

”Towards a balanced care strategy”

León, Spain, 6 November 2007

Mr Chairman,

Let me first express our sincere gratitude to our hosts, the Spanish Government and the UNECE for organising this interesting and important conference.

- Trying to achieve a balanced care strategy in Sweden we are balancing between formal and informal care - between home help services and services for elderly in special housing - between quality maximization and cost efficiency.

The last couple of years it has become obvious that there is an imbalance between the focus on organisation and staff on the one hand and the wish and interest of the individual on the other hand. In order to tackle this we are trying to focus on the individual by working with the concept of dignity.

The Swedish Parliament has defined the following objectives for national policy for the elderly. Older persons shall

- be able to lead active lives and have influence in society and in issues affecting their daily lives,
- be able to age with security and with their independence preserved,
- be met with respect and
- have access to good health care and social services.

Society's initiatives are to be framed in such a way that older persons can continue living in their own homes for as long as possible, even when in need of extensive care and social services.

- In order to achieve these objectives, while focussing on the individual and dignity, the Government have been working with quality issues such as investing in more doctors in the elderly care, promoting better collaboration between social and health care – where the elderly often gets squeezed between different interests and organisations and have difficulties to navigate between responsible authorities.
- In order to enhance quality we are introducing open comparisons between municipalities and between care providers
- Technological and medical development is expanding the possibilities for older persons to live a more independent life
- We are currently putting more money into research, both for technological innovations and medical development – such as looking for better treatments for persons suffering from dementia and developing more efficient care strategies.
- Prevention – like preventing fall injuries and making sure the elderly has the right medication. Prevention both enhances the quality of life for the individual and saves huge resources to society.
- Investments in special housing – we have a shortage where elderly persons – even after needs assessment - have to wait for months in order to get an apartment.
- Freedom of choice of provider – where you should be allowed to choose from different care providers that for instance may have special emphasis on culture or provide care for Finish or Spanish speaking people.

- A process for developing national consensus on aspects of dignity for older persons is under way.
 - The staff is one of the most important factors that could impact dignity and quality in care. We are in a process of developing a system with a set platform of ethical values and minimum competence standards for staff working within the elderly care.
 - We also have to provide more support to relatives that care for their loved ones. In Sweden as in all other countries this informal care is the main source of care - at least before the needs get to great – and it is important to support this family carers without forcing anyone to take responsibility for ageing relatives.
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- In September this year, Sweden arranged a “peer review” within the framework of the cooperation in the social field within the European Union.

Five peer countries took part: Austria, the Czech Republic, Ireland, The Netherlands and Portugal. Also participating were stakeholder representatives from the European Older People’s Platform (AGE) and the International Association of Mutual Benefit Societies (AIM), together with representatives of the European Commission.

The purpose of the peer review was to discuss the Swedish system on how we try to enable freedom of choice and dignity for the elderly. From a Swedish point of view we are very grateful for all the valuable input we got on our system. Several areas were pointed out where the participating countries wanted to continue the discussion; Dignity, linking health services with social services, the use of technology in care services, balance between central direction and local autonomy and quality in care.

This kind of experience exchange is extremely fruitful and Sweden is looking forward to further cooperation within the European Union and would welcome extended cooperation with the member states of the UNECE. We believe we can learn a great deal from each other - also in order to reach balanced care strategies.

Thank you for your attention!