted in its last conclusion (Conclusions 2007) that work environment legislation applies to temporary workers in the same way as to other employees. In reply to the Committee's question on how health and safety regulations apply to temporary workers in practice, the report indicates that a provision was added to the Work Environment Act in 1994 according to which an employer having recourse to outsourced labour must observe the same precautionary rules as with other employees. It falls within the responsibility of temporary work agencies to ensure health care and medical checks of temporary staff. Safety delegates are appointed among such agencies' employees.

Personal scope of the regulations

The Committee found in its previous conclusion (Conclusions 2007) that self-employed workers are sufficiently covered by health and safety regulations. In reply to the Committee's question regarding supervision by the Working Environment Authority, the report states that special supervisions projects are carried out by this Authority, essentially through inspections, in order to identify deficiencies in a particular field and define measures to be taken. Self-employed workers are also inspected in connection with the use of technical equipment or substances which can have harmful effects, and are covered by accident inquiries. The Committee asks for information on domestic workers and the application of health and safety regulations to them.

Consultation with employers' and workers' organisations

The Committee examined the occupational risk prevention institutions, as well as the arrangements for consulting employers' and employees' organisations on the preparation and implementation of the national health and safety policy in a previous conclusion (Conclusions XIV-2). The report indicates that there have been no changes to the consultation system.

Conclusion

The Committee concludes that the situation in Sweden is in conformity with Article 3§2 of the Revised Charter.

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[1] *Official journal No. L 159 of 19/06/1996.*

Article 3 - The right to safe and healthy working conditions

Paragraph 3 - Provision for the enforcement of safety and health regulations by measures of supervision

The Committee takes note of the information contained in the report submitted by Sweden.

Occupational accidents and diseases

The report indicates that the number of work accidents entailing sickness absence was 31 740 in 2005, 32 284 in 2006 and 28 079 in 2007. According to Eurostat data, the standardised incidence rate of accidents at work per 100 000 workers was 1 130 in 2005 and 1 088 in 2006. The Committee notes that these rates are among the lowest in European Union countries (the average in 15 European Union countries was 3 013).

According to Eurostat data, the number of fatal accidents at work for nine branches of activity[2], excluding road traffic accidents and accidents on board any means of transport in the course of work, has increased compared to the previous reference period (25 in 2004, and 35 in 2006). However, the standardised incidence rate of fatal accidents at work, excluding road traffic

accidents and accidents on board any means of transport in the course of work, per 100 000 workers was 1.7 in 2005 and 1.5 in 2006, below the average in 15 European Union states (2.3 in 2005 and 2.6 in 2006).

According to statistics available on the Work Environment Authority's website[3], the number of occupational diseases was 17 588 in 2005.

Activities of the labour inspectorate

The Committee considered the general arrangements for monitoring the occupational health and safety regulations in a previous conclusion (Conclusions XIV-2). Supervision by the Work Environment Authority is mainly addressed in the Work Environment Act (SFS 1977:1160), while its role is more specifically defined in the Work Environment Authority (Instructions) Ordinance (2000:1211). The report provides a translated version of the new rules of inspection adopted on 28 April 2005. According to these rules and additional information available on the Work Environment Authority's website, the choice of workplaces for inspection is based on an assessment of the workplaces presenting the greatest risk of ill-health or accidents. Inspectors can visit a workplace without prior notice, whenever this is justified. Representatives of the employers and the safety delegate - or an employee representative - will normally take part in the inspection. If inspectors have observed during an inspection deficiencies in the work environment, an inspection notice will be drawn up asking employers to report back to the Work Environment Authority by a certain date on how these deficiencies have been addressed. Inspectors may consider an immediate prohibition where there is an immediate and serious danger for life and health (if it is suspected than the prohibition will not be respected, inspectors may order the sealing or closure of a workplace). Whenever employers fail to comply with an inspection notice, the Work Environment Authority can issue an injunction or prohibition, i.e. prohibit a certain activity, or order the employer concerned to remedy the deficiencies which have been reported. Injunctions or prohibitions may also be accompanied by administrative fines.

The Committee notes a decrease in the number of workplaces visited in 2007 (36 302) compared to 2006 (39 984) and 2005 (38 177), in the number of inspections carried out in 2007 (22 978) compared to 2006 (25 784) and 2005 (24 747), as well as the number of employees inspected in 2007 (344 000) compared to 2006 (385 000) and 2005 (379 000). It also notes the slightly lower proportion of workplaces visited in 2007 (11%) compared to previous years (13% in 2006 and 12% in 2005).

The Committee takes note that the report indicates that resources allocated to the Work Environment Authority have been reduced in 2007, and that this trend will continue in 2008 and 2009, with the objective of reducing resources by 20%. The report further indicates that inspection resources will be reduced by 24%. According to the Work Environment Authority's website, there are 440 inspectors. The Committee asks the next report to provide the up-to-date number of staff

assigned to occupational safety health, and explain how the inspection capacity as a whole will be affected by the aforementioned budgetary cuts.

As to the enforcement system, the Committee notes that the number of inspection notifications with improvement notices was 15 243 in 2005 and 14 192 in 2007. As regards the number of injunctions and prohibitions, there were 709 in 2005, 865 in 2006 and 761 in 2007. The number of administrative fines increased from 6 in 2005 up to 41 in 2007. Finally, there were 237 referrals for prosecution, an increase from previous years.

The Committee considers that, in the light of the inspectorate's activities taken as a whole, the number of employees covered by inspections and the sanctions imposed for breaches, the inspection system remains adequate.

Conclusion

The Committee concludes that the situation in Sweden is in conformity with Article 3§3 of the Revised Charter.

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[1] *Agriculture; hunting and forestry; manufacturing; electricity, gas and water supply; construction; wholesale and retail trade; repair of motor vehicles, motorcycles and personal household goods; hotels and restaurants; financial intermediation; real estate, renting and business activities.*
[2] *http://www.av.se/inenglish/index.aspx*

Article 11 - The right to protection of health

Paragraph 1 - Removal of the causes of ill-health

The Committee takes note of the information contained in the report submitted by Sweden.

State of health of the population – General indicators

The report states that overall health developments are positive and cites mental wellbeing as having improved, the increase in overweight and obesity as having come to a standstill and alcohol consumption as having declined among young people.

Life expectancy and principal causes of death

The Committee notes that average life expectancy in Sweden has been the highest in the world for several years. According to Statistics Sweden life expectancy in 2006 was 78.7 years for males and 82.9.[4] The EU-27 average in 2004 was 75.2 years and 81.5 years, respectively.[5] Forecasts show that life expectancy will rise further in the coming years. The mortality rate was 5.47 per 1,000 inhabitants (EU-27 average 6.48 per 1,000 inhabitants).[6]

Morbidity is dominated by three groups of illnesses: cardiovascular diseases, neuropsychiatric diseases and cancer which together account for over 60% of total morbidity.

Infant and maternal mortality

Infant mortality is low and has decreased further during the reference period. In 2007 it was 2.5 per 1,000 live births down from 2.8 per 1,000 live births in 2006.[7] The EU-27 average in 2006 was 4.7 per 1,000 births.[8]

Maternal mortality stood at 2.0 per 100,000 live birth in 2004 (data for subsequent years not available), which is also low.[9]

Health care system

The Committee notes that the Government intends to allocate an additional 115 million Swedish Kronor (SEK, about 11 million €) in the period 2008-2010 to particularly important areas of public health policy (notably healthy eating, physical activity and suicide prevention). It also notes that Government Bill 2007/08:110 sets out a new public health policy indicating eleven target areas (participation and influence in the community, economic and social preconditions, formative conditions of children and young persons, health in working life, environments and products, health-promoting health care and nursing, protection against the spread of infection, sexuality and reproductive health, physical

activity, eating habits and foodstuffs and tobacco, alcohol, narcotic drugs, doping and gambling). The Committee asks that the next report contain information on the eventual adoption and implementation of these measures.

Access to health care

The report states that a central tenet of public health policy is that everybody must feel secure in the knowledge that care is readily available when needed and reference is made to a number of measures taken over the past few years in order to improve availability of care and strengthen the position of the patient, e.g. the National Accessibility Initiative, the National Action Plan for the development of health and medical care, and the National Care Guarantee

With respect to the care guarantee introduced in 2005 it implies *inter alia* a pledge by the county councils to offer treatment within 90 days of a treatment decision being taken. The guarantee applies nationwide and includes all treatment within planned county council care. The care guarantee also requires the county council to assist patients in obtaining care in another county council area if the waiting period for an appointment or treatment in the county council area of residence exceeds 90 days.

Waiting lists are managed by the medical care providers. Waiting times are regulated through the care guarantee which sets out specific targets for all scheduled care. The targets are expressed as 0, 7, 90, 90 indicating the maximum waiting time in days for the different steps in the healthcare process. Primary care is to offer contact on the phone or in person the same day (0). If needed, a doctor's appointment is to be offered within 7 days. An appointment with a specialised caregiver is to be offered within 90 days after a referral decision. The treatment is to be started within 90 days after being ordered by the specialist.

A recent survey has shown that in respect of specialised care at outpatient clinics, the share of patients with waiting times longer than 90 days for an appointment was on average about 25%, in the measurement period from April 2006 to June 2008. The average for the share of patients with waiting times longer than 90 days for a specialist meeting and treatment was about 30%. The report states that this situation does not comply with the care guarantee and the Government is therefore planning a number of measures to improve the diversity and availability of health care, strengthened freedom of choice for patients and abolishing the requirement of the permanent medical contact being a specialist in general medicine (see also above on additional funding and the Bill on a new public health policy). In 2007 the Government appointed a Commission tasked among other things with proposing ways in which the national care guarantee can be further developed and the free choice of care can be regulated by law. The Committee asks to be informed of the developments, in particular the conclusions reached by the Commission and any measures adopted.

From Eurostat information it follows that the proportion of people with unmet needs for medical examination due to problems of access (could not afford it, waiting list, too far to travel) was low (0.5-4%) across sex and age groups.[10] The report states that data broken down by ethnicity are not available. The Committee nevertheless asks that the next report contain information on access to health care of disadvantaged groups, including immigrants.

Total expenditure on health represented 8.9% of GDP in 2006.[11]

Health care professionals and facilities

In reply to its question in the previous conclusion, the Committee notes that the number of general practitioners in primary care has increased and graduate staff as well as staff with basic nursing education have increased in elderly care. It further notes that the admissions capacity for medical studies has been increased in response to growing demand for physicians.

Conclusion

Pending receipt of the information requested, the Committee concludes that the situation in Sweden is in conformity with Article 11§1 of the Revised Charter.

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[1] *The corresponding WHO figures for 2006 are 79.0 and 83.0.*
[2] *Eurostat.*
[3] *Ibidem.*
[4] *OECD Health Data 2007. WHO puts the infant mortality rate at 3.0 in 2006.*
[5] *Eurostat.*
[6] *Ibidem.*
[7] *Ibid.*
[8] *WHO. 9.2% according to OECD Health Data 2008.*

Article 11 - The right to protection of health
Paragraph 2 - Advisory and educational facilities

The Committee takes note of the information contained in the report submitted by Sweden.

Encouraging individual responsibility

Public information and awareness-raising

In reply to question raised by the Committee in its previous conclusion on publicity campaigns aimed specifically at young people, the report states that the Agency for Education, together with the National Institute for Public Health and the Association of Local Authorities and Regions were charged with analysing and devising initiatives aimed at strengthening alcohol prevention work in schools. A report in the remit was presented in September 2003. Guiding principles were identified for alcohol and drug prevention work, based on a broad educational development perspective in

which attention is above all made to focus on the school climate and relations between pupils and adults.

Moreover, during the reference period, the Agency for Educational Development collaborated with the National Institute for Public Health on the “Proactive School” project to support schools in their preventive work regarding alcohol, narcotic drugs and tobacco.

Health education in schools

The report provides information on the system of school health care which operates from pre-school and throughout compulsory school. Concerning health education it states that curricula and syllabi stress the duty of schools to address matters relating to health and lifestyle. The pupils must leave compulsory school with a basic knowledge of the prerequisites of good health and an understanding of the importance of their own lifestyle for health and the environment.

Health-related topics in schools also include sex education and instruction concerning interpersonal relations, as well as instruction concerning alcohol, drugs and tobacco. The Swedish curriculum makes the head teacher specially responsible for the teaching of these subjects.

The Committee recalls that health education must continue throughout school life and form part of school curricula. It considers that, after the family, school is the most appropriate setting for health education because the general purpose of education is to impart the knowledge and skills necessary for life. It refers in particular to Committee of Ministers Recommendation No R(88)7 on school health education and the role and training of teachers. Health education in school shall cover the following subjects: prevention of smoking and alcohol abuse, sexual and reproductive education, in particular with regard to prevention of sexually transmitted diseases and Aids, road safety and promotion of healthy eating habits (Conclusions XV-2, Belgium).

Having noted that 2005 was the fiftieth anniversary of sex education and instruction on interpersonal relations becoming obligatory in Swedish schools and that the Agency for Education was instructed to review the goals of the various syllabi relating to sex education and interpersonal relations instruction in compulsory and upper secondary school and to consider ways in which this field of knowledge could be further highlighted, the Committee asks that the next report contain detailed and up-dated information on health education in schools.

Counselling and screening

The Committee asks that the next report provide up-dated information, including statistical data, on counselling and screening for pregnant women, children and adolescents as well as for the population at large. It recalls that there must be

free and regular consultation and screening for pregnant women and children throughout the country (see Conclusions 2005, Moldova).

Conclusion

Pending receipt of the information requested, the Committee concludes that the situation in Sweden is in conformity with Article 11§2 of the Revised Charter.

Article 11 - The right to protection of health
Paragraph 3 - Prevention of diseases

The Committee takes note of the information contained in the report submitted by Sweden.

Policies on the prevention of avoidable risks

Reduction of environmental risks

Air water soil and noise pollution - The Committee previously found that the situation was in conformity with Revised Charter on these areas. The report provides updated information.

Air - Swedish legislation on air quality is based largely on the EU air quality directive (1999/62/EC) and its daughter directives. The new air quality directive (2008/50/EC) is currently being transposed into Swedish law.

The municipalities, are responsible for monitoring the quality of the ambient air locally in order to decide whether there is any danger of the environmental quality limits being exceeded. Where an environmental quality limit value for air quality is exceeded, a remediation programme must be drawn up, aimed at improving air quality in the long term so that the limit can be contained. The county administrative boards are responsible for devising and adopting remedial programmes, while the municipalities are principally responsible for the implementation of locally effective measures. To date, remediation programmes have been drawn up for eight municipalities.

According to the report air quality in Sweden is good on average. Infringement of the EU air quality limits for nitrogen oxides occurs locally in a few big cities, especially on busy streets with poor air turnover. A particular problem is presented by the high concentrations of particles during late winter/early spring, due to the use of studded winter tyres in snow□free conditions. In forest communities especially, high concentrations of hydrocarbons occur in winter, due to small□scale wood□firing.

Water **-** The National Food Administration is responsible for drafting rules on drinking water and on natural mineral water and spring water. The Administration has transposed the EU drinking water directive (98/83/EC)

through its Provisions (SLVS 2001:30) on drinking water. A new drinking water directive is currently in preparation.

The National Food Administration is responsible for supervision (inspection, support and information) in the drinking water sector, principally the municipal inspection authorities. The National Food Administration carries out some 20 standardised inspections of municipal inspection authorities annually, the purpose being to evaluate the efficacy of public inspection in the drinking water sector. The municipal inspection authorities report the outcomes of public drinking water inspections annually, through web□based systems, to the National Food Administration, which in turn publishes a digest of the data in an annual national report.

Ionising radiation - The average occupational radiation doses at nuclear power plants as well as the releases of radioactive nuclides from the Swedish nuclear power plants are fairly low and well below regulatory limits.

The Swedish Government recently merged the two former regulatory bodies into one with a clear responsibility for radiation protection and nuclear safety; the Swedish Radiation Safety Authority.

Asbestos - New *Asbestos* Provisions (AFS 2006:1) came into force in 2006. Under the new, stricter rules, the county administrative board is empowered to impose a sanction charge where asbestos is demolished without a permit. Another new requirement is for supervisory personnel also to be trained in the handling of asbestos. The rules concerning demolition workers have also been tightened; they are now required to update their skills every five years.

Food safety

Responsibility for food hygiene inspection in Sweden is at present divided between the State and the municipalities. The National Food Administration is the central inspection authority, responsible for the direction and co□ordination of food hygiene inspection activities. The Government has given the Administration extensive powers of directing and co□coordinating municipal inspection activities. Four new EU Regulations on hygiene and inspection in the food sector came into force within the Community on 1st January 2006, these have been transposed into Swedish law and supplemented.

Measures to combat smoking, alcoholism and drug addiction

Smoking-Smoking has been declining among men and women in all socio□economic groups since the beginning of the 1980s. It has declined faster among men than among women, The number of daily smokers among men in Sweden is low by international standards, with men and boys smoking least compared with the rest of Europe. Between 2004 and 2005, 14 per cent of men and 18 per cent of women aged between 16 and 84 were smokers. The

downward trend shows signs of continuing, and in FHI's national public health questionnaire survey 12 per cent of men and 16 per cent of women reported smoking every day in 2007.

Alcohol - Alcohol consumption rose by nearly 30 per cent between 1996 and 2004. Since the peak year of 2004, with more than 10 litres of pure alcohol per annum, consumption has fallen off to 9.8 litres in 2006. Consumption in 2007 remained constant. Alcohol consumption is very unevenly distributed. The one-tenth of consumers drinking most account for roughly half of all consumption and only 30 per cent drink more than the average. During the past ten-year period the proportion of consumers at risk has grown and binge drinking has increased among young persons. The report details the measures that the Government has taken and is considering in order to tackle the problem.

Prophylactic measures - Epidemiological monitoring

The Committee previously found that the situation was in conformity with the Revised Charter in this respect.

Accidents

471 persons were killed on the roads in 2007 (445 in 2006 and 440 in 2005). This is far in excess of the target set in 1998, which would have meant half as many, or at most 270, deaths in 2007. Sweden, however, still has one of the world's best ratios of fatalities to population (approximately 5.1 deaths per 100,000 inhabitants). The report provides details of measures taken to improve traffic safety such as the adaptation of the design of roads and speed limits; the introduction and use of "alcohol locks", automatic traffic surveillance etc.

Cycle helmets have been compulsory since 2005 for children aged under 15. This also applies to children as bicycle passengers. The person carrying a child on a bicycle is liable under criminal law to ensure that the child is wearing a helmet.

The Committee notes the detailed statistics on all accidents excluding work accidents and traffic accidents.

Immunisation

Vaccinations are offered to all children against 8 diseases: polio, diphtheria, tetanus, whopping cough, caused by *Haemophilus influenzae* type B, measles, mumps and rubella. As of 1st January 2009 9 diseases are covered, following the addition to the programme of vaccination for serious diseases caused by pneumococci.

The HPV vaccine will be included in the programme as from 1st January 2010 and will be given to girls aged 10-12.

The proportion of children receiving the full vaccination series under the national vaccination programme for children is approximately 95 % .

Conclusion

The Committee concludes that the situation in Sweden is in conformity with Article 11§3 of the Revised Charter.

Article 12 - The right to social security

Paragraph 1 - Existence of a social security system

The Committee takes note of the information contained in the report submitted by Sweden.

Risks covered, financing of benefits and personal coverage

The Committee refers to its previous conclusions (Conclusion 2006 and 2004) for a description of the Swedish social security system and notes that it continues to cover the branches of social security corresponding to all traditional risks: medical care, sickness, unemployment, old age, employment injury, family, maternity, invalidy and survivors. The system continues to rest on collective funding: it is funded by contributions (employers, employees) and by the State budget.

To assess whether a significant proportion of the total and/or active population in Sweden is guaranteed an effective right to social security with respect to the benefits provided under each branch, the Committee asked for figures in percentage indicating the personal coverage of each branch of social security. The report indicates that during the reference period:

- All residents were covered by medical care;
- All residents aged over 16 were covered by the old age guarantee pension, housing supplement for pensioners and maintenance support for the elderly (see conclusion under Article 23 for more details);
- All the active population was insured for sickness allowance, rehabilitation allowance, work injury compensation, unemployment, income based old age, survivor's and widow's pensions.

On the basis of the above, the Committee observes that the personal coverage of the social security system is satisfactory and requests that the next report continue to provide the relevant up-to-date figures.

Adequacy of benefits

The Committee refers to its previous conclusion (Conclusions 2006) for a description of the various social security schemes. It refers to its assessment under Article 12§3 for the reform of the unemployment insurance scheme as well as changes concerning sickness benefits which were adopted during the reference period. Specific changes affecting the level of the benefits and consequently their adequacy are taken into account below.

When the Committee previously assessed the situation under Article 12§1 (Conclusions 2006), it held it to be in conformity with the Revised Charter.

However, the level of the basic unemployment benefit was considered to be close to the poverty threshold defined as 50% of median equivalised income and as calculated on the basis of the Eurostat at-risk-of-poverty threshold value. The Government was therefore requested to indicate whether any additional subsistence means are provided to persons receiving such basic unemployment benefit.

In reply the report indicates that the minimum rate of the basic unemployment insurance benefit continues to be Swedish krowns (SEK) 320 per day for 5 days a week (approximately € 600 per month) and that various general needs-tested forms of support may be added to this amount. The Committee observes that € 600 per month is below the poverty threshold even when defined as 40% of median equivalised income and as calculated on the basis of the Eurostat at-risk-of-poverty threshold value, which in 2007 was € 662.4 per month in Sweden. In these circumstances, the potential combination of the basic unemployment benefit with other forms of support, including social assistance, does not alter the Committee's conclusion that the minimum level of such benefit is manifestly inadequate and not in conformity with Article 12§1 (Conclusions XVIII-1, Austria).

The Committee recalls that the adequacy of unemployment benefits is established *inter alia* also by considering whether there is a reasonable initial period during which an unemployed person may refuse a job offer or a training not matching his/her previous skills without losing his/her unemployment benefits (Conclusions XVIII-1/2006, Germany, Denmark and Norway). The report is silent in this specific regard. The Committee therefore asks the next report to clarify the situation. Meanwhile it notes from another source[12] that unemployment benefits are reduced by 25% or 50% for the refusal of a suitable job or training or misconduct that led to the withdrawal of a job offer. It therefore solicits the Government to explain what is considered as a “suitable job or training offer” and what “misconduct” may lead to the withdrawal of a job offer. The Committee also requests the Government to specify how often decisions to reduce the payment of unemployment benefits are taken, on what grounds and whether they may be appealed. In the affirmative, the report should contain information on any relevant case law. Pending receipt of all the above clarifications, the Committee reserves its position as to the actual guarantee of the unemployment risk for which every worker has contributed during his working activity.

As regards old age benefits, the Committee notes from another source[13] that in 2007, a full pension after 40 years of residence for an unmarried person amounted to SEK 85,839 (€ 9,264 per year or € 772 per month). For each year of residence less than 40, this amount is reduced by 1/40. The Committee observes that this amount stands between 40 % and 50 % of the median equivalised income (respectively € 662.4 EUR and € 828 per month in Sweden in 2007). Thus, unless combined with other supplements, it might be held inadequate. It therefore asks the Government to clarify the situation.

As regards invalidity, the Committee notes from another source[14] that for each year of residence less than 40 years, the amount of guaranteed compensation is

reduced by 1/40. Such amount, which differs also on the basis of the age of the recipient, may however be combined with other benefits (assistance allowance, disability allowance) and thus its level appears to be adequate.

As regards other income replacement benefits, the Committee notes from the report that their minimum level is above 50% of median equivalised income and as calculated on the basis of the Eurostat at-risk-of-poverty threshold value.

Conclusion

The Committee concludes that the situation in Sweden is in not in conformity with Article 12§1 of the Revised Charter on the ground that the minimum level of the basic unemployment insurance benefit is manifestly inadequate.

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[1] *International Social Security Association (ISSA) Country Profile on SWEDEN available at: http://www.issa.int/aiss/Observatory/Country-Profiles/Regions/Europe/Sweden#*

[2] *Mutual Information System on Social Protection (MISSOC) Comparative table VI or 2007 on Old Age at http://ec.europa.eu/employment_social/missoc/2007/tables_part_8_en.pdf*

[3] *Mutual Information System on Social Protection (MISSOC) Comparative table V for 2007 on Invalidity at http://ec.europa.eu/employment_social/missoc/2007/tables_part_8_en.pdf*

Article 12 - The right to social security

Paragraph 2 - Maintenance of a social security system at a satisfactory level at least equal to that required for ratification of the International Labour Convention No. 102

The Committee takes note of the information contained in the report submitted by Sweden.

Sweden has ratified the European Code of Social Security and its Protocol on 25 September 1965 and has accepted parts II-V and VII-X of the Code.

The Committee notes from Resolution CM/ResCSS(2008)17 on the application of the European Code of Social Security and its Protocol by Sweden (period from 1 July 2006 to 30 June 2007) of the Council of Ministers that the law and practice in Sweden continue to give full effect to the parts of the Code and its Protocol which have been accepted.

Conclusion

The Committee concludes that the situation in Sweden is in conformity with Article 12§2.

Article 12 - The right to social security

Paragraph 3 - Development of the social security system

The Committee takes note of the information contained in the report submitted by Sweden.

The Committee notes that during the reference period changes were introduced with regard to maternity and family benefits. Since Sweden has ratified Articles 8

and 16 of the Revised Charter, the Committee will assess the scope and impact of such changes when it will next examine compliance with these articles.

The Committee also notes from the report that no changes were introduced during the reference period as regards medical care, disability allowance and survivor's benefits. Changes were adopted with regard to the ceilings taken into consideration for the calculation of sickness benefits, work accident and occupational disease. These were increased. However, since January 2007, the sickness benefit for unemployed persons was lowered to 486 SEK per day (approximately 45, 90 EUR per day) as a consequence of a lower unemployment benefit.

As regards sickness benefits, the Committee also notes from the report that since July 2007 employers no longer have to set up a rehabilitation plan in cooperation with the employees who have been sick for more than four weeks. Moreover, the Social Insurance Agency no longer has to organise meetings with the sick person and his/her employer or draw up rehabilitation plans at fixed intervals in time. The Committee asks whether these requirements have been replaced by others. It also asks the next report to indicate the impact of these changes on the right to access and maintain sickness benefits.

As to unemployment insurance, the report indicates that the method of calculation of the benefit levels and the duration of their payment were changed on several occasions during the reference period. According to another source[15], some of the changes at the beginning of the reference period prompted almost half a million workers to cancel their insurance, thus becoming recipients of the basic unemployment benefit (see conclusion under Article 12§1). Among these, the majority were low-income earners, part-time workers, and people approaching retirement age. The Committee understands from the report that further changes were introduced in 2007 to improve this situation and others are planned for 2009. It asks the next report to contain more detailed information in this regard. More specifically, to ascertain the effects of the reform of the right to access and maintain unemployment benefits as well as of any other reform of the social security system which may occur during the next reference period, the Committee asks the Government to provide information on the results obtained by the changes introduced, including statistical data. It recalls that any modification should not undermine the effective social protection of all members of society against social and economic risks (Conclusions XIV-1, Statement of Interpretation on Article 12).

Conclusion

Pending receipt of the information requested, the Committee defers its conclusion.

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[1] *International Social Security Association (ISSA) Country Profile on SWEDEN available at: http://www.issa.int/aiss/Observatory/Country-Profiles/Regions/Europe/Sweden#*

Article 13 - The right to social and medical assistance

Paragraph 1 - Adequate assistance for every person in need

The Committee takes note of the information contained in the report submitted by Sweden.

Types of benefits and eligibility criteria

The Committee notes from the report that the number of persons in receipt of assistance has been practically halved since mid 1990-ies. In 2007 378,552 persons were in receipt of social assistance which represented 4,1% of the population. According to the report the average financial assistance payments in 2007 totalled SEK 8,900 million (€ 835 million).

Level of assistance

To assess the level of social assistance during the reference period, the Committee takes account of the following information:

- basic benefit: according to the report the national standard (personal and household expenses) benefit in 2008 amounted to SEK 3,550 (€ 332). The Committee notes from MISSOC that monthly social assistance amount covering expenditures on food, clothing and footwear, health and hygiene, daily newspaper, telephone and television fee amounted to €293 in 2007 for a single person and to € 529 for a couple.

-supplementary benefits: - according to the report over and above the national standard benefit, assistance is obtainable towards housing costs, domestic electricity, household insurance, travel to and from work etc. The amount varies according to actual expenditure. Housing costs are covered at a level which a low income earner can afford. To sum up, the amount to which a single beneficiary was entitled to in 2008 is estimated at approximately SEK 8,200 per month (€ 766). The Committee notes from MISSOC that for common expenditures in the households a special amount is added to the basic benefit depending on the size of the household. A single person received € 92 in 2007 and therefore the total social assistance that a single person could obtain amounted to € 385 in 2007.

-medical assistance- the Committee notes that there have been no changes to the situation which was previously found to be in conformity.

-poverty threshold, defined as 50% of median equivalised income and as calculated on the basis of the Eurostat at-risk-of poverty threshold value: estimated at € 828 in 2007.

In its previous conclusion the Committee asked for an estimate of the amount paid to standard recipients (persons living alone) each month, including basic

benefit, special supplements and assistance for reasonable expenses. In reply the report provides € 766 as a total social assistance that can be obtained by a single person.

In the light of the above data, the Committee, while noting that an estimate of total social assistance provided by the report belongs to 2008, the Committee considers that the level of social assistance is adequate and requests that the next report provide information for the reference period.

Right of appeal and legal aid

The Committee notes that there have been no changes to the situation which it has previously found to be in conformity with the Charter.

Personal scope

The Committee notes from MISSOC that social assistance is provided to all persons with a right to stay in the country. The Committee asks the next report to confirm that all foreigners legally resident in Sweden are entitled to social assistance on equal footing with nationals and are not subjected to the length or residence requirement for eligibility for social benefits. In the meantime the Committee reserves its position on this point.

Conclusion

Pending receipt of the information requested, the Committee concludes that the situation in Sweden is in conformity with Article 13§1 of the Revised Charter.

Article 13 - The right to social and medical assistance

Paragraph 2 - Non-discrimination in the exercise of social and political rights

The Committee takes note of the information contained in the report submitted by Sweden.

The report explains that health and medical services and social services have safeguards against discrimination on grounds of ethnic identity, religion or other creed and sexual orientation.

The Committee notes that a new unitary anti-discrimination law has entered into force as of 1st January 2009 and that a new Anti-discrimination Ombudsman Office is being set up. The Committee asks whether the scope of the new law and of the work of the Anti-discrimination Ombudsman Office include also non-discrimination based on social status.

In its last conclusions, the Committee made a reference to Conclusions XV-1 where it was noted that the persons of no fixed abode could exercise their voting rights by registering with the parish. The Committee asked the government whether registration with a parish was an administrative formality or was dependent on membership of a particular faith. There has been no reply to the question in the current report and the Committee reiterates its question.

The Committee recalls that it has previously found the situation in Sweden to be in conformity with Article 13§2.

Conclusion

Pending receipt of information requested, the Committee concludes that the situation in Sweden is in conformity with Article 13§2.

Article 13 - The right to social and medical assistance
Paragraph 3 - Prevention, abolition or alleviation of need

The Committee takes note of the information contained in the report submitted by Sweden.

The Committee notes that the report does not provide any information requested in the last conclusion (Conclusions XVIII-1). It also refers to its the conclusion on Article 14§1 of the Revised Charter which has been deferred as the relevant information has not been provided in the report.

The Committee underlines once again that Article 13§3 requires the states to guarantee that persons without resources are offered advice and assistance to make them fully aware of their rights to social and medical assistance and of the ways to exercise these rights. Therefore, the Committee requests that the next report provide the following information:

-are help and personal advice services adequately distributed on geographical basis?

- are these services provided with sufficient means to give appropriate assistance as necessary?

Conclusion

Pending receipt of the information requested, the Committee defers its conclusion.

Article 13 - The right to social and medical assistance
Paragraph 4 - Specific emergency assistance for non-residents

The Committee takes note of the information contained in the report submitted by Sweden.

The Committee has previously noted (Conclusions XVIII-1 and XIV-1) that the situation regarding the entitlement of legally present persons to emergency social and medical assistance was in conformity with the Charter. However it asked whether emergency social and medical assistance was available for foreigners who are not lawfully in the territory.

The Committee notes from the report that no health institution can turn away a person in need of immediate care, regardless of his/her legal status or financial situation. As regards social assistance, the report states that assistance is the

right of a person who cannot provide for their own needs or whose needs cannot be provided for in any other way. The social welfare committee of the relevant local municipality concerned assesses the need of assistance and the way in which it is to be provided, e.g. through the grant of assistance or through repatriation.

The Committee asks whether there are circumstances in which municipalities can refuse emergency social assistance to a person in need. The Committee also asks whether a clear legal basis exists in law for the provision of emergency social and medical assistance to unlawfully present foreigners.

Conclusion

Pending receipt of the information requested, the Committee concludes that the situation in Sweden is in conformity with Article 13§4 of the Revised Charter.

Article 14 - The right to benefit from social welfare services

Paragraph 1 - Provision or promotion of social welfare services

The Committee takes note of the information contained in the report submitted by Sweden.

Organisation of the social services

With a view to meeting immigrants' needs more effectively, a special investigator was appointed in 2007, whose task was to look into the measures taken for the reception of new arrivals and the distribution of responsibilities between government authorities, the municipalities and other bodies involved in the reception of refugees. A report will be prepared at the end of this investigation. The Committee asks to be informed of its conclusions.

Effective and equal access

The main criterion for access to social services is individual need. Municipal social welfare committees, which are in charge of providing social services, have a duty to ensure that members of the public have access to the information they need concerning access to social services. It is for the municipalities to determine what financial contributions are required for a given service. The Committee whether certain services are free of charge and, for those for which a financial contribution is required, what are the fees charged, including examples of fees charged for access to social services.

Quality of services

It is the duty of county administrative boards and the National Board of Health and Welfare to monitor assistance activities for the elderly. The county administrative boards are responsible in particular for ensuring that municipal social welfare committees apply the Social Services Act and perform their duties properly. They also monitor social services run by private bodies, working in co-operation with municipal social welfare committees, particularly on activities for which a licence is required.

Under amendments to the Social Services Act adopted on 1 July 2006, supervision of services was introduced by stipulating that municipalities have a duty to report any failings in the provision of a service to the county administrative boards and the National Board of Health and Welfare within three months. There are regular inspections, and fines may be imposed if a service has not been provided. In 2006, some 7 900 failings of this sort were recorded by the county administrative boards and the National Board, and 731 applications for the imposition of a fine were filed with the county administrative courts.

Social service staffing is not considered as a particular problem by the county administrative boards or the National Board of Health and Welfare.

Conclusion

Pending receipt of the information requested, the Committee defers its conclusion.

Article 14 - The right to benefit from social welfare services

Paragraph 2 - Public participation in the establishment and maintenance of social welfare services

The Committee takes note of the information contained in the report submitted by Sweden.

The government began discussions during the reference period on arrangements for increased co-operation with voluntary organisations, particularly with a view to clarifying the role that non-profit-making organisations can play in the framework of a diversification of service providers and to guaranteeing an equal access to the provision of social services for all these providers. The Committee asks to be informed of the results of this process.

Voluntary organisations work with municipalities to provide facilities and services for many beneficiaries of social services. Like other private service providers, voluntary organisations are required to negotiate a contract with municipalities to provide a specific service. The Committee notes from the report that information is provided on the proportion of services provided by the public and those provided by the private providers.

The Committee asks for information on the total number of volunteers.

Conclusion

The Committee concludes that the situation in Sweden is in conformity with Article 14§2 of the Revised Charter.

Article 23 - The right of elderly persons to social protection

The Committee takes note of the information contained in the report submitted by Sweden.

Legislative framework

The Committee recalls that the focus of Article 23 is on social protection of elderly persons outside the employment field. Questions of age discrimination in employment are primarily examined by the Committee under Articles 1§2 (non-discrimination in employment) and 24 (right to protection in cases of termination of employment) of the Revised Charter.

The Committee notes from another source[16] that over 17 percent of the Swedish population, or about 1.6 million people, are 65 years old or older. Population projections show that in the next 30 years, the largest part of population growth will be among people aged 65 and older. By 2035, the greater part of population growth will be in groups that are not of working age. The very oldest part of the population has increased since the mid-20th century and the number of people aged over 80 is projected to almost double between now and 2050.

As regards the protection of elderly persons from discrimination outside employment, the Committee recalls that Article 23 of the Revised Charter requires States Parties to combat age discrimination in a range of areas beyond employment, namely in access to goods, facilities and services. The European Older People's Platform and other sources point to the existence of pervasive age discrimination in many areas of society throughout Europe (health care, education, services such as insurance and banking products, participation in policy making/civil dialogue, allocation of resources and facilities) which leads the Committee to consider that an adequate legal framework is a fundamental measure to combat age discrimination in these areas.

The Committee notes from another source[17] that new anti-discrimination legislation entered into force on 1 January 2009. The new Act contains prohibitions of discrimination that apply to a wide range of areas of society to all grounds of discrimination except age. The prohibition of discrimination on grounds of age only applies 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 Committee notes that the new Act extends the protection of age discrimination outside the employment field, namely to educational activities. However, it does not ensure this protection to other areas such as goods, services and housing; health and medical care; social services or social insurance. The Committee recalls that the prohibition of discrimination based on age should be progressively expanded to also include the areas of social

security, health care, and goods and services. Bearing in mind that the new Act does not combat age discrimination in these areas, the Committee considers that the scope of the legislative framework for the protection against age discrimination outside employment is not sufficiently wide.

Overall responsibility for care of the elderly in Sweden rests with the State. There are three tiers of the State in Sweden: the national level (Parliament and Government), the regional level of 21 counties with county councils, and the municipality level with 290 municipalities. The three levels have different roles and responsibilities in respect to health and social care. On the national level, legislation governs the general framework for health and social care in Sweden, like for instance over the Health and Medical Service Act or the Social Services Act.

The report indicates that in 2004 the Commission on Guardians, Trustees and Receivers presented its final report on issues concerning adults in need of assistance. The proposals in the report are currently being processed at Government level. The Committee asks to be kept informed on any rules or measures which may be taken as an outcome of this process.

Adequate resources

The Committee notes from another source[18] that under the new earnings-related old-age pension system, retirement age is flexible, beginning at age 61. The pension is based on lifetime earnings reported to the system. The pension payments are calculated by dividing total accrued pension assets by a factor which depends on average life expectancy at the time of retirement and the expected increase of average wages.

As regards the guarantee pension, eligibility starts at age 65, having resided in Sweden for at least 3 years, and receiving low or zero income from an earnings-related pension. In 2007, a full pension after 40 years of residence for an unmarried person amounted to SEK 85,839 (€ 9,264 per year or € 772 per month). For each year of residence less than 40, the amount is reduced by 1/40. The Committee notes from the EU Peer Review that most of those entitled to this support are elderly persons who have not lived in Sweden long enough (40 years) to qualify for a full guarantee pension.

The poverty threshold, defined as 50% of median equivalised income and as calculated on the basis of the Eurostat at-risk-of poverty threshold value, was estimated at € 828 per month in Sweden in 2007. The Committee notes that amount of the full guarantee pension for low income elderly persons in Sweden stands between 40% and 50% of the median equivalised income. The Committee asks if this pension can be supplemented with other old age benefits. In the meantime, it reserves its position on whether the level of the guarantee pension is adequate.

Prevention of elder abuse

The Committee recalls that elder abuse is defined in the Toronto Declaration on the Global Prevention of Elder Abuse (2002) as 'a single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person'. It can take various forms: physical, psychological or emotional, sexual, financial or simply reflect intentional or unintentional neglect. The World Health Organization (WHO) and the International Network of the Prevention of Elder abuse (INPEA) have recognised the abuse of older people as a significant global problem. Hundred thousands of older people in Europe encounter a form of elder abuse each year. They are pressed to change their will, their bank account is plundered, they are pinched or beaten, called names, threatened and insulted and sometimes they are raped or sexually abused otherwise.

The Committee wishes to know what the Government is doing to evaluate the extent of the problem, to raise awareness on the need to eradicate elder abuse and neglect, and if any legislative or other measures have been taken or are envisaged in this area.

Services and facilities

The Committee notes from the EU Peer Review (synthesis report and host country report) that health and social services in Sweden are open to all those in need of care. The following services are part of Sweden's LTC policy: home care services, adult day care, personal safety alarms, short stay housing, home health care, assistive devices, home adaptations, transportation services, special housing, support for family carers, and dental care. Although the Swedish welfare policy has a universal perspective, special attention is given to particularly vulnerable groups. For instance, the special needs of old persons with dementia or of persons with certain functional impairments are taken into account on the level of the municipalities.

Individuals can claim services but they have no automatic right or entitlement to services as there is a needs assessment. If the individual requesting services is dissatisfied with the care manager's decision on formal care provision, the case can be appealed in the administrative court. As the number of appeals is residual one can assume that the acceptance of the needs assessment and the subsequent decision is quite high.

The municipalities reported some 4 362 200 granted hours of home care in October 2006, an increase of some 21 per cent since 2000. Just over 140 300 elderly people living in ordinary housing had been granted home care, an increase of about one per cent of the population aged 65 and above. The number of persons with home care in the 80 and above age group has increased each year since 2000.

Around 11% of all persons aged 65 years and above granted home care mainly received services provided by the private sector. This refers to home care

services that the municipality has ultimate responsibility for but that are provided by some other party than the municipality, such as a company, trust or cooperative, on behalf of the municipality and for payment by the municipality.

In 2005, 145 municipalities were responsible for all or part of home health care in ordinary housing and in day care (not for work by doctors). Around 48 600 elderly persons were registered as recipients of home health care on 1 October 2006. Some 70% of those who received care were 80 years or above and most were women – some 65%.

Housing

One of the most important principles of Swedish policy for the elderly is that society's initiatives are to be framed in such a way that older persons can continue living in their own homes for as long as possible, even when in need of extensive care and social services. In October 2006, almost 239,000 people aged 65 and above were living permanently in special housing or had been granted home care in ordinary housing (about 15% of this age group). About 140,300 people (about 8.6%) received home care services and around 98,600 people (about 6.4%) lived in special housing.

The EU Peer Review indicates that housing adaptation makes it possible for elderly persons with disabilities to undertake the individual adaptations to their homes that they need to stay on there. Common adaptations include removing thresholds and rebuilding bathrooms. The municipalities provide grants for certain measures needed to enable disabled persons to use their homes efficiently. People can apply to the municipality for grants for home adaptations. The grants cover the entire cost, regardless of the applicant's income. There is no price ceiling for home adaptation grants. The Committee wishes to be kept informed of any future measures taken to promote adapted and quality housing for elderly persons.

Health care

The report states that in 2007 and 2008 the Government allocated around MSEK 1,400 annually to municipalities and county councils to raise the quality of care and nursing for elderly persons. In 2007, the three fields in which most funding was deployed were rehabilitation, medication reviews and dementia care.

The EU Peer Review indicates that short stay accommodation/short-term health care refers to temporary accommodation in special housing combined with treatment, rehabilitation and nursing for purposes including respite care, recurring periods of respite care or treatment and aftercare. On 4 October 2006 around 9 000 elderly persons were in short-stay accommodation.

Since 2003 people everywhere in the country have been entitled to freedom of choice in health care. Free choice means that patients can seek out-patient care anywhere in the country on the same terms as in their own county council area.

When a county council decides on a course of treatment, such as hospital care, the patient is free to choose a hospital anywhere in the country.

Institutional care

The report refers to information submitted in previous reports on forms of special housing accomodation. It reiterates that there are no statistics at national level on the number of institutions, their staff or the availability of places in relation to the number of applications. The question of compiling statistics concerning the number of applications has not been at the centre of attention, but it is possible that ongoing work on child and youth statistics might influence other statistical fields within the social services, such as the elderly sector.

As regards foreign-born persons in special housing accommodation, the only statistics available are population statistics broken down by age and country of birth. One assumption is that the number of elderly persons in need of ethnically adapted inputs will increase as the number of elderly persons born abroad increases. Altogether in 2005 there were 166,000 persons born abroad, which was more than 30,000 up on the figure for 1998.

In 2006, a survey on elderly persons belonging to ethnic minorities was carried out. Municipalities were asked to state the extent to which they could accommodate the needs of such persons. As regards accommodating the need of staff who can speak the user's language and have cultural competence, only about one municipality in three could accommodate that need. There is therefore a risk that many elderly persons belonging to ethnic minorities will receive inputs, but inputs of poor quality, namely in the sense of having difficulty in communicating with the provider of the inputs.

Conclusion

The Committee concludes that the situation in Sweden is not in conformity with Article 23 of the Revised Charter on the ground that the scope of the legal framework to combat age discrimination outside employment is not sufficiently wide.

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[1] *Peer review, Sweden, Freedom of choice and dignity for the elderly, Host country report*
[2] *Government Offices of Sweden, Fact Sheet on New anti-discrimination legislation and a new agency, the Equality Ombudsman, Ministry of Integration and Gender Equality*
[3] *International Social Security Association, http://www.issa.int/aiss/Observatory/Country-Profiles/Regions/Europe/Sweden*

Article 30 - The right to protection against poverty and social exclusion

The Committee takes note of the information in the Swedish report.

Measuring poverty and social exclusion

According to the report, two indicators are used to measure poverty in Sweden: the absolute poverty rate and the relative poverty rate. The first represents the proportion of people whose incomes are insufficient to cover essential needs (such as food, housing, clothes and medicine). The second represents the proportion of people whose disposable income is below the at-risk-of-poverty threshold of 60% of the median equivalised income (after social transfers).

According to Eurostat, 11% of the population were living below the at-risk-of-poverty threshold in 2007. The relative poverty rate had risen by two points compared to 2005 but fallen by one compared to 2006. There was not therefore a significant rise in poverty during the reference period. According to the report, however, the poverty rate has been increasing steadily since 1994 because of increases in wage disparities. On the other hand, the absolute poverty rate has been decreasing since the mid-1990s and was 4.5% in 2006. The Committee notes that according to Eurostat, the at-risk-of-poverty rate before social transfers was 28% in 2007 for a poverty threshold of 60% of the adjusted median income, which shows how effective a means these transfers are of combating poverty.

According to the report, the relative and absolute poverty rates vary according to population group. In 2006, the proportion of poor people was three times higher among nationals of other states residing in Sweden than among Swedish nationals. In 2006, 130 000 children (6%) lived in families whose incomes were lower than the absolute poverty threshold and 15% in families whose incomes were lower than the relative poverty threshold. In 2006, the relative poverty rate was 20% among single-parent families.

The Committee recalls that Article 30 does not only cover poverty but also social exclusion and the risk of social exclusion. It asks that the next report indicate how this phenomenon is tackled.

Approach to combating poverty and social exclusion

The Committee points out that governments must adopt an overall and co-coordinated approach, which must comprise an analytical framework, and take measures promoting access to social rights, in particular employment, housing, training, education, culture and social and medical assistance for persons in, or at risk of finding themselves in, a situation of poverty or social exclusion.

The National Strategy Report for Social Protection and Social Inclusion 2006-2008 (or national action plan) was the main reference point for the overall

approach to combating poverty and social exclusion in Sweden during the reference period. It sets out four key political objectives:

- promoting work, education and training;
- facilitating integration and preventing racism, xenophobia and ethnic discrimination;
- providing housing and reducing the number of homeless;
- supporting the most vulnerable groups.

The action plan defines social exclusion as the reflection of structural problems in society, as a result of which some individuals or groups do not have access to certain spheres of that society, such as the labour market, politics, culture, leisure activities, social relations and housing.

In the light of the information available to it, the Committee considers that, on the whole, the approach taken by the Swedish Government establishes a clear analytical framework, sets proper priorities and fosters appropriate action. Measures are co-coordinated because they are taken jointly by all the ministries and services concerned. Sweden's approach to combating poverty and social exclusion is therefore compatible with the Committee's interpretation of the overall and co-coordinated approach referred to in Article 30.

The report stresses how important it is for there to be a general system of social protection for the entire population based on universal coverage. This kind of system makes for extensive redistribution between different population groups and helps to reduce disparities in income. Social insurance helps to offset losses of income resulting from parental leave, ill health, disability and retirement and finance a number of benefits such as family allowance and housing benefits. Social assistance is a last-resort mechanism for guaranteeing income.

The aim of the Swedish authorities' employment policy is to promote employment and create a flexible but secure labour market (through measures such as training and a minimum income during periods of unemployment). Some measures are aimed more specifically at young people, people with disabilities and the long-term unemployed. The Committee notes that, according to Eurostat, the unemployment rate was 6.1% in 2007, meaning that the rate had decreased by 1.3 percentage points compared to 2005.

In the housing sphere, it is the municipalities' duty to ensure that everyone has decent housing. The aim is to encourage the construction of new homes and provide financial support for families that need it. The Committee takes note of the measures aimed in particular at young people, people with disabilities and the homeless.

With regard to education, specific measures have been taken for pupils with special needs (in particular, the creation of a National Agency for Special Needs

Education). Public preschool facilities have been set up by municipalities for children whose parents are unemployed or on parental leave.

According to the report, there is a need to facilitate access to culture. Policy objectives have been set in this connection, some of the main ones being to safeguard freedom of expression and offer each and everyone the chance to take part in cultural life and get involved in creative activity. The state also supports various cultural projects financially. The Committee notes that there are measures promoting integration and targeting the most vulnerable groups.

The Committee asks for the next report to include more information about the impact, the practical consequences and the results of the measures described above in terms of reducing poverty and social exclusion. It also asks to be presented, where possible, with quantified indicators of the means deployed and the results achieved for each of the measures concerned.

Monitoring and assessment

As the report does not provide any new information in this respect, the Committee refers to its previous conclusion (Conclusions 2005) for a detailed description of the monitoring and assessment mechanisms deployed by the Swedish Government.

According to the Report on Strategies for Social Protection and Social Inclusion for 2006-2008[1], all the policies to combat poverty and social exclusion are co-coordinated and involve all tiers of Government and relevant stakeholders. The Committee notes that the Network against Social Exclusion was consulted at seven meetings during the preparation of the 2006-2008 report. The Network is made up of non-governmental organisations (NGOs), trade unions and religious organisations. The 2006-2008 report says that their recommendations were taken into account by the Government and appear in an appendix to the report. Government agencies and the Swedish Association of Local Authorities and Regions also took part in the relevant meetings. The social partners were regularly informed on progress.

The Committee notes that the Government encourages local schemes to combat poverty and social exclusion. When it was drawing up the national action plan for 2001-2003, the Ministry of Health and Social Affairs set up a commission for service user influence on social development issues comprising representatives of the Network against Social Exclusion, the Association of Swedish Local Authorities and Regions and the National Board of Health and Welfare. It meets four times a year and holds seminars throughout the country to discuss the situation of the most vulnerable groups, their problems and potential solutions. These seminars provide a forum for discussion between NGOs, the Government, local authorities and service users.

Conclusion

The Committee concludes that the situation in Sweden is in conformity with Article 30 of the Revised Charter.

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[1] *http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2006/nap/sweden_en.pdf, 2006-2008 report*