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Elika Liunggren
None

Karl Montan

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REHABILITATION IN SWEDEN

Ellika Ljunggren
Karl Montan

INTRODUCTION

The population in Sweden was in Dec. 1978 8,284,000. 82.7 per cent of the population lived in urban or densely populated areas.

In principle it is a governmental task to administrate the overall socio-economic planning, the social insurances and the manpower services, but the responsibility for local administration lies with self-governing secondary and primarily bodies viz. the 23 county councils and 278 municipalities.

Thus the main responsibilities for health and sick care and education of the mentally retarded and some other social activities lie with the county councils. The municipalities are responsible to find and care for all persons in need of social welfare and services.

There seem to be some significant features in the Swedish attitude to the problems of the disabled. One such feature is that there are no important differences between the political parties regarding these problems. Another is the role of the organizations of the disabled themselves. These organizations are taking part in the activities in this field in a very active and constructive way. They are not only pressure groups, but they are also consulted before decisions and thus to an increasing extent integrated in the political life in Sweden.

The guiding principle for rehabilitating activities in Sweden is that handicapped persons shall as far as possible be equated with other groups, and have access to the same resources. This effort towards integration

means that rehabilitation is incorporated in the public sector's regular activities, such as medical care, social care, education and vocational training; housing is supplied via the regular housing agencies, employment service, and so on. Special organizational and administrative arrangements should be avoided whenever possible.

A main task for special institutions such as the Swedish Institute for the Handicapped in Stockholm and university based institutions is to try to specify the demands of different groups of disabled persons. For equivalent tasks regarding the aged there are two institutions for gerontology, in Jonkoping and in Lund, which are studying these problems mainly from a psychological point of view.

The National Council for the Handicapped is a governmental body working for better life conditions for the disabled. The members represent various governmental authorities, the unions of regional and local authorities and the handicap organizations. The Council works as a contact and collaboration body between government, governmental agencies and the handicap organizations. The Council watches the contributions of the society concerning the disabled and takes own initiatives in the field. The Council makes investigations, gives information, is considering body, follows and promotes research, etc. There are also equivalent bodies on the county and municipality level working in the same way in their regions.

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The cooperation between the Nordic countries, as far as the problems of the disabled are concerned, is old and comprehensive. Thus the Nordic Council of Ministers has created The Nordic Committee on Disability. There are also other groups of specialists for handicap questions under that Council, e.g., public transport. For voluntary organizations there are also some cooperating bodies. Furthermore, other forms of international cooperation are supported. Thus, ICTA – International Commission on Technical Aids, Housing and Transportation, an expert body inside Rehabilitation International – is housed and partly financed by the Swedish Institute for the Handicapped.

MEDICAL REHABILITATION AND HABILITATION

The Act on Medical Care makes the county councils responsible for almost all medical and related services. The National Board of Health and Welfare functions as a central supervisory body.

The medical services in Sweden are usually free of charge, only in some cases the patients contribute a small amount. As a part of the medical services, the national insurance system paid about Skr 1.748 million in 1978 for medicines outside hospital care.

About half a million persons have some form of severe motor handicap and about 30,000 of them are wheel-chair-bound. Polio is no longer a present threat, but road accidents and industrial injuries bring a big yearly toll. Treatment has also to be found for about 150 new cases of paraplegia every year.

There are about 800,000 hard of hearing cases and about 10,000 deaf from childhood. At a rough estimate 300,000 are using hearing aids of different kinds. They are served by some 60 hospital clinics with hearing aid services.

80,000 persons have severe visual impairments. 75 per cent of them are over 60 years of age. A new development is the 20 sight-saving centers which can improve the visual capacity through, e.g., special technological and pedagogical activities. Another new

scheme is the arrangement of training courses for home-assistants for new-blind people.

Some years ago medical rehabilitation became a speciality. There are 16 hospital departments for medical rehabilitation in the 26 medical areas (mainly counties).

There are, however, still too few specialists in this field at all levels of medical staff.

The essential in the medical rehabilitation programme is the synchronous social psychological and somatic activities which makes an efficient teamwork and cooperation important within and outside the hospital. The work of the medical rehabilitation clinics also includes research as well as education of personnel.

Medical care – including medical rehabilitation – shows a trend towards a system of out-patient care and smaller local units.

Also in the field of medical habilitation (children under about 16 years of age) the trend towards increased out-patient care exists. In every county a senior health medical officer is in charge of children's health service. Senior medical officers responsible for the habilitation of disabled children are placed in each of the 7 regional medical centers. In recent years more attention has been given to children with spina bifida and cystic fibrosis. As to habilitation the authorities stress the importance of early case finding, care and training. All new-born children are examined by a paediatrician and by this measure so-called "children at risk" are found – those who might run a certain risk of becoming disabled. These children are granted extra controls along with the ordinary health service, by which practically every child up to two years of age is supervised. The majority is continuously followed up thereafter.

In order to discover disabilities all children of four years of age can get a non-compulsory medical examination.

EDUCATIONAL REHABILITATION

The Education Act makes the municipalities responsible for almost all compulsory

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educational services below university level. The National Board of Education supervises the application of the Act.

The efforts to integrate disabled children in normal schools are continuously being promoted by state grants. The possibility to integrate disabled children in nursery schools will increase with new regulations. The municipalities should pay special attention to children with disabilities, who as far as possible should attend ordinary nursery schools.

Special Education

In 1978, 1,038,000 pupils attended the compulsory 9 year school. About 25 per cent of them received some form of special education. Most of these pupils are not disabled in the usual sense, but have reading and writing difficulties, are "slow learners", etc.

The situation for deaf and hard of hearing pupils is as follows. About 30% (totally deaf) attend special schools, about 20% attend special hearing classes in Normal schools and about 50% are integrated in normal schools.

Blind and visually impaired pupils have the following situation. 9.5% of the blind or near-blind attend special schools 6% attend special classes. The rest is integrated in normal classes. Of them over 3% are totally blind.

According to the Act on Provision for the Mentally Retarded the county councils have to provide education for the mentally retarded. To the greatest extent possible the classes for mentally retarded are integrated in normal schools.

College and University Education

Upper secondary schooling, college and university education is, as well as the folk high schools, in principle open to disabled students, and their attendance is promoted by rendering text books in Braille or tape, by providing reading services to the blind, interpreters to the deaf, personal assistance to the physically disabled, etc. In 1970 a National Board of Attendants Service was established. The aim of the Board is:

1. To render personal service (attendant's service) to severely handicapped (physically disabled) persons who are studying

at universities, colleges and folk high schools;

2. To provide housing, personal assistance and medical care to physically disabled and other severely handicapped persons enrolled in secondary education;
3. To plan and build up a new programme of secondary education on behalf of physically disabled persons.

The 4 national centres for pedagogical aids for the disabled (one for each of the disabilities: motor handicap, visually impaired, deaf and hard of hearing, and mentally retarded) produce pedagogical aids and supply information about such aids.

Adult Education

There is an educational programme running for adults. As some disabled in earlier days had a limited chance to attend schools this kind of education is of special advantage to them. The ambition is that the disabled shall be able to take part in adult education of integrated types. At present, experiments in adult education, intended for mentally retarded, blind, deaf, deaf-blind and persons with motor handicaps, are made.

VOCATIONAL REHABILITATION

The National Labour Market Board, working in collaboration with other national agencies and using its network of regional and local employment offices, has developed a number of methods, often on a large scale, for providing and creating jobs. Its activities of aid to the unemployed, including work projects in depressed areas and vocational training, also help many handicapped persons.

In addition, a special vocational rehabilitation service for the disabled is available.

Significant decisions by the parliament in the latest two parliamentary sessions, 1977/78 and 1978/79, have taken account of proposals to reorganise and implement the administration of vocational rehabilitation. In numerous reports the Employment Commission, appointed by Government in 1974, has reappraised labour market policy from "full employment" to "the right to work for every-

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body", training, regional and industrial planning, etc.

Most important of the decisions taken is the bringing together of all workshops for sheltered employment and transfer of responsibility from various principals to new regional foundations, one in each county. They will receive their financing and directions from a central foundation. The reorganization has to be concluded by January 1, 1980, when a public enterprise concern, employing 22,000 handicapped workers, will take up operations in more co-ordinated and businesslike manner.

The labour market administration will retain the tasks of assessing the need for sheltered employment facilities, of filling vacancies at the places of work and of finding opportunities in the regular labour market for those who no longer need a sheltered working environment.

A second reorganization, also to take effect from the above named date, will be to set up new resources, termed vocational guidance and rehabilitation units, affiliated to Public Employment Service and state financed, though with special directorates representing various interests. The basis for the creation of these units will be the employment rehabilitation centres. These are presently run by county councils and the Board of Education's preparatory courses for the severely handicapped resp. applicants for work who may be able-bodied but irresolute. Furthermore, psychologists from private or university institutes, mainly commissioned by the Employment Service, will become integrated in the teamwork at the new units.

Other members of the teams which will directly guide and instruct trainees are two work counsellors and one employment service officer. Besides, the teams will have recourse to a mutual staff composed of physician, nurse, physiotherapist and social worker.

Testing and training resources should, however, not be limited to the facilities and staff available at the units, but be eked out with opportunities to place trainees for prac-

tise periods at regular places of work.

To serve the units with research, development of methods and personnel education, a central institute will be created by amalgamating the National Clinic for Assessment of Work Capacity and The Stockholm University Institute of Applied Psychology.

In the years of recession, placement in the regular labour market of persons with occupational handicaps has shown decreasing figures. The Promotion of Employment Act which grants certain rights of priority to handicapped applicants for work has hardly been enforced by the Employment Service. The adjustment groups at workplaces with more than 50 employees rather than finding job openings for the elderly and handicapped have served those already employed.

The Employment Commission suggested that one way of improving this situation was to increase the Employment Service staff and make full use of the Act, another to raise state grants to employers recruiting workers with occupational handicaps.

In anticipation of a more favourable labour market situation both ways will be used. The parliament decided to double the grants-in-aid, though not the civil service posts. In addition to the strengthening of measures already in force, moneys were made available for some trial activities aimed at the hard-to-employ, viz., to trace young people with a pre-pension in order to investigate possibilities for vocational rehabilitation or employment, to undertake sponsorship and guidance at a place of work and in the leisure time, to co-ordinate measures for drug addicts between the treatment units and vocational rehabilitation.

Two major measures for the occupationally handicapped, the so-called semi-sheltered and the archive work schemes which benefit about 12,000 and 15,000 persons respectively, will come under a single "employment with subsidy" scheme through a third organisational decision, to become effective July 1, 1980.

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SOCIAL REHABILITATION

Social Welfare

The Social Welfare Act regulates the responsibility of the municipalities for residual needs not covered by social insurance and other major provisions and contains a general clause intended to improve services for the disabled. A main task is the case-finding activities.

Of great importance to the possibilities for the disabled to get integrated living conditions is the home-care, which is provided by the municipalities. State grants cover 35 per cent of the cost for the municipalities.

Cultural Services

Since 1966 there exists a special state grant for the cultural activities for the disabled, e.g., grants to libraries and printed material for blind, study-consultants, courses for interpreters for the deaf, leisure time activities, etc. Easy-readers for mentally retarded and persons with reading difficulties are produced.

The grants for these activities have increased in a significant way and amount to about Skr 20 million for the fiscal year 1978/79.

The libraries for the blind run since 1892 by the Swedish Federation of the Visually Handicapped will from 1 Jan. 1980 be taken over by the government.

No postage is paid for parcels with Braille letters, literature, etc.

Environmental Planning and Housing

The Building Code is giving the regulations for buildings and has formulated the requirements of handicapped in a clause from 1971. The last amendment was made 1977 and the regulations says now the following:

"Dwellings intended for purposes other than leisuretime activities and parts of building open to the general public or which are used as a place of work shall be designed so that they are accessible to and can be utilized by persons whose mobility or orientational ability is reduced as a result of old age, handicap or illness. Two-storey residential buildings and residential buildings with

a maximum of two apartments may be constructed without lifts or similar arrangements."

As regards the interior design of buildings for dwellings the National Housing Board gives financial support for adaptation and for liftarrangements, etc. This support could normally be given up to an amount of Skr 20,000 per case. Most municipalities have arranged housing for the severely handicapped and some have provided them with essential services.

Technical Aids

Technical aids for the handicapped are available without charge and means test, but must be prescribed by medical or paramedical personnel.

The handling of technical aids at a local level is the responsibility of the county councils. These activities include prescription and distribution of aids, training, information, follow-up, etc.

From January 1, 1976, the county councils have also taken over the economic responsibility for all technical aids but with subsidies from the state estimated on the number of persons in the county. The state subsidy for 1978 was approximately Skr 350 million. For the same year the state paid approximately Skr 114 million to aids for stoma patients and for aids connected with incontinence, etc.

The Swedish Institute for the Handicapped run by the Government and the Federation of the Swedish County Councils is a central body for research, development, testing and information within the handicap field. The main work of the Institute is devoted to technical aids for the disabled.

To a limited extent the Institute develops certain products and also has workshop resources for the manufacture of prototypes.

The organization of the product development activities also includes the marketing of R&D (Research and Development) results in series production through the establishment of contacts between constructors and manufacturers. The normally very limited market for aids creates special problems with

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small and relatively unprofitable production-runs. The Government has therefore placed Skr 1.3 million per year (from January 1978) at the disposal of the Institute to encourage marketing of aids for the handicapped, which are of less commercial interest. There are also some possibilities to support production by loan.

Surveys of ongoing R&D projects on handicap problems in the Nordic countries are carried out by the Nordic Committee on Disability which are also available in English.

Transport

There are still a great many difficulties for persons with motor handicaps, blind and deaf persons to use streets and public transport.

By a special commission (HAKO), called upon by the Government, a systematic survey has been undertaken to analyse the demand for public transport covering all transport media, including buses, in terms of short distance and long distance journeys. The main problems revealed in this study were those pertaining to access and to information. A ten-year plan has been inaugurated to create a barrier-free transport system. The commission found that about one million Swedes or some 12 per cent of the population have difficulties when travelling, and about 20,000 are totally unable to use public transport.

As a result of this investigation the parliament has in principle approved a successive change of the means for public transport in order to answer in a better way to the requirements of the handicapped population. This change however will take time and in spite of experiments with new constructions and improvements emerging from them, there is still a group of persons, who can't use the public transport without difficulties.

Therefore it has been decided to create a special nationwide transport system for the most severely handicapped, "riksfardtjanst". The planning for this new service has just started. The cost for the government is estimated to Skr. 20 mill. a year during a three-year experimental period. The rule

shall be that the passenger only pays for a II class railway ticket, whatever the transport means are.

The municipalities have set up a transport service for the disabled "fardtjanst" which, however, differs widely in capacity and quality. Some of them use a special transport organization for this purpose, while others mostly engage taxis. As a rule, the handicapped persons pay a very low price for their journeys. All handicapped persons who can not use the public transport system are entitled to use the special service. It is open not only to persons with orthopaedic impairments but also to persons with, e.g., cardiac diseases, blind persons and the mentally retarded. The largest group in need of special transport is probably the aged. The municipalities receive some Government subsidies for this service. The total cost for the community for 1977 was approx. Skr 345 million.

Handicapped persons, who are working or studying and unable to use public transport, can through the National Labour Market Board receive a state grant of up to Skr 33,000 subject to a means test to buy a car. Any extra equipment they need to be able to drive the car is granted to them.

PENSION ALLOWANCES OR OTHER KINDS OF FINANCIAL ASSISTANCE TO THE INDIVIDUAL AND/OR HIS FAMILY

All persons in Sweden receive an old-age pension from the age of 65.

About 550,000 persons are recipients of premature pensions from the state.

In order to compensate for the costs caused by a handicap, a special grant is given to severely disabled persons.

Parents nursing disabled children at home get a special grant equivalent to the premature pension.

As mentioned before the health service is free or highly subsidized. The dental service is also subsidized to a high degree.

VOLUNTARY ORGANISATIONS

There are over 25 different national voluntary associations of and for the disabled in Sweden with a great number of local

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branches. Some of these have been working for a very long time and in fact a great deal of the progress in rehabilitation is due to the initiatives of these associations. In spite of the fact that such a great part of the rehabilitation work is done by the authorities the value of the work made by the voluntary associations is great and this fact is often confirmed by representatives of the Government. The handicap associations naturally act as pressure groups for the rights of the handicapped but they also make pilot studies and practical achievements showing what can be done with new methods, etc. Some organizations deliver services which should be provided by official bodies and receive for that reason financial support. The Swedish Federation of Visually Handicapped for example supplies consultants all over the country, organises "talking book" library services and has two consultants for multihandicapped (with visual impairment as one handicap).

Many voluntary associations own recreation and activity homes, hotels and camps and arrange journeys abroad.

The State subsidizes some part of the general expenses of the voluntary association, Skr 22 million for the fiscal year 79/80.

There is also a top committee the Central Committee of Associations of Handicapped Individuals (HCK), serving most of the national organizations. Corresponding joint bodies exist on county and municipality level.

The Swedish Central Committee for Rehabilitation (SVCR) is one of the oldest organizations in this field. It has played a vital role in introducing new methods for rehabilitation in Sweden. Nowadays its tasks are concentrated on promoting international cooperation and on the study of sexual problems for disabled people.

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ADDRESSES

The Swedish Institute
Box 7434
S-103 91 Stockholm

The Nordic Committee on Disability
Box 303
S-161 26 Bromma

The Swedish Institute for the Handicapped
Box 303
S-161 26 Bromma

ICTA Information Centre
Box 303
S-161 26 Bromma

The National Council for the Handicapped
Regeringsgatan 67, plan 7
S-111 56 Stockholm

The Central Committee of Associations of
Handicapped Individuals (HCK)
Norrtullsgatan 6, 4 tr.
S-113 29 Stockholm

Ministry of Housing and Physical Planning
Fack
S-103 20 Stockholm

The Nordic Committee on Building
Regulations
Statens planverk
Fack
S-104 22 Stockholm

Swedish Board for Technical Development
(STU)
Fack
S-100 72 Stockholm

The Swedish Central Committee for
Rehabilitation
Box 303
S-161 26 Bromma

The National Association of the Handicapped
Box 2053
S-103 12 Stockholm