



Ministry of Health and Social Affairs

Reforms in the area of long-term care in Sweden

1.1 Introduction

Sweden has a comprehensive public long-term care (LTC) system. LTC services in Sweden are primarily regulated by the Social Services Act (2001:453) (SoL), the Act concerning Support and Service for Persons with Certain Functional Impairments (1993:387) (LSS) and the Health and Medical Services Act (2017:30) (HSL). The importance of good quality is emphasised in these acts.

Responsibility for the LTC system is shared between different administrative levels. At national level, the Riksdag and Government establish political goals and directives through legislation and economic incentives or control measures. Health care is organised and conducted at the regional level. The responsibility for providing LTC, such as home care and accommodations, lies at the local (municipal) level. Some forms of health care, such as rehabilitation and nursing care can also be provided in the home, referred to as home health care. Home health care is the responsibility of either the regions or the local municipalities, and increasingly the latter. As the responsibility is shared, regions and municipalities are obligated to collaborate to meet people's needs.

SoL states that those who cannot meet their needs themselves or cannot have them met in any other way have the right to support. This can involve financial support (social assistance) and support to maintain their living in general. Through the assistance, the individual should be assured of a reasonable standard of living. SoL targets 'older persons' (without specifying their age) and individuals with physical or mental disabilities as groups entitled to support both inside and outside the home (SoL, Chapter 5, Sections 4–6 [older persons] and 7–8 [individuals with disabilities]). LSS covers individuals up to 65 years of age. Those over 65 who require support and do not already have it under LSS are referred to elderly care according to SoL.

An important aspect of the Swedish LTC system is that priorities and decisions are often made at the local level, resulting in both eligibility criteria and provided services varying within both home and residential care. At the same time, SoL, applies nationwide. The possibility for individuals to appeal a negative decision to the administrative courts contributes to more uniform application of the law.

Effective cooperation between health care and social care is seen as a prerequisite for a well-functioning LTC system. However, this can be a challenge in practice. Poor coordination often leads to not only a deteriorated experience for the individual but, in some cases, lower quality of care or social services and increased costs. SoL and the HSL contain specific provisions stating that the municipality and the region should jointly establish an individual plan if a person needs interventions from both social services and health care. Since 1 January 2018, there has also been a special law (2017:162) in Sweden on cooperation after discharge from inpatient care. This law aims to promote good care for the individual who, following discharge from inpatient care, requires support from social services and municipal health care.

In the 2024 Budget Bill, the Swedish Government points out a number of challenges within the LTC sector. These include staffing and skills, which is a central issue, particularly in light of demographic developments and the fact that many people working in the LTC sector will retire in the coming years. Estimates from the Swedish Association of Local Authorities and Regions (SALAR) show that elderly care needs to increase its number of employees by around 31 per cent – 58 500 people – by 2031, due to demographics. Approximately the same number of employees are expected to retire during the same period. This means that elderly care needs to employ 111 000 people overall. Other challenges include assistive technology and the field of dementia.

1.2 Stakeholders' involvement

There are currently several existing consultation procedures within the Swedish Government Offices. Relevant stakeholders, including government agencies and civil society organisations, are often included in reference groups, and within the inquiry-processes, they are given the opportunity to express their views on investigation proposals through the referral procedure in their respective areas. The Government also occasionally invites stakeholders to hearings to engage in dialogue on specific issues. This enables a continuous dialogue between civil society, authorities and the Government.

1.3 Overall policy response

Staffing and skills are central areas within the LTC sector. The Government's assessment is that investments to strengthen staffing and competence within the LTC sector are crucial. This is a very significant challenge within the welfare system and affects virtually all municipalities and independent actors. Enabling more people to receive education and acquire the right skills is extremely important.

The following initiatives have been taken by the Swedish Government:

- The Elderly Care Initiative, which aims to strengthen skills within municipally funded health and social care for older persons by providing new and existing staff the opportunity to undergo training during paid working hours.
- The Initiative runs in parallel with the regulation of the professional title of 'nursing assistant'. The title for the profession of nursing assistant is protected as of 1 July 2023. This reform aims to ensure the competence of those working in the LTC sector. The purpose of the protected professional title for nursing assistants is to improve the quality and safety of health care and social services.
- The Government has established a fixed care contact for everyone receiving home care services – the contact should meet the individual's needs for security, continuity, individual adaptation and coordination.
- Language requirements for staff in elderly care are being investigated. The main purpose of imposing language proficiency requirements is to strengthen patient safety in the care and support of older persons.
- Support to municipalities for the introduction of assistive technology in elderly care. Assistive technology can strengthen the individual's independence and participation in care as well as relieve staff and increase flexibility in staffing.

- Strengthened medical competence in municipal health care is being investigated.
- Strengthened support for relatives is being investigated. This concerns support for relatives who have long-term illnesses, relatives of persons who are acutely ill and relatives who are children.

1.4 Political Goals and Measures

Elderly Care Initiative

Name: Elderly Care Initiative

Purpose: Strengthen skills through staff training

Type: Government grant, SEK 1.7 billion allocated in 2024 with the same amount estimated for 2025 and 2026

Target Group: Personnel working within the LTC sector

Results: 6 600 individuals have completed education/training with passing grades and over 30 000 individuals have attended shorter courses.

Follow-up: Conducted annually by the National Board of Health and Welfare

The Elderly Care Initiative is an effort that aims to enhance skills within municipally funded health and social care for older persons by providing both new and existing personnel the opportunity to undergo training during paid working hours. This training may be to become nursing assistants or nursing aides, for example. It also provides training opportunities for frontline managers.

The Elderly Care Initiative was introduced in 2020 and expanded in 2021 by the former Government to also include other competence/skill-enhancing courses within health care and social services, as well as training for frontline managers. The government chose to further develop the Initiative in 2024 and allocated SEK 1.7 billion for the year. The same amount is expected to be allocated for this purpose in both 2025 and 2026. The Initiative is also part of Sweden's recovery and resilience plan.

The Government has identified a need to further develop the initiative in 2024 so that the funds can be utilised more effectively and more people can benefit from the funds to strengthen the quality and safety of elderly care. Among other things, the funds may be used for validating knowledge for nursing assistants in accordance with the regulations of the National Board of Health and Welfare (HSLFS 2023:14) and general advice on protected professional title for nursing assistants, or for nursing aides in municipally funded health care and elderly care. The funds can also be used for language education for personnel in elderly care. This could involve courses in health care-related Swedish or in operations where there is a significant need, or training in the national minority languages of Finnish, Yiddish, Meänkieli, Romani Chib and Sami, or Swedish sign language.

The National Board of Health and Welfare has been monitoring the Elderly Care Initiative annually since 2020. The latest report from October 2023 shows that over 6 600 individuals completed education with passing grades between 2020 and 2022. During the same period, over 30 000 individuals started a shorter course that met the competency requirements in the National Board of Health and Welfare's general advice (SOSFS 2011:12) or according to the Board's competency goals for nursing assistants.

In 2022, the National Board of Health and Welfare allocated approximately SEK 1.68 billion to 287 municipalities for the Elderly Care Initiative. Approximately SEK 1.3 billion, equivalent to 76 per cent of the funds, were utilised. The overall response from municipalities has been positive regarding the government grant, and it is considered to have been helpful in strengthening the competence of employees in elderly care. The assessment is also that there is a need for continued and more long-term planning. The National Board of Health and Welfare has provided the following report on the use of the grant in 2022, published in 2023:

- Approximately 5 100 employees in municipally funded elderly care started studying to become nursing assistants in 2022. Many of them are expected to complete their education in 2023.
- About 650 employees started studying to become nursing aides.
- Nearly 3 000 individuals completed education to become nursing aides or nursing assistants with passing grades.
- A total of 13 900 individuals took courses to develop knowledge and skills as specified in the National Board of Health and Welfare's general advice (SOSFS 2011:12) or according to the Board's competency goals for nursing assistants.
- Nearly 900 individuals started specialist training for nursing assistants. 339 individuals completed specialist nursing assistant training with passing grades.
- A total of 339 managers started leadership training at the university level, of which 189 completed it with passing grades.
- Women participated at a higher rate than men in all categories of education.
- Existing staff, rather than newly hired staff, participated in training.
- Employees of municipal providers participated in training to a greater extent than employees of private providers.

Protected Professional Title for Nursing Assistants

- *Name:* Protected Professional Title for Nursing Assistants
Purpose: Enhance the quality and safety in health care and care services
Type: Legislative regulation
Target Group: Personnel working within the LTC sector
Results: The National Board of Health and Welfare has issued 73 196 certificates of protected professional title for nursing assistants.
Follow-up: None planned yet
- The regulation on the protected professional title for the occupation of nursing assistant came into effect on 1 July 2023. The regulation stipulates that only those who have a certificate to use the title of nursing assistant shall be allowed to use the title in professional practice within the health care field and in activities according to the Social Services Act and the Act concerning Support and Service for Persons with Certain Functional Impairments. Applications for certificates are made to the National Board of Health and Welfare. As of 3 May 2024, the National Board of Health and Welfare had issued 73 196 certificates of protected professional title.
- Transitional provisions were also introduced, which means that those who were permanently employed with the title of ‘nursing assistant’ at the time of entry into force shall be allowed to continue using the title for a period of 10 years from the entry into force, even if they have not obtained a certificate to use it.
- The purpose of making ‘nursing assistant’ a protected professional title is to raise the quality and safety in health care and care services. Currently, there are significant differences in the education and experience of nursing assistants in several competency areas, which can have a decisive impact on quality and patient safety. Some nursing assistants have a solid education, while others within the profession may completely lack health care and care education.
- To ensure or even improve the quality and safety of health care and care, the staff competence must be valued and understood in a completely different way than today. The demographic development with an increasing number of older persons and the current health

trend with an increasing number of people suffering from both chronic diseases and mental health problems pose a major challenge for society and thus an increased need for patient-related contacts.

- Nursing assistants are the professional group that often works closest to the patient or user. Therefore, the knowledge and competence that a nursing assistant possesses are significant for the quality of operations and for patient safety. However, a survey of nursing assistants' competence and tasks conducted by the Investigation on the Regulation of the Nursing Assistant Occupation (SOU 2019:20) revealed deficiencies in several competency areas for nursing assistants, which are crucial for the quality and safety of health care and care. These included lack of knowledge in health care, communication and assessment skills, as well as an inability to understand when their own competence and knowledge are insufficient. Deficiencies in Swedish language skills are also common.
- With a protected professional title for nursing assistants, a uniform level of competence is ensured for that professional group. 'Nursing assistant' has not been a regulated occupation previously, meaning that individuals working as nursing assistants could have different educations and competencies. But with a protected professional title, what competence a nursing assistant should have will become clear.

Fixed Care Contact in Home Care

Name: Fixed Care Contact in Home Care

Purpose: Meet the individual's needs for security, continuity, personalised care and coordination when home care services are implemented

Type: Legislative regulation

Target Group: Personnel working within the LTC sector

Follow-up: The National Board of Health and Welfare will report on follow-up in 2025.

From 1 July 2022, all individuals receiving home care (not just older persons) will be offered a fixed care contact. According to Chapter 4, Section 2 b of SoL, anyone receiving home care under Sections 1 or 2 a should be offered a fixed care contact unless it is deemed clearly unnecessary. The fixed care contact should meet the individual's needs for security, continuity, personalised care and coordination when implementing home care services.

A fixed care contact is a person working in home care who is designated to have a special responsibility for the individual receiving home care. Everyone receiving services from home care should be offered a fixed care contact unless it is deemed clearly unnecessary. The general rule is that everyone should be offered a fixed care contact. This provision applies to everyone receiving home care, regardless of age.

Having a designated person in home care who gets to know the individual and has an overview of their needs is important for creating security, personalised care and coordination. For most people, it feels safer to receive support and assistance from personnel they recognise and have a relationship with.

If many different people come into the home to perform the service, there is a risk that the quality will suffer. Personnel continuity is therefore important.

The person appointed as a fixed care contact needs to work in close relation to their care recipients. The fixed care contact's tasks may include:

- Performing home care services, which is a central part of the care contact's work. This may involve support and service, care and personal assistance. It may also involve carrying out medical tasks as directed or delegated by health care professionals and planning and following up on the provision of care.
- Working closely with the individual, creating an overview of their situation and adapting the support to the person's specific needs. This is the foundation of the fixed care contact's work.
- Adapting support to the individual's needs and situation, which may change at short notice. This requires the care contact to have a certain degree of autonomy and flexibility.
- Establishing and following up on the implementation plan. The implementation plan can help ensure that services are delivered consistently, especially if there are multiple caregivers visiting the individual's home.
- Contributing to the coordination of services from both home care and health care. By knowing the individual, the care contact has important information that others may need to provide good and coordinated care. Coordination may involve contact with schedulers in home care, other personnel in the home care group, social workers, licensed health care professionals and relatives. Personal data must be handled in accordance with regulations on confidentiality.
- Contributing to the relatives' sense of security, both by being a contact person whom relatives can turn to and by coordinating contacts with other professional groups. If coordination does not work, relatives may feel the need to take responsibility for coordination. However, relatives' efforts should always be voluntary.

- Only someone holding the title of ‘nursing assistant’ may be a fixed care contact. For the care contact to be able to perform their work in a manner that is safe and secure for the individual, they need to have the central abilities, knowledge and competence equivalent to that of a nursing assistant. ‘Nursing assistant’ is a protected professional title as of 1 July 2023.
- The National Board of Health and Welfare has been tasked with following up on the fixed care contact reform in 2024 and should provide a report on the assignment to the Ministry of Social Affairs no later than 1 March 2025.

Language Requirements for Personnel in Elderly Care

<p><i>Name:</i> Language Requirements for Personnel in Elderly Care</p> <p><i>Purpose:</i> Enhance patient safety in the health care and care of older persons</p> <p><i>Type:</i> Government inquiry</p> <p><i>Target Group:</i> Personnel working within the LTC sector</p> <p><i>Result:</i> The investigation will submit its proposals on 1 September 2024.</p> <p><i>Follow-up:</i> None planned yet</p>
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A commission has been tasked with analysing and developing proposals for language requirements for personnel in elderly care. The commission is expected to report its findings by 1 September 2024.

The background for this initiative stems from the recognition of inadequate Swedish language skills among personnel in elderly care, highlighted both in supervisory activities and by governmental inquiries. Hence, a special investigator has been tasked with analysing and proposing how language proficiency requirements for personnel in elderly care can be regulated. The primary objective of imposing language requirements is to enhance patient safety in the health care and care of the elderly. Elderly individuals should feel secure knowing that the staff possess proficient Swedish language skills, enabling them to effectively carry out care and assistance tasks around the clock. Proficient Swedish language skills among staff also improve many elderly people’s possibilities to help shape the provision of care.

The investigator is expected to:

- analyse and determine the appropriate level of Swedish language proficiency for nursing assistants and caregivers working in elderly care and assess whether the requirements should differ between professional groups;
- analyse and, if necessary, propose requirements and appropriate levels of Swedish language proficiency for other professional groups working in elderly care, such as personnel in certain service occupations with direct contact with the elderly;
- analyse and propose how language requirements can be formulated, assessed and promptly implemented in practice, as well as how they can be monitored and quality-assured in the long term in an effective and purposeful manner;
- analyse and report on the consequences of language requirements for the staffing and skills supply in elderly care, in both the public and private sectors;
- analyse and propose cost-effective measures, such as actions that employers, municipalities and the State can take to assist existing personnel in elderly care in reaching the required levels of Swedish language proficiency more quickly; and
- submit necessary legislative proposals.

In the expanded Elderly Care Initiative, the government emphasises the possibility of using government grants to provide personnel with the opportunity to take courses in health care-related Swedish and Swedish language courses, alongside other training conducted within the framework of the Initiative. Funds may also be used for workplace language development and language-enhancing approaches, such as training employees to act as language ambassadors.

Assistive technology to strengthen municipalities' development of elderly care

<p><i>Name:</i> Assistive technology to strengthen municipalities' development of elderly care for personnel in elderly care</p> <p><i>Purpose:</i> Support the development of digitisation and assistive technology in elderly care</p> <p><i>Type:</i> Grant to the Swedish Association of Local Authorities and Regions (SKR) and government inquiry</p> <p><i>Target group:</i> Municipalities throughout the country</p> <p><i>Result:</i> The Swedish Association of Local Authorities and Regions must submit a final report to the Legal, Financial and Administrative Services Agency (<i>Kammarkollegiet</i>) by 31 March 2025. The inquiry must submit a report no later than 1 April 2025.</p> <p><i>Follow-up:</i> The National Board of Health and Welfare will monitor the development of e-health and welfare technology in municipalities annually.</p>
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The government has allocated SEK 20 million to the Swedish Association of Local Authorities and Regions for the Assistive Technology Competence Center. The aim is to support municipalities in their development of digitisation and increase the use of assistive technology in elderly care.

By supporting municipalities in their development of digitisation and assistive technology, the Government aims to strengthen the conditions for providing high-quality elderly care. Digital assistive technology can increase the elderly's safety, participation and independence. One such example is digital medication dispensers that enable older persons to manage their medications safely on their own.

The Competence Center works to provide advice, support and guidance to support municipalities on issues including change management, information security, infrastructure, legal matters, benefit realisation, monitoring and procurement of digital solutions.

The Competence Center develops practice guidelines, operates a helpdesk and can travel across the country to support municipalities on-site. The Center also provides advice, support and guidance for systematic collaboration between municipalities.

The demographic development also entails a significant need for recruiting new care personnel, especially in elderly care. Meeting this challenge requires new and more efficient working methods in municipalities. If used correctly, new digital tools and approaches can complement employees' important work and enable their skills to be utilised.

The Government has also tasked the National Board of Health and Welfare with mapping and analysing local experiences of implementing commonly used assistive technologies, regarding resource efficiency and quality development in activities including elderly care. The Board must submit a report on the assignment to the Ministry of Health and Social Affairs by 1 September 2025.

A commission has been appointed to, among other things, propose a regulation of the use of assistive technology when interventions are provided to people who lack the ability to give informed consent to digital personal data processing. The aim is to ensure that they are offered services on the same terms as others.

Enhanced medical competence in municipal healthcare

Name: Enhanced medical competence in municipal healthcare

Purpose: Strengthen municipalities' ability to secure access to doctors in municipal health care

Type: Government inquiry

Target group: Municipalities throughout the country

Result: The investigation will submit its proposals by 1 November 2024.

Follow-up: None planned yet

Municipal health care largely serves elderly patients with complex needs, individuals with chronic diseases and those with multiple conditions. To meet the needs of these patients and provide them with good and safe care, medical competence is required. Despite this, there are deficiencies in the availability and participation of doctors, which several investigations and follow-ups have shown. This has affected municipal health care's ability to meet the requirements of good care. Against this background, the issue of municipalities' ability to employ doctors has been raised in several investigations.

The latest investigations that made assessments on this issue are the Corona Commission (dir. 2020:74) and the Investigation on an Elderly Care Act (dir. 2020:142). In its interim report, Elderly Care during the Pandemic (SOU 2020:80), the assessment of the Corona Commission is that municipalities should be able to employ doctors. Among its reasons, the Commission states that elderly care becomes dependent on the priorities of the regions. At the same time, the Commission does not propose any changes to the principal responsibility, but emphasises that even if municipalities are given the opportunity to employ doctors, it is important that the regions ensure that elderly care has access to the medical resources it needs.

In the report, Next Step – Increased Quality and Equality in Care and Services for Elderly Persons (SOU 2022:41), the assessment of the Investigation on an Elderly Care Act is that municipal doctors are not a suitable solution or crucial for, for example, elderly persons to have improved access to doctors in primary care. The report indicates that the regions currently have the best conditions, as principal actors, to ensure good access to doctors, even for patients in municipal primary care.

In 2020, the Health and Social Care Inspectorate examined medical care and treatment for older people living in special housing for the elderly (SHF). The examination showed, among other things, that about 20 per cent of patients did not receive any individual medical assessment in cases of suspected or confirmed COVID-19.

In the National Board of Health and Welfare's survey of older persons in residential care in 2022, 45 per cent stated that it was very or quite easy to see a doctor. This was a decrease from 53 per cent in 2020. The proportion stating that it was quite or very difficult increased from 17 per cent in 2013 and 21 per cent in 2020 to 28 per cent in 2022. The National Board of Health and Welfare notes that this is a strongly negative trend.

The National Planning Support 2023 report by the National Board of Health and Welfare includes assessments of the supply and demand for licensed personnel in health care and dental care. The report indicates that just under 60 per cent of municipalities in October 2022 reported that the availability of doctors in municipal healthcare was unchanged compared to October 2021. The proportion of municipalities reporting worse access to doctors in 2022

than in 2021 was 16 per cent, while 9 per cent of municipalities reported better access to doctors.

To meet the patients' increasing health care needs in municipal healthcare, medical competence must be ensured. At the same time, deficiencies in this regard have been noted for a long time. There is therefore cause to question whether the current system is working effectively. The issue of doctor availability in municipal health care is becoming increasingly urgent, and municipalities' ability to secure doctor availability in municipal health care needs to be reviewed.

Therefore, the investigator should, among other things:

- analyse and account for the municipalities' current conditions for hiring doctors at the expense of the regions and the effectiveness of the current system;
- propose a system where municipalities can employ doctors, and
- submit necessary legislative proposals.

The inquiry is also tasked with analysing and proposing measures to strengthen the municipalities' conditions/ability to secure skills supply within municipal health care. The inquiry must submit its report by 1 November 2024.

Enhanced support for relatives

Name: Enhanced support for relatives

Purpose: To improve, further develop and strengthen support for relatives (both adults and children)

Type: Government inquiry

Target group: Relatives

Result: The investigation will submit its proposals by 1 September 2024.

Follow-up: None planned yet

A special investigator should analyse and submit effective proposals that ensure purposeful and individually adapted support for relatives of people who are long-term ill, relatives of people who are temporarily seriously ill

and relatives who are children. The aim is to improve, further develop and strengthen support for relatives – both adults and children.

Providing care and support to a loved one can be a positive and enriching experience that offers new perspectives and deepens the relationship. It can also involve significant strains, worries, grief and stress, which can affect the relative's physical and mental health, finances and quality of life.

One in four relatives becomes ill themselves, and population studies conducted by the National Board of Health and Welfare in 2012 and the National Competence Center for Relatives (Nka) in 2018 have shown that individuals who regularly provide care, assistance or support to a loved one perceive their health as worse than the rest of the population.

Women are generally more negatively affected than men. Studies show that women more often provide more extensive family care, ranging from personal care and treatment to physical activities and contact with health care and social services. Women also more often feel that their efforts interfere with work and studies.

The situation of relatives providing care to a member of their family is a public health issue. Relatives' strong focus on the well-being of the loved one can make it difficult to address their own needs. At the same time, relatives often have various needs for support services themselves.

The investigator should, among other things:

- analyse the need for and provide purposeful and effective proposals on how support, in the form of a contact person for relatives of persons who are long-term ill and relatives of persons who are temporarily seriously ill, should be designed and provided;
- analyse and, if necessary, propose measures that ensure purposeful support for relatives who are children;
- submit effective proposals for measures that ensure that relevant personnel in social services and health care have appropriate competence to provide quality support to relatives who are children;

- analyse the need for and provide purposeful and effective proposals for how a national support line for relatives, offering accessible, quality support around the clock, can be offered; and
- submit necessary legislative proposals.