



Report on the social inclusion and social protection of disabled people in European countries

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Background:

The [Academic Network of European Disability experts](#) (ANED) was established by the European Commission in 2008 to provide scientific support and advice for its disability policy Unit. In particular, the activities of the Network will support the future development of the EU Disability Action Plan and practical implementation of the United Nations Convention on the Rights of Disabled People.

This country report has been prepared as input for the *Thematic report on the implementation of EU Social Inclusion and Social Protection Strategies in European countries with reference to equality for disabled people*.

The purpose of the report ([Terms of Reference](#)) is to review national implementation of the open method of coordination in Social inclusion and social protection, and in particular the National Strategic Reports of member states from a disability equality perspective, and to provide the Commission with useful evidence in supporting disability policy mainstreaming.



PART ONE: SOCIAL INCLUSION PLANS (GENERAL)

1.1 Please describe how and where disabled people are included in your country's published plans for social inclusion and protection?

The most important document of the last decade concerning disability politics is *From patient to citizen: a national action plan for disability policy* (Government Bill 1999/2000:79, <http://www.regeringen.se/sb/d/108/a/833>, which was passed by the parliament 31 May 2000. According to the bill the objectives of disability policy are:

- a society based on diversity;
- a society designed to allow people with impairment of all ages full participation in the life of the community;
- equal opportunities in life for girls and boys, women and men with impairment.
- The work within disability policy should focus on three tasks in particular:
- identifying and removing obstacles to full participation in society for people with impairment;
- preventing and fighting discrimination against people with impairment;
- making it possible for children, young people and adults with impairment to live independent lives and to make their own decisions about their own lives.

The underpinning ideology is that people with impairment must not be objects of special measures but regarded as citizens with the same rights and opportunities as others. It is a clear shift of focus from the individual to the society as expressed in the title of the bill. The citizen perspective requires that a disability perspective should exist in all policy areas.

The plan does not contain any concrete law proposals. Furthermore it does not discuss sanctions to those who don't comply with e.g. the accessibility demands. Although the national plan addresses ideologically the structural level it does not concretize the implementation of the plan and how this would affect the structures that marginalize people with impairment.

1.2 In reality, what major actions has your country taken and what are the positive or negative effects on disabled people? (policy or practical examples)

A number of major measures have been taken aiming to increase the inclusion of people with impairment in the society. One was the establishment of *The Disability Ombudsman* (<http://www.ho.se>), which monitors the rights, and interests of people with impairment. The objective is that people with various kinds of impairment should be able to participate fully in community life and live on the same terms as others.

The Government appoints the Disability Ombudsman. There is a central office to assist the Ombudsman in her/his work. The Disability Ombudsman is the name used to represent both the Ombudsman personally, and the Ombudsman and the Office of the Ombudsman together. The Disability Ombudsman is a government authority.

Antidiscrimination acts

There are four important acts prohibiting discrimination on the grounds of disability. The Disability Ombudsman has the task to see that this legislation is complied with and that court action is taken when necessary.

[The Prohibition of Discrimination in Working Life of People with Disability Act](#) (1999:132)

[Equal Treatment of Students at Universities Act](#) (2001:1286)

[The Prohibition of Discrimination Act](#) (2003:307)

[Act on the prohibition of discrimination and other degrading treatment of children and pupils](#) (2006:67)



The Disability Ombudsman has repeatedly reported to the government pointing out the fact that despite the national plan *From patient to citizen: a national action plan for disability policy* and despite a number of laws, the level of welfare for people with impairment is still far below the welfare of the general population. With the exception of the group of people receiving services based on the *Act concerning Support and Service for People with Certain Functional Impairments*, (see below) the situation is more or less the same now as it was three to four decades ago. The Disability Ombudsman's explanation for this state of affairs is that the reforms in the field have been oriented towards the individual and not towards structural societal factors.

[Act \(1993:387\) concerning Support and Service for Persons with Certain Functional Impairments](#) includes ten measures for increasing the welfare for some people with impairment (see also 4.2 below). One of the most important measures of the act is the right to personal assistance, if the person fulfils the set criteria. This has resulted in that about 11,000 people with severe impairment have obtained personal assistance, which significantly improved their welfare and possibility for independent living. Another measure is that some persons with impairment are entitled to "daily activities" and this measure affects the highest number of individuals with about 25,800 receiving the entitlement in 2006. However, there are reports on defective quality of this service. The most important is that the service tends to lock in the person although one of the aims was to increase the possibility for the person to establish his-/herself on the regular labor market. The transition – from daily activity to labour – has not as yet come about. The National Board of Health and Welfare stated after an investigation in 2008 that one of the obstacles is that labor market partners do not regard this group as part of the target group. Another obstacle is the lack of co-operation between public and private actors in the field.

Public authorities' accessibility

All Swedish government authorities are responsible for ensuring that their premises, activities and information are accessible for people with impairment. The Disability Ombudsman has developed guidelines and as of 2005 Handisam –The Swedish Agency for Disability Policy Coordination is responsible for the implementation of the guidelines.

(http://www.handisam.se/upload/English/Riv%20Hindren%20English_.doc)

Involvement of people with impairment and their organizations

People with impairment have an active representation in issues of inclusion through their disability organizations. Disability organizations have a central roll in following and reporting on the situation of people with impairment. Organizations also contribute to the fulfillment of the political goals working for increased awareness of the issues. Organizations are key players in the active system of referrals when bills or propositions are to be passed. A disability delegation was established 2007. This body is an important forum of negotiation and a channel for information between the government and the disability organizations. The minister for Elderly care and Public Health is the chair of the delegation. There are fourteen members from disability organizations and then the state secretaries from several ministries including the Ministry of Finance and Ministry of Environment.

1.3 What is the most recent research about disabled people's equality and social inclusion in your country?

Evaluations of Swedish disability research indicate that an individual perspective dominates research, and that research focusing equality and social inclusion from a societal perspective is not prominent. (See e.g Swedish Council for Working Life and Social Research (2001).

However, there are some important contributions from the last two years, which address equality and social inclusion. Below is a summary of some of these:



Jerlinder et al. (2008) addressed the issue of social inclusion in education in the context of physical education (PE) for pupils with physical impairment within the compulsory school. The authors highlight that justice in education for pupils with impairment create certain dilemmas. A 'school for all' means that educators are faced with the dilemma of impairment being considered as something to be perceived as unimportant, not to matter. But in actual fact it seems to matter very much. Jerlinder et al. explored ways out of this general educational dilemma through justice theories of resource distribution and cultural. The philosopher Nancy Fraser's notion of 'social status', together with a pluralistic approach to identities where personal experiences are given a place, were used proposing a solution to the dilemma. It was concluded that redistribution of economic resources and social recognition are necessary if social justice within PE is to become a reality.

Over the last 10 years there has been an increase by about 100% of pupils enrolling in special schools for people with intellectual impairment, and this despite the official emphasizes on a "school for all" and the inclusion perspective. Tideman (2007) has investigated the mechanisms behind this increase. He stresses that an important explanation for the increase is the financial cut backs to public schools over the last decade. When there is a struggle over resources there is a need to categorize and label pupils to obtain adequate resources. He concludes that despite inclusion rhetoric there is in practice a process of exclusion going on in the Swedish educational system.

In an in-depth interview study, Strandberg (2006) investigated the changeover process experienced by individuals who as adults acquired a traumatic brain injury (TBI). The aim of the study was to increase the knowledge and understanding of this process, and describe the meaning of support in every day life with a focus on social recognition. The central construction of 'recognition' was analyzed from three different dimensions: the individual dimension, the legal dimension, and the value dimension. An important finding was that a majority of the informants were satisfied with support from society, such as hospital-care, rehabilitation and community support. Such support, initially, proceeded without problems but as time passed, the responsibility shifted to the person with TBI to take the initiative in arranging longer-term services. Long-term support addressing physical, cognitive as well as psychosocial consequences of the TBI is important for outcomes. It is also important to note that the majority of the informants had great difficulties in returning to working life after the injury. Many of the informants reported negative experiences regarding social recognition.

Larsson Abbad (2007) investigated the quality of life of persons with Asperger syndrome. Several aspects of their everyday life were reported, e.g. schooling, occupational problems, spare time and interests. The results showed that the participants experienced their life as hard, as seemingly uncomplicated chores prove to be exhausting. Inclusion in society was a constant struggle.

Inclusion of people with deaf blindness was studied by Möller (2008). In her study Möller reports misrecognition and how extremely vulnerable these persons are. Participation restrictions are far-reaching. Services entail systematical barriers and are sometimes missing.

Researchers at the Centre for Ageing and Supportive Environment (see <http://www.med.lu.se/case>) have published a unique list of obstacles for accessibility in the built environment (Carlsson et al., 2008).

In request 2 - *Disability and employment*, a summary can be found of research focusing inclusion and the labor market.



PART TWO: INCOMES, PENSIONS AND BENEFITS

2.1 Research publications (key points)

In 2002 an evaluation of the development of the welfare for people with impairment was published (See Ds 2002:32 <http://www.regeringen.se/sb/d/108/a/885>). The authors of the report concluded that “people with disabilities are at a disadvantage with regard to many aspects of welfare...”, and that cleavages have not changed over the past ten years. Using a broad definition (people with at least one of the following impairments: impaired sight, impaired hearing, impaired mobility and long-standing mental health problems), the number of people was about 13% of the Swedish population, or 700 000 people in all. People with hearing impairment and mental health problems increased substantially over the period. People with impairment had poorer health than others of the same age group and the authors stressed that, “the difference is substantial even where there is no particular reason to expect an association between the disability and the health indicator in question”. Although the low levels of education fell among the group “they were still far more likely than the rest of the population only to have a basic education”. The levels of gainful employment were lower and this could not be explained entirely by ability to work. Furthermore, it could be noted that the disposable income did not differ noticeably from those of other people although they experience day-to-day economic difficulties more than the population in general due to extra expenses for medical care, drugs, transport etc. The group is also more dependent on daily help than other people. From a gender perspective the report shows that the differences between men and women are about the same as in the general population in terms of welfare, i.e. women are consequently disadvantaged. Especially regarding the encounter of violence, women with impairment are at a greater risk than men with impairment.

There is a troublesome lack of accurate data concerning the development over the last years. However, there are no indications that the noted differences between people with impairment and the general population described above should have changed. On the contrary, the investigation by The Swedish National Institute of Public Health described below (see 3.1) insinuates the same.

2.2 Type and level of benefits (key points and examples)

A person with impairment in Sweden is entitled to various types of services. Service is given according to need. The different types of services are regulated by law and have their origin in the disability investigation of 1965. People with impairment apply for services through the municipality in which they live. Services can be of economic or practical nature. There is support for transport, to study, to work, as well as for recreation. Support varies from access to information, from personal assistance to special housing. The Disability Ombudsman (HO) has the duty to supply information on the various types of services as well as the laws behind the measures.

Below is a short description of the most important benefits for people with impairment and the laws that regulate the services:

Table 1 - Social Benefits

Social Benefit, Number of recipient and changes 2000- 2006 (%)	Description of benefit	Regulating document	legal

<p>Car allowance 2,700, +26%</p>	<p>An allowance to help finance the buying of a vehicle or other means of transport such as a moped or motorcycle for persons with a permanent impairment who have problems using the public transport. Parents to children with impairment may be entitled to car allowance if they need support to travel with their child.</p> <p>The basic car allowance is: 60 000 SEK for buying of a car 12 000 SEK for a motorcycle 3 000 SEK for a moped</p> <p>For people with low income there is a complementary grant based on income with a maximum amount of 40 000 SEK.</p> <p>Adaptations for the vehicles are covered on top of these grants.</p>	<p>The law regulating this service is the <i>ordinance (1988:890) on car allowance for persons' with disability</i>.</p>
<p>Disability pension: Activity support 25,000, n.a.¹ 529,000, n.a.¹</p>	<p>A person is entitled to sickness benefits (for people aged 30-64 years) or activity support (for people aged 19-29 years) when having at least one-fourth reduction in working capacity. This measure has replaced the early retirement pension, which existed at the time of the questionnaire. Early retirement pension was a variable used in the questionnaire.</p> <p>Activity support is paid by day, and the rate is 223 SEK per day if the person does not fulfill requirements for unemployment. If requirements are met the amount is between 320 SEK to 680 SEK per day. Maximum 196,800 SEK/year</p>	<p>These entitlements are regulated in the law <i>(1962:38) Social Insurance Act</i>.</p>
<p>Disability allowance 61,300, +6%</p>	<p>An allowance to cover substantial extra costs in day-to-day life as a result of impairment.</p> <p>Disability allowance is 36, 53 or 69 % of price-base amount set annually by the government, which varies from one year to the next. The percent varies depending on the need of help and the amount of extra costs.</p> <p>Disability allowance 2008: 36 %: 14 760 SEK 53 %: 21 730 SEK 69 %: 28 290 SEK</p>	<p>The law regulating this service is the law <i>(1998:703) Act on disability allowance and care assistance</i>.</p>
<p>Assistance Benefits¹ 14,300, +48%</p>	<p>Persons, who need more than 20 hours in a week personal assistance in their daily life, have the right to assistance benefits for the financing of personal assistants.</p> <p>Assistance benefits are based on the number of hours negotiated and the amount per hour is 237</p>	<p>The right to personal assistance is regulated in the laws <i>(1993:387) Act concerning Support and Service for Persons with Certain Functional Impairments and</i></p>

¹ Note that Assistance Benefits and Personal Assistance (see Table 2) are the same type of support but labelled different and different authorities are responsible.



	SEK for 2008.	(1993:389) <i>Assistance Benefit Act.</i>
Wage subsidy 58,700, +20%	Employer's grants for employment of persons with work impairment. The aim of this social support is that persons with work impairment will obtain and keep a job that they would otherwise not have gotten. Wage subsidies are paid to the employer for brut salary costs up to a salary of 16,700 SEK per month.	Wage subsidy is regulated in the (2000:630) <i>Ordinance on certain support for persons with work impairment.</i>
Public protected employment 5,100, -7%	Public protected employment is provided for persons with impairment having a reduced working capacity. This employment measure includes elements of rehabilitation. The employment should lead to work in the normal employment market. Salary is to be paid based on the employment and the capacity to work.	Regulating public protected employment are the (SFS 2000:630) <i>Ordinance on special measures for persons with impairment with reduced working capacity</i> and (SFS 2000:628) <i>Ordinance on the political working program.</i>
Sheltered employment 21,200, -20%	Sheltered employment is organized through the government company Samhall AB. Employment is offered to persons with impairment having a reduced working capacity. A salary is paid which follows a collective or union contract.	Regulating sheltered employment are the (SFS 2000:630) <i>Ordinance on special measures for persons with impairment with reduced working capacity</i> and (SFS 2000:628) <i>Ordinance on the political working program.</i>
Supported housing 7,700, +45%	Housing arrangements to meet the need of a person with impairment, the most common forms being group accommodation or service housing. A group accommodation is located in ordinary housing areas with maximum five interconnected flats. In addition, there should be space and facilities for common activities and staff. Service housing consists of five to ten separate flats in a larger area. Social and individual support is offered according to needs.	The right to supported housing is regulated in the law (1993:387) Act concerning Support and Service for Persons with Certain Functional Impairments.
Allowances for housing adjustment 67,200, +16%	Grants for the adaptation of housing for necessary changes to allow a person with impairment to live an independent life in his/her own home. Amounts of grants vary depending on the adaptations needed. Covering of costs for elevators are rare and considered extreme exceptions. Court cases may arise when this need is disputed.	The entitlement is regulated in the Law (1992:1574) on Grants for Housing Adaptation.



Parental benefits 43,000, n.a. ¹	<p>Parental benefits are paid to parents for children who are sick or have impairment. The benefit is to cover extra costs and to be an economic support for parents who cannot work full time because of children care needs.</p> <p>Parental benefits are based on price-based amount, and are 25%, 50%, 75% or 100%. For 2008: 100% benefit: 8,542 SEK per month 102,500 per year. 75% benefit: 6,404 SEK per month 76,875 per year. 50% benefit: 4,271 SEK per month 51,250 per year. 25% benefit: 2,135 SEK per month 25,625 per year.</p>	
Allowances to kin 1,200, -14%	<p>Allowance to kin is a grant provided by the municipality used to encourage kin for supervision or care to persons with impairment.</p> <p>The amount given per month varies from one municipality to another. One example from 2008 for Ale municipality is the monthly amount of 1500 sek.</p>	<p>This entitlement is regulated in the law (1962:38) <i>Social Insurance Act</i>.</p>

1) Came into practice 2003

2.3 Policy and practice (summary)

There are a number of policy documents and laws aiming to protect and increase the inclusion of people with impairment in society (see above). Research in the field discloses great cleavages between people with impairment and the general population. Even when using a very broad definition of impairment including 13% of the population the level differences are great. A stricter definition will mean even greater cleavages.

Disability research in Sweden is very individual oriented. A review of Swedish disability research suggested that disability research in Sweden should utilize the official statistics for in-depth analysis of the status of people with impairment. Furthermore, despite the fact that the cleavages seem to be constant over the last decades, welfare for people with impairment is not an important political issue. When addressed it most often concerns individual compensatory measures where the need would be to address more structural factors.

Swedish pensions for people with impairment are called activity support respective sickness benefits, and are many times used as an excuse not to give adequate support and means for a gainful employment or any other meaningful activities aiming to include people with impairment in the society.

Due to the increase in the costs for people with impairment, including pension (mainly cost related to measures according to the *Act concerning Support and Service for Persons with Certain Functional Impairments*, see below), the government has recently investigated the cost development and are now addressing the issue in order to cope with the increasing costs. At the moment the outcome of this process is not known.



SECTION THREE: CARE AND SUPPORT

3.1 Recent research publications (key points)

The National Board of Health and Welfare published an overview of care inputs for persons with impairment for the first time 1st October 2007 showing the following findings:

About 4,400 persons in the age group 0-64 lived permanently in special forms of housing. Of these, approximately 40% were women and 60% were men. The numbers rise sharply with increasing age, and just over 54% of those living in special forms of housing were in the age group 55-64.

Approximately 72% of all people living in special types of housing were living in accommodation under the management of their own municipality. The remaining 27% were living in privately managed accommodation, and 1% in accommodation managed by the County Council or other municipality.

Just over 16,800 persons in the age group 0-64 were granted home help services in ordinary housing.

Among those who were granted home help services in ordinary housing, approximately one third received between 1-9 hours of home help services per month. The distribution of persons by number of home help hours per month was almost equal between women and men.

About 10,700 persons were granted living support (practical or social). The service was provided for as many women as men.

Security alarms in ordinary housing may be provided with or without individual assistance decisions being taken. Data submitted by the municipalities refers to security alarms provided with assistance decisions. In total 9,600 persons in the age group 0-64 were reported as receiving this service.

Among other services based on assistance decisions, the statistics show that approximately 4,700 persons had daytime activities, just over 3,200 persons were provided with a contact person/contact family, 1,200 received an allowance for close family member/home help, and almost 1,100 people received short-term care/short-term housing.

According to data submitted by municipalities for the statistics, roughly 21,800 persons in the age group 0-64 at some point received health and medical care under the responsibility of the municipality in accordance with Ch. 18 HMS Act. Approximately half of these persons were women and half were men.

According to a public investigation (see <http://www.regeringen.se/sb/d/10057/a/109952>, in Swedish) the total cost for care and support according to the *Act concerning Support and Service for Persons with Certain Functional Impairments* was in 2006 41.9 billions Swedish Crowns (4.3 billion EURO). Over the period 2000-2006 the cost of the support increased, for the state with 143% and for the municipalities with 58%. However, the cost per activity was constant over the period and the increase of cost is related to the increase of people with impairment that was affected by the care and support. The increase of number of people over the period was 20%.

The Swedish National Institute of Public Health conducts every two years an investigation of the health status among people with impairment.

In the latest report (<http://www.fhi.se/templates/Page13075.aspx>) it was concluded that approximately 1.5 million people aged 16 to 84 years (about 17% of the population) had one or more impairments. Having poor health was ten times more common among those with impairment than in the general population.



Illness was more frequent among those with motor impairment (43 % of the men and 32 % of the women reported poor general state of health).

In many cases illness had a direct relationship with impairment, but a large proportion of illness had a relationship with financial insecurity, discrimination and lack of access, factors closely linked to disability. Among other important findings are that people with impairment to a larger extent than the rest of the population lacked confidence for the institutions of society and lacked emotional and practical support. Their social participation was also significantly lower than for the general population.

3.2 Types of care and support (key points and examples)

The following table summarizes the type of care and support for persons with impairment provided by the main authorities in Sweden.

Table 2 – Care and Support

Practical Services Number of recipient and changes 2000- 2006 (%)	Description of the care/support	Regulating legal document
Relief service in the home 3,500, -3%	Temporary assistance in the home for a person with impairment giving a possibility to relief for relatives caring for the individual. Relief service in the home is a right through the 1993:387 act. These services are in principle free of charge. Costs, such as food and transport will vary from county to county.	The right to relief in the home is regulated in law (1993:387) Act concerning Support and Service for Persons with Certain Functional Impairments.
Daily activities 25,800, +26%	Meaning full activities organized in a day centre, through an organization, cooperative or other. The amount paid to the user participating in daily activities will vary between counties.	The right to daily activities is regulated in the law (1993:387) Act concerning Support and Service for Persons with Certain Functional Impairments.
Special transport service 69,000, -5%	Special transport for persons with impairment who cannot use public transport. The cost varies from one municipality to another. Using Stockholm as an example one trip by taxi or bus will cost 70 sek per 30 kilometers of the trip. The maximum cost per month is that of a monthly card for the general public using the collective transport system and that is 690 sek.	The entitlement is regulated in the law (1997:736) Special Transport Services Act.

Legal Guardian	<p>A legal guardian for an individual with impairment who at the age of 18 cannot care for him/herself.</p> <p>Costs for legal guardians vary between the counties, both the cost for the user and the fee paid to the legal guardian. The user is reliable for the cost.</p>	Legal guardian service is regulated in The Parental Code 11 chapter 4§.
Home-help 19,100, +32%	<p>Help in the home to clean, wash, to do the shopping, with cooking or personal care to eat, dress, move one's self, personal hygiene, or other service to break isolation.</p> <p>The cost for this service will vary between municipalities. Both the cost for the user and the salary paid to persons providing home-help.</p>	Home-help is regulated the (2001:453) Social Services Act.
Technical Aids	<p>Technical aids are provided through the county governments or through the municipalities for those with impairment.</p> <p>The cost for technical aids varies between counties. Some counties provide all equipment free of charge others take minimal fees.</p>	Health and Medical Services Act (1982:763) regulates the provision of equipment.
Contact Person 17,500, +29%	<p>A person who facilitates life for a person with impairment making it possible for the person to live independently and not in isolation.</p> <p>Contact persons are in principle free of charge.</p>	The right to a contact person is regulated in the law (1993:387) Act concerning Support and Service for Persons with Certain Functional Impairments.
Short-term stays away from home 10,500, +7%	<p>Places are provided giving persons with impairment the possibility to change environment and to recreation. The service can increase the independence of the child.</p> <p>Short-term stays are in principle free of charge.</p>	The right to short-term stays away from home is regulated in the law (1993:387) Act concerning Support and Service for Persons with Certain Functional Impairments.
Companion Service 9,700, +24%	<p>A personal service adapted to the needs of individuals with impairment enabling the persons to come outside of the home and to live a life with good living conditions. The service can be used i.e. to participate in cultural activities, sports, or to take a vacation.</p> <p>Companions are in principle free of charge.</p>	The right to escort service is regulated in the law (1993:387) Act concerning Support and Service for Persons with Certain Functional Impairments.

Personal Assistance ² 3,700, -12%	<p>Personal assistance is accessible for those with certain functional impairments needing assistance to eat, communicate, to dress, with personal hygiene, and to come out of the home enabling the person to live an independent life. It is support to manage with personal needs and to live a life of full participation in society.</p> <p>Assistance benefits are based on the number of hours negotiated and the amount per hour is 237 sek for 2008. Salaries paid by the municipalities vary. Municipalities are responsible for the first 20 hours of assistance.</p>	The right to personal assistance is regulated in the law (1993:387) Act concerning Support and Service for Persons with Certain Functional Impairments.
Personal ombud 6,000 (started 2001)	<p>A person assisting persons with psychological impairment, a resource to insure that the individual's needs are met. The decision was taken by the government in 2000 to give national grants to municipalities for the organization of the service.</p> <p>The amount charged for the service of a personal ombud will vary from county to county as well as the salaries paid to personal ombuds.</p>	The National Health Board has the responsibility of co-ordination of the service.
Counseling and other personal support 9,500, -40%	<p>An entitlement for a person to extra support and advice from a person with extensive knowledge and experience of living with severe functional impairments. It can be someone who is a social worker, psychologist, physiotherapist, pre-school counselor, dietician etc.</p> <p>Counseling and support are in principle free of charge.</p>	The right is regulated in the law (1993:387) Act concerning Support and Service for Persons with Certain Functional Impairments.
Interpretation service (for persons with hearing impairment)	<p>Entitlement to interpretation in daily life for a doctor's appointment, contact with authorities, errands or hobbies.</p> <p>Charges for this service will vary between counties.</p>	Rules regulating interpretation service are found in the Health and Medical Services Act (1982:763)

There are also different forms of care, e.g. municipality home care, short term care, elective institutional care and there where in 2006 16,570 decisions of such types of care (note that one person can receive more than one type of care).

Municipalities also provide people with impairment with different forms of residential support such as residential housing for children and adults, respectively, and in 2006 there were about 28,100 individuals living in residential housing, an increase by about 20% since year 2000.

² Note that Personal Assistance and Assistance Benefits (see Table 1) are the same type of support but labelled different and different authorities are responsible.



PART FOUR: SUMMARY INFORMATION

4.1 Conclusions and recommendations (summary)

The national policy expressed in the national plan emphasizes that disability should be an integrated part of all activities in the society. The ideology of inclusion is highly manifested in a number of policy documents. A number of important acts further underline this focus on disability. Laws that guarantee people with impairment benefits, care and support according to needs are put into practice. Laws protecting people with impairment from discrimination are also important measures aiming for inclusion. However, despite these, in theory forceful measures, there are a number of indications that the development is either not improving or worsening in some important aspects. In education a number of actions are taken that exclude people with impairment, e.g. growing number of special classes or a substantial increase of people enrolling in special schools; in working life there are no signs that people with impairment have been more included over the last decades, the health status among people with impairment is still far worse than among the general population; there is a lack of coordination and cooperation between important actors that severely impedes inclusion, to mention but a few examples. People with multiple and/or complex impairments are especially vulnerable due to coordination lack of care and services. People with psychiatric problems are among those who are facing most difficulties. These facts indicate that there is a need for more forceful actions. Important measures focusing individuals have been taken but there is a striking absence of measures that have an effect on structural conditions that produce exclusion and isolation.

Structural changes in the educational system that prevent private and public actors in putting practice into place that exclude people with impairment are required as well as changes in the labor market that prevent employers from excluding people with impairment. Accessibility to different realms of life for people with impairment is also required.

In order to provide policy makers and the government with adequate information about how such structural measures should be formed and their effective implementation, more research is needed. Disability research has, as of to date, not been focusing structural conditions that impede or increase exclusion of people with impairment.

4.2 One example of best practice (brief details)

We have chosen *Act concerning Support and Service for People with Certain Functional Impairments (LSS)* as an example of good practice because it has played an extremely important role in including people with impairment in society. LSS come into force January 1, 1994 and constitutes a substantial part of the Swedish disability reform from 1993. The aim with LSS is to facilitate the daily life for people with impairment and to promote full participation in society. The persons themselves should exert most possible influence on the support. LSS describes ten different forms of support (for number of persons receiving the support, see Table 1 & 2): personal assistance; companion service; contact person; relief service in the home; short stay away from home; short period of supervision for school-children over age of 12; resident children; resident adults; counseling and other personal support and daily activities.

In October 2007 the municipalities reported that just over 56,800 individuals received one or more of the LSS services, excluding counseling and other personal support, which was an increase with 2% from the year before. Approximately 8,600 individuals had been granted counseling and other personal support, a decrease with 11% from the year before. The total number of LSS services 108,000 and of these 87% involved persons with intellectual impairment or autism. The largest type of service was daily activities (about 27,000 individuals). Approximately 21,600 resided in special homes for adults with impairment or other specially adapted homes. 18,000 individuals were provided with a contact person and 10,100 had short stay away from home arranged, assigned companions 9,700, counseling and other personal support 8,600, and short-term supervision, about 5,100.



These figures indicate that the support for people with impairment according to LSS is substantial and covers a large number of aspects of the daily live of people with impairment.



4.3 References

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