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Network (ESPAN)

Access for children in need to the key services covered by the European Child Guarantee

Sweden

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Summary

On 14 June 2021, the Council of the European Union adopted a Recommendation establishing a “European Child Guarantee”, with a view to guaranteeing access to six key services for “children in need”:

- effective and free access to four services: high-quality early childhood education and care (ECEC); education and school-based activities; at least one healthy meal each school day; and healthcare; and
- effective access to two services: healthy nutrition and adequate housing.

The purpose of the present report is to assess the extent to which low-income children in Sweden do indeed have effective (or effective and free) access to these services.

In Sweden, services for children seldom include a low-income criterion. From age 1, children have the right to a place in childcare. ECEC is free for up to 15 hours per week from age 3. For younger children, or for more hours of care, the fee is calculated as a certain percentage of household income, with national maximums. There is no fee at all if the household lacks income. Out-of-pocket costs are generally not considered to create financial barriers for accessing ECEC services in Sweden. Non-participation in pre-school activities is more common among new immigrants than among other population groups, which in large part explains the association between low income and enrolment observed in the statistical registers.

Children in primary school should have access to books and other learning tools free of charge. There may occasionally be small elements of costs for families with children, but household expenses for extramural activities should be kept at a minimum in primary school, and at rates that do not create a financial barrier to participation. Children in primary school have the right to free transport depending on length of journey, traffic conditions, disability, or any other special circumstance. Low income is not a criterion for receiving free school transport. The rules regarding fees are largely the same for secondary schools, despite somewhat greater leeway to require students to bring with them personal learning tools. School meals are free for all children in primary education, as well as for all children in secondary school in a clear majority of municipalities. The universal child benefit is transformed into a study allowance from age 16 if the child attends upper secondary school.

Visits to general practitioners or specialist care are free for children, as are dental care, prescribed medicines, and visits to infant nurses. Participation in the Swedish child vaccination programme is also free of charge.

Social transfers should in principle be provided at levels sufficient to guarantee a healthy food diet. The national rates of means-tested social assistance are based on calculations made by the Swedish Consumer Agency, which in turn takes into consideration the nutrition recommendations by the National Food Agency.

Social housing is absent in Sweden. There is an income-tested housing allowance for families with children, which is available to both owners and renters. For low-income households, any remaining part of housing costs may be paid for through a supplement to means-tested social assistance. Nearly 300 families with children were evicted in 2021 and provided with temporary accommodation by the municipal social services. Hardly any Swedish children are homeless, or living on the streets.

Introduction

On 14 June 2021, the EU Member States unanimously adopted the Council Recommendation (EU) 2021/1004 establishing a “European Child Guarantee” (ECG).¹

The objective of the ECG is to offset the impact of poverty on children and to prevent and combat their social exclusion. To this end, it is recommended that Member States guarantee for “children in need” (defined as people **under 18** who are at risk of poverty or social exclusion – AROPE):

- effective and free access to four services: high-quality early childhood education and care (ECEC); education and school-based activities;² at least one healthy meal each school day; and healthcare; and
- effective access to two services: healthy nutrition and adequate housing.

According to the ECG Recommendation, **effective access** means “*a situation in which services are readily available, affordable, accessible, of good quality, provided in a timely manner, and where the potential users are aware of their existence, as well as of entitlements to use them*” (Article 3d). **Effective and free access** means “effective access” to the services, as well as free-of-charge provision – either by organising and supplying such services or by providing “*adequate benefits to cover the costs or the charges of the services, or in such a way that financial circumstances will not pose an obstacle to equal access*” (Article 3e).

The Recommendation directs the Member States to prepare action plans, covering the period until 2030, to explain how they will implement the Recommendation.³ These plans are to be submitted to the European Commission.

The purpose of the present report is to assess the extent to which children AROPE have effective and free access to four of the six services covered by the ECG and effective access to the other two (see above). Given that the eligibility criterion (or criteria) for accessing those services in individual Member States (at national and/or sub-national level, depending on how the service is organised) is/are not based on the EU definition of the risk of poverty or social exclusion,⁴ the report focuses on access for **low-income children** to each of these services, using the national low-income criterion (or criteria) that apply (e.g. having a household income below a certain threshold or receiving the minimum income). Throughout this report, “low-income children” is to be understood as children living in low-income households.

In Sweden, all six services covered by the ECG are primarily regulated at national level. Therefore, the report seeks to provide a general picture of the (effective/free) access for low-income children in the country.

¹ The full text of the ECG Recommendation is available at: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv%3AOJ.L_.2021.223.01.0014.01.ENG&toc=OJ%3AL%3A2021%3A223%3ATOC.

² According to the Recommendation (Article 3f), “school-based activities” means “*learning by means of sport, leisure or cultural activities that take place within or outside of regular school hours or are organised by the school community*”.

³ Once they have been submitted to the European Commission, the plans are made publicly available online at: <https://ec.europa.eu/social/main.jsp?catId=1428&langId=en>.

⁴ According to the EU definition, children are AROPE if they live in a household that is at risk of poverty (below 60% of median income; hereafter AROP) and/or severely materially and socially deprived, and/or (quasi-)jobless. For the detailed definition of this indicator and all other EU social indicators agreed to date, see: <https://ec.europa.eu/social/main.jsp?catId=756&langId=en>. In 2021, EU Member States agreed a target to be reached by 2030: a reduction in the number of people AROPE in the EU by at least 15 million, including at least **5 million children**.

The report is structured by service:

- effective and free access to high-quality ECEC;
- effective and free access to education and school-based activities;
- effective and free access to at least one healthy meal each school day;
- effective and free access to healthcare (e.g. free regular health examinations and follow-up treatment, and access to medicines, treatments and support);
- effective access to healthy nutrition;⁵ and
- effective access to adequate housing.⁶

1. Early childhood education and care (ECEC)

This section describes the situation regarding effective and free access for low-income children to ECEC services.

1.1 Mapping accessibility and affordability of ECEC

As noted in Table 1.1 below, children from age 1 must be offered childcare to the extent necessary with regard to the parents' gainful employment or studies or if the child has own needs due to the family's situation in general. Similarly, all children aged 3-5 have a right to a place in pre-schooling.

Childcare is subject to fees, which vary between municipalities and by family income. The fee is applied as a certain percentage of household income. The maximum rates are 3% for the first child, 2% for the second child, and 1% for the third child. However, the maximum monthly fee for ECEC services is SEK 1,645 (€145) for the first child, SEK 1,097 (€96) for the second child, and SEK 548 (€48) for the third child.⁷ Municipalities are not allowed to have fees above these maximum amounts, not even for full-time attendance (i.e. more than 30 hours of ECEC services per week). The fourth and subsequent children are free of charge.

Unlike childcare for children under 3, pre-schooling is free of charge for up to 525 hours per year (or 15 hours per week) from August in the year in which children turn 3. Additional hours of pre-schooling are subject to a reduced fee, within the maximum boundaries for childcare noted above. Fees must not be charged in connection with the application for a place in childcare or pre-school education, or for children waiting in line for the offer of a place.

For children aged 6, there is a compulsory pre-school class (*förskoleklass*), before children start primary school at age 7. Compulsory pre-schooling is free of charge.

⁵ According to the Recommendation (Article 3g), "healthy meal" or "healthy nutrition" means "a balanced meal consumption, which provides children with nutrients necessary for their physical and mental development and for physical activity that complies with their physiological needs".

⁶ According to the Recommendation (Article 3h), "adequate housing" means "a dwelling that meets the current national technical standards, is in a reasonable state of repair, provides a reasonable degree of thermal comfort, and is available and accessible at an affordable cost".

⁷ The conversion factor from SEK to EUR used in this report is 0.090.

Table 1.1: Accessibility and affordability of ECEC

Childcare (usually under age 3)		Pre-school setting (usually age 3 to compulsory school age)	
Accessibility	Affordability	Accessibility	Affordability
ENT-ALL1year	FREE-POOR1year	ENT-ALL3years	FREE-ALL3years

Note: "ENT-ALLxxx" means a legal entitlement for all children from the age of xxx. "FREE-ALL3years" means free for all children from age 3. "FREE-POOR1year" means free for low-income children from age 1. If the information differs between centre-based and home-based care, the information provided applies to centre-based care.

1.1.1 Conditions for qualifying as a "low-income child"

Incomes from work, contributory social insurance benefits, and capital are taken into account when determining childcare and pre-school fees. Means-tested social assistance (*försörjningsstöd*), the universal child benefit, and the income-tested housing allowance for families with children, are excluded. Because the fees are defined as a certain percentage of reckonable income, childcare and pre-schooling (also beyond the free 15 hours per week) are thus free for children in households that have zero work or capital income, which includes many families on social assistance. The low-income limit for receiving free childcare and pre-schooling (beyond the free 15 hours per week) is therefore a complete lack of work or capital income in the household.

1.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

Unfortunately, a detailed breakdown of social assistance beneficiaries (who typically, but not necessarily, have zero work or capital income) by age of children is not available in the official statistics. It is thus not possible to compare the number of children AROPE with the number of children in Sweden who in principle should receive childcare and pre-schooling (beyond the free 15 hours per week) free of charge.

1.2 Main barriers to effective and free access to ECEC for low-income children

1.2.1 Financial barriers

Only around 6.2% of all children aged 3-5 are not in pre-schooling. Although children from low-income families are over-represented in this group (as illustrated in Figure A1 in the Annex), out-of-pocket costs are generally not considered to create financial barriers to accessing ECEC services in Sweden (Utbildningsdepartementet, 2022).

From a European perspective, fees for ECEC services are quite modest in Sweden (Neimanns and Busemeyer, 2021), especially when considered in relation to the universal child benefit, which can cover all or most of the out-of-pocket costs. For a two-parent family with two pre-school children (aged 2 and 4), the maximum full-time pre-schooling fee was around 7% of the AROP threshold for a two-parent household with two children (up to age 14) in 2021.

It should be noted that there are hardly any socio-economic differences related to pre-school enrolment of children under 3 (Sveriges Kommuner och Regioner, 2022). The low enrolment rates of children aged 0-2 are explained by the extensive parental leave system in Sweden, which provides 480 days of paid leave for each child.

Besides the fees noted in Section 1.1. above, childcare is not associated with any additional compulsory costs that are likely to hinder access by low-income children. However, it should be noted that in some municipalities families need to pay for nappies. There was a decision by

the court of appeals (*Kammarrätten*) in Stockholm in June 2019 that the cost of nappies should be included in the pre-schooling fee. The decision was confirmed on appeal to the Supreme Administrative Court (*Högsta förvaltningsdomstolen*). Decisions by a single court of appeals do not create precedent, since there are four such courts in Sweden. The decision of a single court of appeals nonetheless provides guidance for the municipalities, who are responsible for ECEC services.

According to one estimate based on a survey conducted by the newspapers' telegram bureau (*Tidningarnas telegrambyrå*) in 2020, 156 out of 290 municipalities did not provide free nappies (*Aftonbladet*, 2020). It is unclear whether this number has changed since the survey was carried out.

1.2.2 Non-financial barriers

Non-participation in pre-school activities is more common among new immigrants than among other population groups, which in large part explains the association between low income and enrolment noted in Section 1.2.1 above. Among children aged 3-5, newly arrived immigrants are around three times more likely than others not to participate in pre-schooling (*Sveriges Kommuner och Regioner*, 2022). In this regard, a child is counted as a recent immigrant if it is less than five years since both parents arrived in Sweden.

Parents may refrain from placing their children in pre-schooling for various social or cultural reasons beside financial ones, such as: previous negative experiences of pre-schooling; lack of trust in public institutions; or individual opinions on how to create strong bonds between parent and child, and to prepare children for social life (*Lenz Taguchi*, 2022).

1.3 Free meals provision for low-income children in ECEC

As noted in Section 1.1 above, all children have the right to free pre-schooling for up to 15 hours per week from August in the year the child turns 3. These free hours are often distributed equally over the week as three hours per day, but meals are not included. The maximum fees for ECEC services include meals (both lunch and snacks). Again, families without any work or capital income do not pay pre-schooling fees, and thus some children in low-income households receive free meals.

2. Education and school-based activities

This section describes the situation regarding effective and free access for low-income children to education and school-based activities.

Section 2.1 maps the main school costs in public primary and secondary education, distinguishing between the following:⁸

- compulsory basic school materials (schoolbag, pens, glue, scissors, etc.);
- compulsory school materials (textbooks, school supplies, notebooks, etc.);
- compulsory specific clothing (uniform, sports clothing);
- IT equipment requested by the school;
- sports equipment or musical instruments requested by the school;

⁸ Tuition fees charged by private schools are not covered.

- compulsory extramural activities (e.g. school trips, sport, culture) that are part of the curriculum;
- other compulsory fees or costs; and
- transport costs to or from school.

Section 2.2 briefly describes the cash benefits specifically intended to help meet educational costs.

Finally, Section 2.3 seeks to identify the main barriers that prevent low-income children from having effective and free access to “school-based activities” as defined in the Council Recommendation establishing the ECG (see "Introduction" section). Given that the distinction between these activities and some of the activities covered above – especially the “compulsory extramural activities (e.g. school trips, sport, culture – that are part of the curriculum)” may not always be clear-cut, the focus of Section 2.3 is specifically on school-based activities which are not part of the curriculum.

2.1 Mapping the main school costs in public primary and secondary education

As noted in Table 2.1a below, children in primary school have access to books and other learning tools free of charge. Learning tools refer to all equipment and materials, in addition to books, that children need to be able to achieve the goals of education set out in the curriculum. There are no school uniforms in Sweden.

Primary schools need to make sure that all children have access to IT facilities during school hours, if needed to fulfil the curriculum. If a child receives distance learning as special support within primary education, the municipality needs to provide free access to the technical equipment needed for the child to take part in learning.

There is no requirement for children in primary school to wear special clothing during sports, even if most children choose to do so. Similarly, there is no requirement for children in primary school to purchase any music equipment. Instruments used in teaching are provided by the schools.

There may occasionally be small elements of costs for families with children in primary school, such as a travel ticket or a small entrance fee to a museum. However, costs for extramural activities are not allowed to be a regular element of the curriculum or applied repeatedly. Schools are also requested to keep such costs for extramural activities at a minimum, and at rates that do not create a financial barrier to participation by children from low-income households.

Children in primary school have the right to free transport depending on length of journey, traffic conditions, disability, or any other special circumstance. Low income is not a criterion for receiving free school transport.

Table 2.1a: School costs of primary education (free for all/low-income children)

Basic material	Books	Clothing	IT	Sports or music equipment	Extra-mural activities	Other fees or costs	Transport
ALL	ALL	NA	ALL	ALL	ALL	NA	ALL

Note: "ALL" means that this category is free for all children. "NA" (not applicable) means that this category is not requested/compulsory in the country.

As noted in Table 2.1b below, the rules regarding fees are largely the same for secondary schools (*Gymnasium*) as for primary schools. The general rule is that education should be free of charge. However, secondary schools have somewhat greater leeway to decide that students should bring with them personal learning tools, such as notepads or pencils. More expensive learning tools are provided free of charge if needed for everyday activities in the school, such as books (including e-books), iPads, and notebooks.

For distance learning in connection with secondary education, municipalities are allowed to pass some of the costs for technical equipment to households, such as broadband fees and the costs of digital hardware. However, this does not apply to distance learning in special needs upper secondary schools (*Grundsärskola*), where access to technical equipment should be provided free of charge.

Secondary schools are not required to provide free transport, although public transport during the daytime is free for all students in secondary education in most municipalities. Free transport typically applies to the whole region in which the child lives. The exact hours for which public transport is free may differ slightly between municipalities. In Stockholm, public transport is free on all weekdays between 4.30 am and 7.00 pm. There is no low-income criterion for school transport in secondary education in any municipality.

Table 2.1b: School costs of secondary education (free for all/low-income children)

Basic material	Books	Clothing	IT	Sports or music equipment	Extra-mural activities	Other fees or costs	Transport
ALL	ALL	NA	ALL	ALL	ALL	NA	NO

Note: "ALL" means that this category is free for all children. "NO" means that most/all items in the category are not free for low-income children. "NA" (not applicable) means that this category is not requested/compulsory in the country.

2.1.1 Conditions for qualifying as a "low-income child"

Not applicable.

2.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

Not applicable: access is free for all children with the exception of school transport for secondary education in some municipalities.

2.2 Cash benefits whose specific purpose is to help meet educational costs

The universal child benefit is transformed into a universal study allowance from age 16 if the child attends upper secondary school. The child allowance is extended if the child remains in primary school. The study allowance for 2023 is SEK 1,250 (€113) per month (i.e. the same as the universal child benefit). There is no study allowance for July and August. There is no up-to-date investigation into whether the study allowance adequately covers study costs that may occur in secondary education. Besides the study allowance, there are no other benefits whose specific purpose is to help meet educational costs. For more information about the child allowance, see Section 5.2 below.

2.3 Main barriers to effective and free access to school-based activities for low-income children

2.3.1 Financial barriers

School-based activities outside the national curriculum, and which take place within or outside regular school hours or are organised by the school community, are rare in Sweden. Sports and cultural activities are typically organised by civil society outside school hours and may be associated with everything from almost negligible to substantial costs for households. Some children learn to play an instrument on an individual basis or in smaller groups. These activities are not part of the national curriculum and involve fees, even if they are provided by the municipality.

2.3.2 Non-financial barriers

No main barriers identified.

3. Free meals at school

This section describes the situation regarding effective and free access for low-income children to at least one free healthy meal each school day.

3.1 Mapping free provision of school meals

School meals are free for all children in primary school. For secondary education, school meals are free for all children in 238 out of 290 municipalities.

3.1.1 Conditions for qualifying as a “low-income child”

Not applicable.

3.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

Not applicable: access is free for all children in primary school, and for all children in secondary school in most municipalities.

3.2 Main barriers to effective and free access to school meals for low-income children

3.2.1 Financial barriers

It is the responsibility of municipalities to provide primary and secondary education. Municipalities are required by law to provide free school meals in primary education. For secondary education, free school meals are optional for municipalities. According to a recent survey by the Swedish National Food Agency (*Livsmedelsverket*) concerning the situation in 2021, a clear majority (82%) of all Swedish municipalities offered free school lunches in their secondary schools. An additional 1% of municipalities subsidised school lunches in secondary education. In a few municipalities, therefore, low-income children in secondary education do not receive at least one free healthy meal each school day.

It should be noted that a possible decision by the home municipality about free or subsidised meals in secondary education applies to all students who are registered in the municipality (Livsmedelsverket, 2022). There is therefore no low-income threshold to pass in order to be eligible for free school meals. Unfortunately, there has been no investigation into eating habits or nutritional intake among low-income students during school hours in municipalities that do not provide free school lunches in secondary education.

3.2.2 Non-financial barriers

No non-financial barriers have been identified. School meals in primary education need to comply with the nutrition guidelines issued by the Swedish National Food Agency. Healthy diets and the impact of food on the environment are also part of the curriculum in primary education, where basic cooking skills are also taught.

Primary schools are obliged to provide special diets to students with allergies, celiac disease (gluten intolerance) and other forms of hypersensitivity. Children in need of special food due to other conditions or diseases (such as obesity, diabetes or neuropsychiatric diagnoses) may have individually adapted dietary advice from the healthcare sector. Primary schools are required to engage in a dialogue with the care-giver and the parents to best accommodate such advice.

The Swedish Discrimination Act prohibits discrimination related to gender, transgender identity or expression, ethnicity, religion or other beliefs, disabilities, sexual orientation and age. Schools must therefore offer a satisfactory alternative for children having special dietary preferences, such as on the grounds of religion or other beliefs (e.g. vegetarianism or veganism).

Most schools (both primary and secondary) thus offer vegetarian alternatives for lunch, and sometimes also vegan alternatives. In 2021, almost two thirds of municipalities offered alternative vegetarian school lunches (Livsmedelsverket, 2022).

4. Healthcare

This section describes the situation regarding effective and free access for low-income children to healthcare, focusing on vaccinations, care from a general practitioner (GP) or infant nurses, specialist care, dental care (not orthodontics) and prescribed medicines.

4.1 Mapping the provision of free healthcare services and products

As noted in Table 4.1 below, the Swedish child vaccination programme offers all children free protection against 11 diseases (rotavirus infection, diphtheria, tetanus, whooping cough, polio, infections caused by haemophilus influenzae type B, serious disease caused by pneumococcus, measles, mumps, rubella, and human papillomavirus). Children are automatically enrolled in the programme, which usually starts when the child is about 6 weeks old and continues until the child is around 15.

Visits to GPs in primary care, nursing care, and specialist care are free for children under 18 (in almost all regions this also applies to young people under 20). Child visits to emergency care in hospitals are often associated with a small fee, and there is often a non-appearance fee if the child misses a planned visit to any healthcare facility.

Children and young people are entitled to free dental care up to and including the year they turn 23, whereas prescribed medicines are free for children under 18.

Table 4.1: Healthcare costs (free for all/low-income children)

Vaccination	GP	Infant nurses	Specialist care	Dental care (not orthodontics)	Prescribed medicines
ALL	ALL	ALL	ALL	ALL	ALL

Note: "ALL" means that all services/products in the category are free for all children. "POOR" means that they are free for low-income children.

4.1.1 Conditions for qualifying as a "low-income child"

Not applicable.

4.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

Not applicable: access is free for all children.

4.2 Cash benefits whose specific purpose is to help meet healthcare costs

Not applicable. Cash benefits are not needed because all services/products identified in Table 4.1 are free for all children.

4.3 Non-financial barriers to effective and free access to healthcare

For some children in rural areas, and especially in the north of Sweden, there may be large distances between care facilities, which creates barriers to physical visits to a GP, specialist

care, or infant nurse. To the extent that travel can sometimes be expensive and require access to a car, physical visits may be difficult for children in low-income households.

It should be noted that Sweden is a highly digitalised society, and nowadays visits to GPs and other care facilities can often be arranged digitally (Nelson *et al.*, 2022). Prescribed medicines can also be ordered online (or via phone) and delivered to the home address.

An increasing number of children and young people are receiving care and treatment for depression or anxiety disorders in Sweden. Waiting times can be long for first-line care and for psychiatric care for children and adolescents. However, there is no indication that waiting times differ by family income.

In January 2021, 97% of children aged 2 born in 2018 were fully vaccinated according to the schedule set out in the Swedish child vaccination programme, despite some under-reporting in the national registers. Vaccination coverage among the youngest children thus continues to be high. The coverage rate for vaccinations provided to children of compulsory school age (except vaccination against human papillomavirus) has not been measured since 2014, when the collection of data for older children ended.

Vaccine acceptance in the population is influenced by a number of factors such as knowledge and emotions, but also by practical and structural aspects in relation to the delivery of the services. The reasons why some people do not vaccinate their children are complex, and there is ongoing work by the Swedish Public Health Agency (*Folkhälsomyndigheten*) to improve vaccine acceptance by informing parents about vaccines and diseases (Folkhälsomyndigheten, 2022a).

The home-visit project in Rinkeby (*Hembesöksprojekt Rinkeby*) is an example of an integrated project where midwives and social workers are engaged in intensified outreach activities targeted at foreign-born parents who are expecting their first child. In an evaluation of the first two years of the project, positive effects – such as increased coverage of vaccination against measles, mumps, and rubella – were recorded (Marttila *et al.*, 2017).

5. Healthy nutrition

This section describes the situation regarding effective access for low-income children to healthy nutrition.

5.1 Main barriers to effective access to healthy nutrition

5.1.1 Financial barriers

Most underweight children in Sweden suffer from a neurological or physical disorder, rather than neglect by parents or lack of financial capacity. Social transfers should in principle be provided at levels sufficient to guarantee a healthy food diet (see Section 5.2 below).

5.1.2 Non-financial barriers

The share of underweight children (body mass index of 18.4 or lower) is around 4% and much lower than the share of children suffering from overweight or obesity, which is around 20% (Folkhälsomyndigheten, 2022b).

Similar to many other countries, overweight and obesity have a clear socio-economic gradient in Sweden. According to one recent study, Swedish children from low-educated families (1997 ISCED 1-3) had a three times higher risk of obesity at age 8 than Swedish children from highly

educated families (1997 ISCED 4-6), independent of parental income (Bramsved *et al.*, 2018). ISCED 1-3 includes educational programmes up to upper secondary education, whereas ISCED 4-6 includes all post-secondary educational levels.

The dominant role of education in relation to obesity among Swedish children suggests that factors associated with health literacy rather than income are of importance. Health literacy is often interpreted as the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

5.2 Publicly funded measures supporting access to healthy nutrition

Whereas the National Food Agency is responsible for making nutrition recommendations for meals offered in schools and in social care and healthcare settings, the National Board of Health and Welfare makes recommendations on the prevention and treatment of malnutrition.

The National Board of Health and Welfare also provides guidelines on the provision of means-tested social assistance, which is the last-resort safety net in Sweden. Social assistance is financed and administered at local level by municipalities. Although each municipality can set their own standard for social assistance, benefit amounts must at least conform to those set by the National Board of Health and Welfare at national level.

The national rates of social assistance are based on calculations made by the Swedish Consumer Agency, which in turn takes into consideration the nutrition recommendations established by the National Food Agency. Thus, in principle, social assistance should be provided at levels sufficient to guarantee a healthy diet. The means test for social assistance includes all income and financial assets of the household, and the amount of the benefit depends on the age of the children, the type of household (single or cohabiting), and household size. People in receipt of social assistance may also need to comply with certain work-related activities. Children may in exceptional cases receive social assistance on their own. In most instances, however, social assistance is granted to the household head.

There are no other cash benefits that would directly support access to healthy nutrition in Sweden. However, the universal child benefit is supposed to compensate households for part of the increased costs of having young children. The child allowance for 2023 is SEK 1,250 (€113) per month and child. There is a multi-child supplement, which increases in size according to the number of dependent children in the household. For families with two children, the multi-child supplement is SEK 150 (€14) per month.

There are no in-kind benefits or services that directly support access to healthy meals for low-income children. Counselling and treatment for obesity and underweight (anorexia) among children are provided free of charge via the Swedish healthcare system. If parents do not get into contact with the healthcare services themselves, malnutrition is often picked up at regular health check-ups, either at child healthcare centres (*Barnvårdscentral* – BVC) or at school.

According to the national programme of child healthcare, each child in Sweden is scheduled to have at least 12 health check-ups at the BVC by age 5. From age 6, each child has regular health check-ups in school – at least three times in primary school, and at least once in secondary school.

All schools are obliged to offer healthcare to children, including a dedicated nurse, physician, counsellor, psychologist, and special needs educator. Typically, each healthcare professional visits the school at certain hours each week, or on a monthly basis.

Children are taught about healthy eating habits through the school subject “home and consumer studies” in primary school, as well as in the school subject “physical education and health”, which also applies to secondary schools. Both subjects are part of the national curriculum.

6. Adequate housing

This section describes the situation regarding effective access for low-income children to adequate housing.

6.1 Publicly funded measures supporting access to adequate housing – Housing allowances

Sweden has an integrated rental housing market with a relatively large sector of not-for-profit renting of high quality. Low-income households who cannot cover their housing costs may be granted an income-tested housing allowance for families with children (*bostadsbidrag till barnfamiljer*).

The housing allowance for families with children is available to both owners and renters, and covers a part (but not all) of housing costs. For low-income families, the remaining part of housing costs may be paid for through a supplement to social assistance.

The amount of the housing allowance for families with children varies according to income, actual housing costs, and number of children. The income test for the housing allowance goes further up the income scale than the means test for social assistance. Families with incomes above the low-income criterion for social assistance may therefore still receive a housing allowance. Assets above SEK 100,000 (€9,000) are included in the test for eligibility.

Around 168,500 families with children received a housing allowance in 2021 (Försäkringskassan, 2022). This corresponded to around 13.8% of all families with children. By comparison, around 52,400 families with children received means-tested social assistance in 2021 (Socialstyrelsen, 2022). This corresponded to around 4.3% of all families with children.

According to a government investigation carried out in 2021, non-take-up of the housing allowance for families with children was greatest for single parents with one child, where it corresponded to 9.2%. Among dual-adult households, none-take-up was greatest among families with more than three children, where it was 6.7% (SOU 2021:101). None-take-up refers to families that in principle should be eligible for the allowance but for some reason do not receive it.

The exact reasons for non-take-up of the housing allowance for families with children are unclear. One category that stands out are households with shared custody and in which children alternate their residence between the two parents. In this category, non-take-up is between 36% and 39%, which could be the result of lack of knowledge about eligibility criteria (SOU 2021:101).

6.2 Publicly funded measures supporting access to adequate housing – Social housing

6.2.1 Mapping the provision of social housing

Social housing (i.e. subsidised apartments for low-income households) does not exist in Sweden. However, in a few municipalities, there are plans to build and offer apartments with subsidised rents in the future.

Housing is expensive and difficult to afford for many low-income households, particularly in the major cities. Around 9.6% of children in households with incomes below the EU AROP threshold suffered from severe housing deprivation in 2020, compared with 3.2% of children in households that were not AROP.

Overcrowding and housing cost overburden also have clear income gradients in Sweden, being far more extensive among children in households that are AROP than among children in households with incomes above the AROP threshold. However, only the overcrowding rate of children in households that are AROP was above the EU27 average (see Table A1 in the Annex).

6.2.2 Main barriers to effective access to social housing

6.2.2.1 Financial barriers

Not applicable.

6.2.2.2 Non-financial barriers

Not applicable.

6.3 Publicly funded measures supporting access to adequate housing – Other measures

A “zero vision” of evictions of families with children was introduced by the Swedish government in 2008. Nonetheless, nearly 300 families with children were evicted in 2021 (Kronofogden, 2022).

Social services have no power to stop an eviction, even if children are involved. However, they do offer temporary accommodation to families with children that are subject to eviction, often surrounded by close supervision and restrictive agreements between the tenant and social services. The main client groups of such assisted secondary rental housing are people with substance abuse, mental illness, and newly arrived migrants.

Hardly any Swedish children are homeless, or living on the streets. It is estimated that 300-500 young people are homeless in Sweden – many of them undocumented migrants, and practically all of them considered to be over 18 (Barnrättsbyrån, 2018).

In 2017, the Swedish Supreme Court ruled that undocumented migrants aged 18 or over have no right to social assistance, or any other support offered by social services. Newly arrived migrants with a residence permit receive cash support of approximately the same size as the social assistance scale rates, and they often stay in asylum accommodation until obtaining other housing. The Migration Office decides which municipalities migrants are relocated to, and since 2016 municipalities may not decline such placements. Instead, municipalities are required to offer permanent housing. Statistics on referrals to municipalities and the settlement of people who have received a residence permit are provided by the Swedish Migration Agency

(*Migrationsverket*), and can be accessed online at: <https://www.migrationsverket.se/Om-Migrationsverket/Statistik/Anvisning-till-kommuner-och-bosattning.html>.

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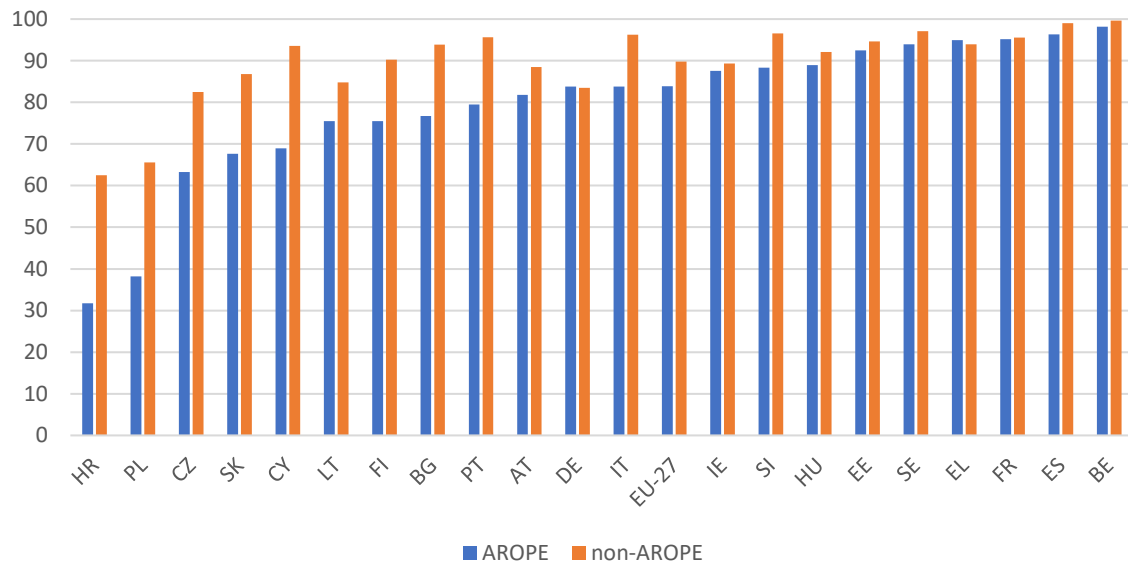
Annex

Table A1: Severe housing deprivation, overcrowding, and housing cost overburden among children (under 18) in 27 EU countries, 2020 (%)

	Severe housing deprivation		Overcrowding		Housing cost overburden	
	Below	Above	Below	Above	Below	Above
Belgium	9.6	4.0	24.6	6.9	21.7	1.7
Bulgaria	39.0	15.3	76.8	54.8	37.1	4.2
Czechia	6.5	3.3	43.9	22.1	38.1	1.9
Denmark	20	3.8	35.3	9.3	40.4	2.0
Germany	6.4	2.5	36.4	13.2	35.6	3.0
Estonia	7.1	2.9	38.7	17.7	16.0	0.8
Ireland	9.6	2.6	15.7	3.8	18.3	2.4
Greece	18.1	8.9	61.2	38.4	85.7	30.9
Spain	14.8	6.2	25.4	8.1	32.4	2.0
France	14.4	6.1	31.7	11.0	13.4	1.5
Croatia	10.5	6.7	61.7	46.7	16.4	0.3
Italy	10.5	7.5	52.2	34.8	27.6	1.0
Cyprus	5.2	2.2	6.7	2.8	7.3	0.3
Latvia	29.9	15.5	67.8	56.4	15.6	1.5
Lithuania	13.8	8.0	43.7	30.4	10.4	0.1
Luxembourg	6.4	3.1	25.2	8.6	30.2	1.7
Hungary	33.9	16.2	50.3	31.9	28.0	3.1
Malta	2.2	1.5	14.9	4.1	8.6	1.1
Netherlands	7.6	2.1	22.2	3.4	15.2	1.4
Austria	8.7	4.8	52.0	17.5	31.1	0.7
Poland	-	-	55.8	46.9	12.8	0.9
Portugal	13.8	7.5	28.0	13.8	21.0	1.6
Romania	55.3	24.6	79.9	62.0	15.8	1.6
Slovenia	11.4	4.7	31.6	14.2	23.8	1.6
Slovakia	13.4	3.8	60.7	34.1	15.9	0.4
Finland	5.0	1.4	27.9	6.5	4.2	0.7
Sweden	9.5	4.4	61.1	14.0	21.9	0.6
EU27	15.6	6.7	42.7	21.5	25.9	2.4

Source: Eurostat, EU-SILC [ILC_MDHO06A__custom_4763052, ILC_LVHO07A__custom_4762744], downloaded on 1 February 2023.

Figure A1: Percentage of children (aged 3 to compulsory schooling age) participating in ECEC by AROPE status, 2019



Source: European Commission, 2022.

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