REGERINGSKANSLIET

Memorandum

15 April 2014

Ministry of Health and Social Affairs
Sweden

National Social Report 2014 – Sweden

1 Introduction

1.1 The division of competencies at national level and local/regional level[1]

National level: The Ministry for Health and Social affairs is responsible for issues such as health, social insurance and social services.

County councils: The principal area of responsibility for county councils is health and medical service (around 80 per cent of expenditure). Other common county council areas include dental service, education (above all training programmes in the health care professions), culture, public transport and support to the county's business sector. County council operations are financed through government grants, county council taxes and charges, and are regulated, inter alia, by the Swedish Local Government Act.

Local level: At local level there are 290 municipalities. Despite differences in size, the municipalities have the same responsibilities. That is to levy taxes and provide social services such as schools, housing and home-based elderly care, infrastructure, etc. The activities are financed through municipal taxes, government grants and charges, and are primarily regulated by the Swedish Local Government Act. Other Acts important to the municipalities include the Social Services Act, the Planning and Building Act and the Schools Act.

1.2 The overall strategy and goals for social protection and investment[2]

Supporting persons and families in financially and socially vulnerable situations
The objectives of the Government's individual and family care policy are to enhance the capacity and opportunities for social inclusion of people in financially and socially vulnerable situations and to strengthen protection for vulnerable children.

The Government believes that an important basis for social care for children and young people is that it should be preventative - with early detection and timely provision of support to children, young people and parents - and evidence-based (i.e., founded on established knowledge). It is essential that municipalities engaged in development efforts are able to share their knowledge and experience. In this connection, the National Board of Health and Welfare (Socialstyrelsen) also plays an important role, in terms of both conveying knowledge and guidance and work on statistics, indicators and open comparisons.

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[1] http://www.government.se/sb/d/2858
[2] http://www.government.se/sb/d/16900/a/223724

Another important basis of Government policy on social care for children and young people is the enhancement of the rights of the child under the United Nations Convention on the Rights of the Child (and its two Optional Protocols), above all putting the best interests of the child at the center of decisions made by the social services and ensuring that children and young people have the right to be heard in matters affecting them. In addition, effective and coordinated state supervision, with a clear children's perspective, is important to the Government to ensure that laws, regulations and the intentions of these are followed and taken into account.

Pensions

People with low income-related pensions or none at all, will be guaranteed index-linked basic protection. Surviving spouses will be given reasonable economic support to help them adjust following the death of their spouse. The old-age pension system will be administered and managed at low cost and so as to benefit pensioners and pension savers. The information provided will put pension savers in a good position to assess their future pension and the factors that affect it.

Sweden has a stable pension system based on an agreement between the Moderate Party, the Liberal Party, the Centre Party, the Christian Democrats and the Social Democratic Party. Pension systems involve very long-term commitments that rely on great public confidence. This requires politically stable rules and careful management. The Government therefore intends to continue to protect and look after the pension system so as to create security, predictability and sustainability.

Public health and health and medical care

The overall national objective of public health policy is to create conditions in society enabling the entire population to enjoy good health on the same terms.

The Government wants public health policy to proceed from people's needs for integrity and freedom of choice. Each individual's responsability for, and interest in, improving their health forms the basis of public health policy work. This is why it is key that public health policy creates good conditions and support for individuals to make healthy choices.

The Government considers that public health policy measures are investments in the future that will, in the long term, provide dividends primarily for the individual, but also for society. A joint assumption of responsibility by the public sector, non-profit actors and individuals is a good basis for successful public health work. The Government also considers that public health policy should build on a scientific foundation and proven experience. Measures must be followed up to ensure results and quality. Follow-up can be done in a number of ways.

The Government's objectives are based on the premise that health and medical care is to give patients added value in the form of improved health. Health and medical care must be run efficiently and with good results for patients so that it enjoys a high level of confidence among the general public. Health and medical care is to promote health by working to prevent ill health. People must be offered good-quality health care that is adapted to needs, accessible and effective.

Sickness insurance
One of the objectives is that the level of absence from work due to illness to be low and stable in the long term. This means, more specifically, that sickness absence should not vary more than is attributable to normal seasonal variation, there should be no unjustified regional disparities in sickness absence and the level of sickness absence should be in line with equivalent systems and benefits in the EU and the OECD.

In the past, the level of sickness absence in Sweden was among the highest in the world. This has changed. Sickness absence now lies at a similar level to that found in comparable countries in the European Union. Whereas regional disparities in sickness absence used to be considerable, they are now very small. The active sick leave process introduced by the rehabilitation chain system has led to fewer people being on long-term sick leave, to the benefit of society and the individuals concerned.

Social services
The objective for social services policy is to strengthen the capacity and opportunity for social participation of people who are in economically vulnerable situations, and to strengthen protection of children at risk.

The Government provides various forms of support to municipal efforts for developing social services for people in need of them. This is done through long-term efforts targeting increased knowledge and quality development. During the current electoral period, the Government continues to support development of public performance reports of results, quality and effectiveness in the area of social services to create transparency, encourage improvement efforts and facilitate free choice. The Government wants more municipalities to introduce free choice systems for care and support activities to elderly people and people with disabilities. The Government continues to support the development of evidence-based practice within the social services. Evidence-based practice deals with creating better conditions for social services that are based on the best available knowledge and that focus on the needs of the individual.

1.3 Consultation with interest organisations and Swedish civil society

There are a number of existing consultation processes at present, which form a part of the Government's decision-making process. These also cover issues affecting the Europe 2020 Strategy. Affected stakeholders are often included in reference groups within the inquiry system and are given the opportunity to present their views on inquiry proposals through the referral process within their specific areas. Occasionally, the Government also issues invitations to hearings, in order to bring about a dialogue on specific topics. There are also continuous discussions within various consultation bodies, such as the Pensioner's Committee, the Disability Delegation and the User Committee.

1.4 Key macroeconomic figures highlighting the overall economic context[3]

The international economic recovery that started in 2013 appears to be continuing. An expansive monetary policy in large parts of the world and reduced fiscal policy restraint is expected to contribute to relatively high growth in the rest of the world. In the euro area the end of 2013 was characterized by stronger economic development compared with the last few years and in early 2014 there have been clear signs of a broad upturn in economic activity. The growth rate in the American economy speeded up in 2013 and is expected to be relatively high going forward.

Swedish GDP growth is expected to be higher in 2014 than in 2013 (see Table 1). Confidence among companies and households has strengthened since summer 2013. This indicates increased activity in the Swedish economy in 2014. Exports are expected to grow again as a result of higher growth in the rest of the world. Investment needs in industry are also expected to increase when the economic outlook improves. Good growth in disposable incomes and an improving labour market, along with a high level of household savings at the outset provide scope for strong growth in household consumption. This means that household consumption is expected to make a relatively large contribution to growth in 2014 and 2015.

Higher economic growth is expected to lead to a slightly greater increase in employment than in the labour force in 2014 and 2015. Thus unemployment is expected to fall. The increase in employment is expected to be mainly in the service industries. This increase follows from the rising domestic demand for services, particularly through increased consumption of services by households. Employment in the goods industries is expected to show a weak trend.

In 2013 the public sector reported net lending of -1.3 per cent of GDP. The public sector financial deficit will increase somewhat in 2014. The stronger economic development in the subsequent years mean that

[3] http://www.government.se/sb/d/5867/a/239230

public sector net lending will gradually strengthen to 1.2 per cent of GDP in 2018. As a result of the public sector deficits, gross debt as a percentage of GDP is expected to increase somewhat in 2014. Gross debt is then expected to decrease gradually to 32 per cent of GDP until 2018 (public finances are dealt with in more detail in Sweden's convergence programme for 2014).

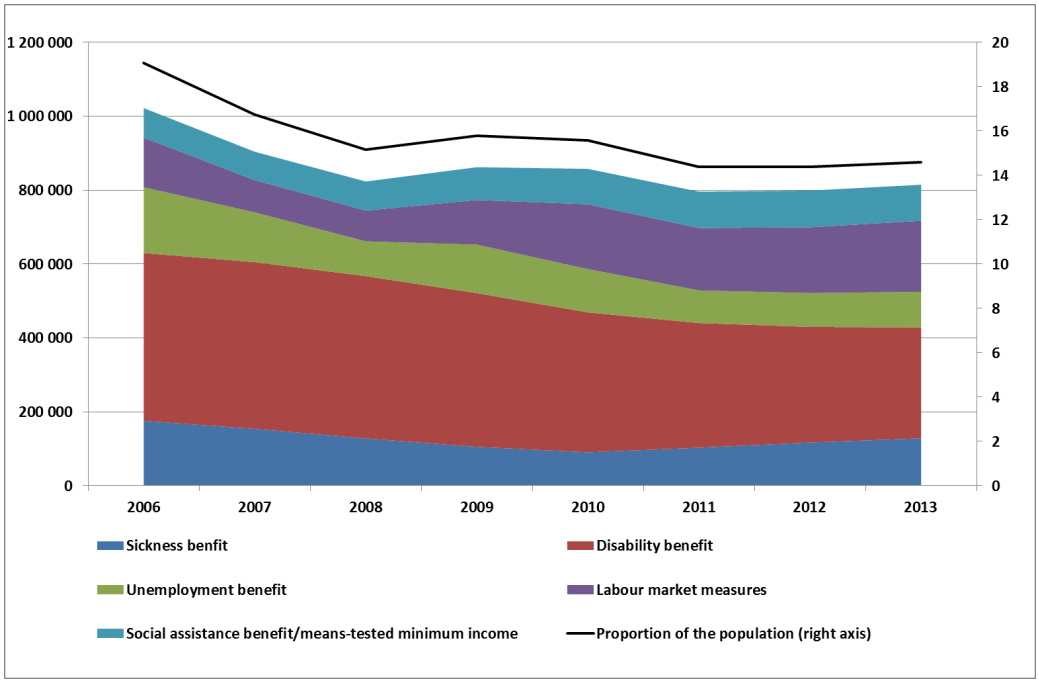
Table 1: Key indicators

Annual change as a percentage, unless otherwise stated

	2013	2014	2015	2016	2017
GDP	1.5	2.7	3.3	3.5	2.5
GDP-gap[1]	-2.9	-2.4	-1.5	-0.5	-0.2
Employed[2]	1.0	1.2	1.2	1.2	1.0
Employment rate[3]	79.8	79.9	80.2	80.7	81.1
Hours worked[4]	0.4	1.4	1.2	1.4	1.1
Productivity[4,5]	1.7	1.8	2.2	2.1	1.9
Unemployment[6]	8.0	7.7	7.3	6.7	6.3
Wages[7]	2.5	2.7	2.9	3.2	3.4
CPI[8]	0.0	0.2	1.6	2.5	2.8

[1] Difference between actual and potential GDP in per cent of potential GDP.
[2] Ages 15–74.
[3] According to the EU2020 target, i.e. employed as a percentage of the population in the age group 20–64.
[4] Calendar-adjusted.
[5] Productivity in business sector.
[6] As a percentage of the labour force aged 15-74.
[7] Measured by short-term wage statistics.
[8] Annual average.
Sources: Statistics Sweden and own calculations.

*Number and proportion of benefit recipients 20-64 years of age, in full year equivalents**



Source: Statistics Sweden

*Benefit for 365 days at a 100% withdraw rate. Preliminary figures for 2013.

2 A decisive impact on the eradication of poverty and social exclusion

The primary goal of the Government is full employment. Employment creates the conditions for social inclusion by providing income, admittance to the social security systems and social inclusion. Policies raising employment and reducing unemployment are, therefore, the best way to promote social inclusion and counteract poverty. Focusing at the same time on high distribution targets and maintaining and developing the public welfare systems.

Consequently, Sweden's national Europe 2020-target includes groups who are not in the labour force or who risk exclusion from the labour force. The target is formulated as "Promoting social inclusion by reducing the percentage of women and men aged 20-64 who are not in the labour force (except full-time students), the long-term unemployed or those on long-term sick leave to well under 14 per cent by 2020."

Despite lasting effects of the economic crisis the number of people socially excluded, as defined by the Swedish national target, decreased by 80 000 between the years 2010 and 2013, or from 14,4 to 12,7 percent. Also the number of people living in households with very low work intensity as well as the number of people severely materially deprived has decreased in Sweden since 2009. However, similar to the development in many EU Member States, the number of people with incomes below the EU at risk of poverty threshold has increased during this period.

The Government works continuously to improve the functioning of the labour market through measures that increase labour supply, prevent long periods of unemployment and strengthen the demand for groups with a weak position in the labour market, and improve matching of jobseekers with available jobs. Continuous focus are also on reforms strengthen opportunities for people to support themselves, as well as to improve standards for those groups who nonetheless have a weak economic position and for pensioners.

The national target is monitored continuously, directly and indirectly, through various statistics and measures which follow groups that are outside the labour market or at risk of becoming socially excluded.

3 Social inclusion policies

3.1 Recent reforms

See also section 4.3 in the National Reform Programme 2014 with a reference to the following reforms[4]:

- *Increased housing allowance for households with children*
- *Parental benefit reform*

[4] http://www.government.se/sb/d/5867/a/239230

- *Social assistance reforms*
- *Cash benefit for organised leisure activities*
- *Section 3.4 and 4.1 refering to employment polices*

Shared child allowance
Since 1 March 2014 child allowance and large family supplement in certain cases is divided equally between parents, if they have not notified a different sharing of the payment. If the parents specifies who should be the recipient the allowance is paid to the designated beneficiary. If a child lives alternately with both parents, the child allowance is paid by half to each parent. Child benefit is paid after notification to only one parent , if the child lives permanently only with that parent, or if the other parent for a long time cannot participate in custody on account of absence, illness or any other reason. The condition for payment of child allowance to another beneficiary can be changed at the request of the local Social Welfare Committee.

Furthermore, the requirement to make a notification to receive the large family supplement will be abolished in some cases. If the child allowance is divided equally the large family supplement is calculated proportionnally according to current regulations.

The legislative changes mean that more consideration is given to the importance of both parents being active in their parenting and that both have expenses for the child. Previously, the mother was singled out as beneficiary before the father. The legislative changes are a consequence of children increasingly having alternately living arrangements at both parents' homes after a separation, e.g. living every other week with each parent. Over one third of all children with separated parents have such a living arrangement.

National initiatives on homelessness
The Swedish Government commissioned a Homelessness Coordinator with the aim to implement research results and knowledge generated from the previous Homelessness Strategy 2007–2009. The County Administrative Boards have also been commissioned by the Government to support the municipalities to enhance their housing planning processes and to support them with their work to combat homelessness.

The Homelessness Coordinator's support and facilitate the work of local authorities and municipalities in combatting homelessness and exclusion from the housing market, with focus on creating long-term, sustainable structures and working methods. Parallel, the Swedish Enforcement Authority has been commissioned to develop and improve the statistics on evictions.

The Swedish Government commissioned the National Board of Health and Welfare in 2012 to carry out a mapping to get a better understanding

of the number of homeless EU-citizens as well as other migrants in Sweden, and to get a better perception of their present situation – since previous national mappings have not measured this seemingly increasing group of homeless people before. The result of the mapping was presented in May 2013. A full report will be presented in June 2014.

Education for basic- and specialized skills
The Swedish Government is financing a four-year education initiative, called" Omvårdnadslyftet", to improve the competence among staff working in long time care without any formal education. The initiative covers about SEK 1 billion. The aim is both to raise the basic level of competence and to meet the demand for more specialized skills. The National Board of Health and Welfare has set criteria for the components that need to be covered in the courses. Municipalities can apply for state support to procure education courses corresponding to upper–secondary-school level. From 2012, specialized level is also included in the proposed courses. Staff who works with elderly people often also works with people with disabilities. From 2013, the government has initiated that "Omvårdnadslyftet" also includes staff who works with people with disabilities with maintenance by the Social Services Act. Since "Omvårdnadslyftet" started in 2011, approximately 10 000 persons has begun an education within this governmental initiative.

Education for directors in elderly care
The Swedish government has also initiated an education for directors working in elderly care. The education is at university level during two years. The included courses are: the national values of dignity, legislation, leadership and procurement. The initiative will cover about SEK 100 million during 2013-2015. The education started in autumn 2013 and about 800 leaders was signed up to start.

Education in national values of dignity
In January 2011, a new paragraph was included in the Social Services Act stipulating that elderly care shall promote a dignified life and the feeling of well-being. The Swedish government has supported an education for directors and assistance of assessors during 2012-2013. 2100 persons have fulfilled their assignment of the basic course and almost 300 persons have completed the second course.

Investing in care for elderly
The Government is investing SEK 4,3 billion during 2011-2014 to improve the health and social care of elderly with complex health conditions, the most ill elderly. Through economic incentives and focusing on the needs of older adults with complex health conditions, the initiative aims to encourage, strengthen and intensify cooperation between municipalities and county councils. A stock-taking exercise has been performed which resulted in measures aimed at; improving coordination and integration of health and social care; good and safe use of

medication; good palliative, preventive and dementia care. Measures carried out within the framework of the project are to be an integral part of regular county council and municipal activities.

3.2 Mainstreaming of social inclusion policies

Sweden works actively to horizontally integrate certain perspectives in relevant policy areas, it can include for example children, disability and gender perspectives.

The overall objective for gender equality policy, decided by the Parliament in 2006, is to ensure that women and men have equal power to shape society and their own lives. In order to achieve the goal, a gender equality perspective has to permeate all policy areas. This is done by applying *gender mainstreaming* as the principal strategy, which means that analyses of women's and men's, girls' and boys' situations and conditions should be included in decision-making, and that the consequences of proposals are analysed with consideration to gender equality among women and men.

One of the Government's overall perspectives is employment policy that permeates all areas relating to social inclusion. To increase employment and thereby increase social inclusion is one of the Government's most important objectives. This is reported comprehensively in the Spring Fiscal Policy Bill[5], which the Government submits to Parliament in April each year. In the document, the Government presents its assessment of the economic situation with outlooks for the coming years and there is also an income distribution policy report annexed.

4 Adequate and sustainable pension

4.1 Description of current situation

Early retirement	*No changes:* Sweden has no early retirement policy.
Pensionable age	*No changes:* The pensionable age is the same for women and men. After the age of 67 it is the employer who decides if you may remain in your employment.
Contributory period	*No changes*: A fundamental principle of the Swedish pension system is the lifetime earnings principle. The entire life's incomes form the basis for the age pension. There are no upper or lower age limits for vesting of pension rights.

[5] http://www.government.se/sb/d/18193/a/238200

Level of pensions	*No changes*: The level of pension depends on how much pension rights that have been vested. The point in time you decide to retire is also a basis for the level of pension.
Pension indexation	*No changes*: This depends upon the growth of wages.
Funded pensions	*No current changes:* See 4.2 below.
Addressing budgetary implications of ageing	See National Reform Programme section 4.3.

4.2 Pension agreement 12th of March 2014[6]

The Pension Group, which consists of Social Democrats, Conservatives, the Liberals, Centre Party and Christian Democrats, have agreed on certain changes in the current pension agreement. The changes includes proposals to modify the AP fund structuring and investment rules, a smoother development of income-based pensions, promoting a longer working life and a review of the premium pension system.

5 Accessible, high-quality and sustainable health care and long-term care

5.1 Recent reforms

Stewardship of the health care systems
The overall governance of the Swedish health system has not changed during the current reporting period. However, new government agencies have been established through reorganisation of existing agencies and organisations: the Health and Social Care Inspectorate[7] (est. 1 June 2013), the Public Health Agency of Sweden (est. 1 January 2014), and the Swedish eHealth Agency (est. 1 January 2014).

Health service delivery (including e-health)
Responsibility for health and medical care in the Swedish health system is divided between the state, county councils and municipalities.[8] The financing and organisation of health services remain a primary responsibility of the 21 county councils/regions.

In the current reporting period, new national legislation regarding services delivery has entered into force. A law (2013:407) that improves regulated access to health and medical care for people residing in Sweden

[6] http://www.government.se/sb/d/2061
[7] http://www.ivo.se/om-ivo/about-health-and-social-care-inspectorate/Sidor/default.aspx
[8] http://www.government.se/sb/d/15660

without required permits entered into force on 1 July 2013. A law (2013:513) that implements the European Union directive on the application of patients' rights in cross-border health care entered into force on 1 October 2013.

The Swedish eHealth Agency[9] was established on 1 January 2014. The purpose of the new agency is to strengthen national coordination of it-infrastructure and communication in the health care area, while in particular supporting prerequisites for quality and safety. Activities focus on promoting public involvement, e.g. through development of an internet-based health account for citizens, and providing support for professionals and decision-makers.

The Public Health Agency of Sweden[10] was established on 1 January 2014. The purpose of the new agency is to develop national knowledge support to promote public health practice and make it more effective. Also, the establishment of the new agency provides better opportunities to work effectively within different international fora. The new agency has been created through merging activities from primarily the National Institute of Public Health and the Swedish institute for Communicable Disease Control, which have thus ceased to exist.

In April 2014, the Government announced an investment in cancer care encompassing SEK 2 billion during 2015–2018. Related activities will focus on shortening waiting times in cancer care and support timely diagnosis and treatment. The investment follows up on the activities related to the national cancer strategy from 2009 and the establishment of regional cancer centres.

In January 2014, the Government launched a national strategy for the prevention and treatment of chronic diseases, covering the period 2014–2017.[11] The aim is to develop related health services and thereby benefit their sustainability, effectiveness and equality. Focus areas are: 1) patient-centred care, 2) evidence-based care, and 3) prevention and timely diagnosis. The strategy is coupled to various activities for which the Government intends to allocate SEK 450 million in total.

Furthermore, in 2014 a special committee installed by the Government (dir. 2013:125) commenced activities to investigate primarily the suitability and division of responsibilities with regard to it-infrastructure in the realms of health and social care. The committee will report in March 2015.

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[9] http://www.ehalsomyndigheten.se/Om-oss-/Uppdrag-och-verksamhet/Other-languages1/Swedish-eHealth-Agency/

[10] http://www.folkhalsomyndigheten.se/about-folkhalsomyndigheten-the-public-health-agency-of-sweden/

[11] http://www.regeringen.se/sb/d/14830/a/232262

Investing in the health care workforce
As part of their responsibility for health services, county councils/regions have a primary responsibility for salaries and conditions of the health care workforce.

In November 2013, the Government installed (dir. 2013:104) a national coordinating function for more efficient (personnel) resource management in the health care area. A final report is expected by the end of 2015, including proposals to support a favourable development of quality and costs.

Cost containment and cost-sharing
In the beginning of 2014, the Government proposed changes to legislation on pharmaceutical benefits etc. (2002:160), sales of medicinal products (2009:366) and the prescription register (1996:1156). The changes aim to benefit accessibility, including to new innovative pharmaceuticals, and equality while also contributing to adequate control of pharmaceutical spending. The proposed changes are intended to enter into force on 1 July 2014 and on 1 January 2015.

As part of their responsibility for health services, county councils and regions have a primary responsibility for the related financing. However, the Government continues to provide general and specific subsidies, respectively. The latter are for example allocated for costs related pharmaceuticals or for specific priority/development areas. Such areas include improving accessibility, equality, evidence-based approaches, mental illness/psychiatry, patient safety, elderly care, as well as quality registers to inform public reporting and health system performance assessment.

Enhancement of access to services and of patient's choice
In the beginning of 2014, the Government proposed a new patient law that is intended to enter into force on 1 January 2015. The aim of the proposed law is to strengthen and clarify the position of the patient and benefit the patient’s integrity, autonomy and participation. The provisions concern for example patient information, informed consent and the right to receive a second opinion. Moreover, the proposed law extends the patient’s prospects to choose a publicly financed health care provider in primary care and open specialised care, e.g. to encompass also health care providers beyond the county/region of residence.

6 Access to social protection of young unemployed persons (thematic focus of the 2014 report)

6.1 Minimum income schemes/social assistance

Since the 1990s, many municipalities have developed local activation programs for social assistance recipients as a response to increasing social assistance expenditures. The municipalities are under the Social Services Act entitled to require that anyone who receives social assistance to participate in labor activation measures. A priority group for municipalities are young people. Municipal activation programs are organized and administered locally and can range from mandatory work requirements to training and education with large variations in both quantity and quality between different municipalities. The measure require that an individual assessment should be made and the measure offered social assistance recipients should aim to develop the individual's ability in the future to support oneself.

Municipalities should also ensure that support is provided for unemployed young people under age 20. Municipalities are required to keep themselves informed about young people who are not in upper secondary school and are under the age of 20 and offer them appropriate individual measures.

6.2 Acquisition of pension rights

A fundamental principle of the Swedish pension system is the lifetime earnings principle. The entire life's incomes form the basis for the age pension. There are no upper or lower age limits for vesting of pension rights.

Revenue from gainful employment, including self-employment, is pensionable. But also certain social security benefits, confers pension rights. It applies to those benefits that compensate for loss of earnings, such as sickness cash benefit, rehabilitation benefit, disability benefit, activity compensation, parental allowance, unemployment benefit, occupational injury annuity, activity support.

In order to earn pension entitlement requires an earned income. For those who have earned little or no income and premium pension, there is a guarantee pension. It is only persons who declare their earnings who have a right to receive a pension right for income. To calculate the pensionable income a total income during the calendar year with at least 42.3 % of the price base amount (the income limit for submitting income tax return) is required.

Year by year the accrued pension rights build up an individual pension asset, which are recorded as a "claim" on the state. No money is deposi-

ted then, because this part of the national pension is a distribution system.

Income pension can be levied from the age of 61 at the earliest. There is no upper age limit. The pension can be taken as full, three-quarter, half or a quarter pension.

The premium pension also generates pension rights.

6.3 Unemployment benefits

In December 2007 the labour market policy programme 'Job guarantee for youth' was introduced in Sweden. The purpose of the Job guarantee for youth is to offer young people individual employment measures at an early stage in order for them to get a job or begin or resume education as quickly as possible.

The Job guarantee for youth is directed towards young people (aged 16–24) who have been unemployed and registered as jobseekers at the PES for at least three months over a four-month period. In 2013, the programme had an average of 38 000 participants per month, which was a decrease of nearly 2 000 participants on average per month compared to 2012.

During the first three months in the programme, the focus is generally on in-depth assessment, educational and vocational counselling, and jobseeker activities with coaching. After three months, the initial activities can be combined with work experience, education or training, study motivation courses, business start-up support, employability rehabilitation, etc. However, based on the needs of the individual, it is possible to participate in education or training/work experience from day one in the Job guarantee for youth.

It is important that participants actively look for work while participating in the Job guarantee for youth and that advisers are kept informed about which jobs each individual has applied for. It is also important for participants to comply with their part of the agreement in the action plan and that they accept suitable work offered.

Education opportunities in the Job guarantee for youth
Young people with incomplete grades from primary or upper secondary education have a higher risk of long-term unemployment and future labour market-related problems. It is important to enable them to gain the qualifications they are missing. A person who lacks a school-leaving certificate from compulsory or upper secondary school may take part in a motivation course arranged at an educational institution called a 'folk high school'. The course is available in the guarantee and those who are registered as jobseekers at the PES are eligible to take it from the first

day of unemployment. The aim of the course is to motivate participants to complete or continue their education. The course is temporary and soon about to be evaluated.

The higher study grant in the system of financial support for studies is also available (on a temporary basis in 2011–2014) to participants in the Job guarantee for youth aged 20–24 who lack a school-leaving certificate from compulsory or upper secondary school, for participation in municipal adult education or for studies at a folk high school. The higher level of support can be received for three years or until a certificate is obtained.

Further, participants in the Job guarantee for youth who have reached the age of 20 are entitled to take part in the guarantee on a part-time basis, to allow them time to participate in municipal adult education courses or study Swedish for Immigrants. The aim is to increase motivation to study, clarify the role of education in the labour market and encourage more participants to choose to study full time.

Financial support
Participants who have reached the age of 18 receive financial support while participating in the Job guarantee for youth. The support is paid by the Swedish Social Insurance Agency (*Försäkringskassan*). An individual can participate in the guarantee until they begin full-time work or start studying outside of the guarantee, for example, at a higher education institution. The maximum period in the Job guarantee for youth is 15 months. After 15 months in the programme the person is enrolled in the job and development guarantee.

6.4 Health care services

In general, as indicated above and in corresponding reports from previous years, (sub)national authorities continue to focus on strengthening the position of the patient, developing access and equality in the health care area, and supporting patients' prospects for choosing health care providers, etc. These initiatives naturally also benefit young unemployed persons.

Swedish legislation stipulates that health care must be provided for the entire population based on need and on equal terms. This naturally also includes young unemployed persons, Moreover, patient fees are relatively low and high cost schemes are in place to prevent that users refrain from seeking necessary care. Nevertheless, there are differences in health and health care between different groups in the population, e.g. as defined by level of education and socioeconomic status. In 2012, the Government presented the 'Strategy for quality and more equality in

health care 2012–2016'[12]. Herein the Government describes its core values, approach and overall work for increased equality in the health care. The Government's strategy is, through many different initiatives, concerned with highlighting, removing and monitoring unjustified disparities in outcome and conduct in health care.

In 2013, government agencies published two reports addressing health and related factors among children and adolescents[13,14]. For example, the reports highlighted the challenge of mental illness among youth, which has increased since the 1990's. The Government invests in strengthening the support for this group. For example, the yearly agreement between the Government and Swedish Association of Local Authorities and Regions (SALAR) particularly stimulates access to psychiatric care for children and youth through financial incentives for county councils that meet certain national targets.

[12] http://www.regeringen.se/sb/d/15973/a/206529
[13] http://folkhalsomyndigheten.se/publicerat-material/publikationer/Barn-och-unga-2013-Utvecklingen-av-faktorer-som-paverkar-halsan-och-genomforda-atgarder/
[14] http://www.socialstyrelsen.se/publikationer2013/2013-3-15