

EUROPEAN MINDS SWEDEN AB

PESSIS 2

**PROMOTING EMPLOYERS' SOCIAL
SERVICES ORGANIZATIONS
IN SOCIAL DIALOGUE**

**COUNTRY-CASE STUDY:
SWEDEN**

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ABSTRACT

The PESSIS 2 project is funded by the European Commission's Programme on Industrial Relations and Social Dialogue. The aim of the research project is to address the lack of qualitative and quantitative data on labour and social dialogue issues in the sector of social services, from the perspective of employers. The key action is the mapping exercise, which aims at a better understanding of how social dialogue is organised and structured (or not) in the social sector in Europe. The purpose of this report is to present a case study of social dialogue in the social services sector in Sweden.

The coordinators of the case studies, PSIRU/University of Greenwich, UK, have assigned European Minds Sweden AB, a Swedish consultancy agency, to map the current situation in Sweden.

Social services are not a categorization or term normally or widely used in Sweden. The social service sector in Sweden covers three areas of services; services for children aged five or less, long-term care for the elderly and services for people with disabilities. These services are dispersed over a wide range of sectors. The common categorisation is the health care, education and social services sector.

The social dialogue in Sweden is a highly integrated part of "the Swedish model" with different collective agreements and is regulated by the law. Therefore the existence or non-existence of a social dialogue is not up for debate. The need for a social dialogue is seen as positive by all sides and stakeholders, and it is not in any of the stakeholders' interest to change the present structure. When talking about social dialogue, the term "the Swedish model" is a more common term and the term "social

dialogue" is considered to be more of a European term. The interviews carried out in this case study shows that the Swedish social dialogue is considered to be made up of three main processes; the bargaining of the collective agreements, the influence on political decisions and the long term support of a good dialogue between the parties.

When it comes to the social service sector the data indicates figures of between 438 480 (public employed) to 552 330 (including both public and private) employees. If you compare the two sources of data, the categorisations of the professions are not the same. But even if you have these differences the total number of employees in the public sector is relatively the same. In the SCB's statistics (total of 552 330) you can see that 52 400 men and 363 700 women are employed within the public sector. In the private sector, there are in total 136 230 employees, including 27 930 men and 108 300 women.

The key labour issues, as well as being the most important questions in the social dialogue and the collective agreements, are salaries, quality, how to secure long-term skill supply and sufficient workforce in the future and how to organize work and working hours. Within the services for children aged five or less workload is an important question, due to larger groups of children the last couple of years, as a result of smaller budgets. Within the services for people with disabilities the question of employment conditions and arrangements are of special interest. The current discussion on profits in the welfare sector is influencing the dialogue in all subsectors.

1. BACKGROUND

The Pessis 2 project is a preliminary mapping study of the extent of social dialogue in the three social service sectors. The study is carried out in six European countries, including Sweden. PESSIS 2 is funded by the European Commission's Programme on Industrial Relations and Social Dialogue. The aim of the research project is to address the lack of qualitative and quantitative data on labour and social dialogue issues in the sector of social services, from the perspective of employers. The key action is the mapping exercise, which aims at a better understanding of how social dialogue is organised and structured (or not) in the social sector in Europe. It will also contribute to increase the understanding of barriers for enhanced cooperation among employers in the sector. The coordinators of the case studies are PSIRU/University of Greenwich, UK.

European Minds Sweden AB is a Swedish consultancy agency that offers support in developing EU strategies, EU applications, transnational projects and partnerships. European Minds also deliver project support services like monitoring and on-going evaluation as well as providing training in different fields. European Minds is firmly rooted in a transnational context, thus helping enterprises, organisations and authorities to recognise the opportunities of a European and indeed international co-operative approach. Emphasis is laid upon knowledge and competence, network and contacts, project development and management, entrepreneurship, business ideas and financing.

The purpose of this report is to present a case study of social dialogue in the social services sector in Sweden. In the case of the Pessis 2 study the social service sector in Sweden covers three areas of services; services for children aged five or less, long-term care for the elderly and services for people with disabilities.

The research will address the following questions:

1. What is the size of the social services sector, both in terms of workforce and of employers in aggregated value?
2. How well represented is the sector in terms of the number of employers and workers covered by collective agreements?
3. How many employers of the sector are involved in social dialogue and at what level?
4. What are the key labour issues dealt with and at what level?

The term "social dialogue" is defined as a dialogue between management and labour. The focus in the PESSIS 2 project is the social dialogue between employers organisations (management) and employees organisations (labour).

2. METHOD/DATA

2.1 RESEARCH METHOD

The following study was conducted from August until October 2014. The data was collected through various activities such as:

- Desk-research in order to identify relevant information, stakeholders and key actors for the report.
- Interviews and dialogue with persons from the stakeholder organisations, representing both the employer and employees organisations, in both the public and private sectors. In a number of cases we contacted people who were not available for an interview within the given time frame. Although not all stakeholders could be interviewed the selection of organisations are relatively representative. 18 contacts were taken, and 13 interviews were completed and documented.
- Contact with experts and advisors on relevant statistics for the research questions for the report
- Analysis of documents and data relevant to the research areas.

2.2 COLLECTION OF DATA

As in many other countries across Europe, the data for social services in Sweden are very fragmented and many times inadequate. Therefore there are difficulties in presenting a comprehensive set of data for the different sub-sectors or social service sector as a whole. First of all, the social services sector is spread out over many different stakeholders ranging from public institutions, union organisations, private-, non-profit service providers, service providers associations, academic institutions etc. Some of the stakeholders are able to present data, others are not. Furthermore, the data from the different stakeholders are often not comparable. Secondly, when it comes to statistics, the data in Sweden is generally categorized based on occupation rather than sub-sectors. This means that some of the available data may also include other sub-sectors. These challenges combined means that the general information about the sub-sectors in this report may differ in contents and validity.

Some of the obstacles in carrying out such a mapping study is also the fact that much of the data is missing, i.e. the turnover within private or non-profit service providers. It is also very difficult to know the exact numbers of staff, since the public reporting of staff numbers is in the form of Whole-Time-Equivalent. Many people are working part-time within the sectors, and they are subsumed into equivalent full-time jobs. The data is also often categorized or aggregated at a more general level, which means that its hard to get the correct numbers for the specific sub-sectors included in the PESSIS 2 study. A consequence is therefore that the report does not provide a comprehensive set of data.

Due to the challenges in collecting the data we note that its not possible to be absolutely sure that the numbers we present are not counted twice, or when it comes to people working within the sectors that people with one specific occupation works solely within the social service sector.

3. THE SOCIAL DIALOGUE IN SWEDEN

The social dialogue is a highly integrated part of “the Swedish model” with different collective agreements and is regulated by the law. Therefore the existence or non-existence of a social dialogue is not up for debate. The need for a social dialogue is seen as positive by all sides and stakeholders, and it is not in any of the stakeholders’ interest to change the present structure. When talking about social dialogue the term of “the Swedish model” is a more common term and the term “social dialogue” is considered to be more of a European term.

3.1 THE CONSTITUTION OF THE LABOUR MARKET - THE SWEDISH MODEL

The Swedish labour market has a somewhat different constitution and another tradition than many other countries. The modern Swedish labour law originates from the last half of the 19th century, when the first modern Swedish trade unions had been recently established. During this period the first so called collective agreements were being introduced, and they were subsequently enforced by the beginning of the 20th century. In 1928 the first laws concerning collective agreements and the establishing of a Swedish Labour Court were introduced.

3.2 LABOUR LAWS AND AGREEMENTS

Throughout the following 40 years the state let the labour market actors themselves take more and more responsibility in handling the negotiations on agreements and other issues concerning the labour market. Then, in the 70s, there was a change of attitude towards the state’s passivity, which resulted in a number of laws aiming to strengthen job security and the opportunities of the employees to influence their situation – e.g. MBL, the so called Employment (Co-Determination in the Workplace) Act, which was enforced in 1976. The labour laws in the Sweden of today are a product of the 70s, and were to a high extent the achievement of LO, the Swedish Trade Union Confederation, very strong at the same and the fruit of the social democratic governments of this period. Time and again these laws have been partially criticised, primarily by the big employers’ organizations and the trade and industry. In Sweden, labour law disagreements are settled in the Labour Court. The court consists of commissioners from the different social partners. Some of the most important labour laws are:

- MBL – The Employment (Co-Determination in the Workplace) Act
- LAS – The Employment Protection Act
- AML – The Work Environment Act

Taken as a whole the labour laws and the collective agreements constitute the foundations of the Swedish labour market. The collective agreements are a written agreement on the conditions of employment between an employers’ organization or an employer and a trade union. There’s a rather high number

of these agreements, as they are adjusted to various trades and sectors and, additionally, comprise addenda and further adjustments to the laws existing within the field. What is commonly referred to as the “Swedish model” is, in fact, these labour laws, collective agreements and related processes. The model is characterised by the social partners’ joint negotiation of the conditions on the labour market, as a completion of already existing laws. In the Swedish model there’s also a high degree of organisation in various trade unions as well as a comparatively on-going dialogue between employers’ organizations and trade unions.

3.3 THE COLLECTIVE AGREEMENTS

The collective agreements provide the Swedish labour market with a solid base. They are written agreements between employers’ organisations and workers’ organisations, and concern the conditions of employment as well as the general relationship between employer and employee. They often replace individual laws and thus have a position on the labour market which could be equalled to that of a law. The most important aspect of the collective agreements is that the members are bound by them, and that the employer and employees thereby cannot make new agreements at odds with their stipulations. The collective agreement often consists of several different agreements, the most important of which regulate the joint conditions of employment and generally consist of the following:

- Forms of employment
- Overtime, travelling time etc.
- Vacation and time off
- Sickness benefit
- Parental leave
- Involuntary termination of employment

In addition there are generally agreements on wages, co-determination, working times, insurances and so forth. The agreements are regulated in terms of time, and also state who is comprised by each single agreement. The content of consisting agreements is not static, but subjected to changes by means of negotiations, and the agreements are generally valid from 1 to 3 years. The content is generally decided upon departing from the needs of the partners, but can also be affected by political decisions.

3.4 CONDUCTING THE SOCIAL DIALOGUE

The interviews carried out in this case study shows that the Swedish social dialogue is made up of three main processes:

1. **The bargaining of the collective agreements**
From a national level to the local level/workplace level. Both parties find the collective agreements beneficial for their different purposes. In the interviews

it was mentioned that this is due to the fact that the Swedish system does not allow standard collective tariffs. Instead there is a system of individual salary agreements. Because of this fact, salaries are always an important question, on all levels when it comes to bargaining of the collective agreements.

2. The influence on political decisions

When making political decisions that may effect any of the different work issues, both locally and/or on a national level, both sides have to be considered, involved and listened to. Lobbying is therefore important for all parties on all levels, especially on the national level.

3. The long term support of a good dialogue between the parties

Through supporting and advising their members both employers and employer organisations are contributing to a better long term dialogue. Examples might be giving advice on questions regarding policies or interpretation of labour market laws or highlighting and strengthening specific professions through debate, information campaigns in member newspapers or arranging seminars.

4. THE SOCIAL SERVICES SECTOR IN SWEDEN

4.1 DEFINITION

Social services are not a categorization or term normally or widely used in Sweden. In reality, there are instead many different types of categories of health or social services. And it is dispersed over a wide range of sectors. The common categorisation is instead, the health care, education and social services sector. In the case of the Pessis 2 study the social service sector in Sweden covers three areas of services; services for children aged five or less, long-term care for the elderly and services for people with disabilities.

The Swedish social service sector is largely publicly funded and locally managed with the overall responsibilities given to the 290 municipalities. The social service sector has undergone major changes during the last decades. As in many other countries, Sweden has made different attempts in order to try to drive up performance and improvement in quality and efficiency. One of the major shifts is that during the 1990s the system was opened up for provider competition. And since the 1990s more and more municipalities has started to purchase more of the services on the open market.

In 2009 a system of Choice in the Public Sector was also introduced. Combined this resulted in a growing amount of private and non-profit service providers established themselves on the market.

Both these changes have fundamentally changed the sectors and opened up a lot of new possibilities both for the service users, but also for the municipalities and the new service providers. But even though the new laws and regulations create new possibilities, the main service providers are the public sector and there are large regional differences in how it is used. According to a SCB study¹ the counties and municipalities in Stockholm County purchased activities for 19% of operational expenditures compared to 3% for the county of Kalmar. On average and for Sweden as a whole, municipalities and county councils purchased activities for 10% of operational expenditures within education, health care and social services in 2011. The amount of private and/or non-profit service providers are often determined by the local political majority's different political affiliations. Where municipalities with a liberal/right-wing oriented affiliation are more likely to use private service providers than those municipalities with a more socialdemocratic/left-wing political governance.

Even though public service providers still dominates the sector there are thousands of different private/non-profit services providers.

4.2 THE VALUE OF THE SOCIAL SERVICES SECTOR

The social service sector is highly financed by public funding. According to SCB's report for 2011 the private enterprises within education are financed by public funds to a degree of 65%. Within health care the figure is 57% and within social services the level is 92%.

However it is not possible to find out the specific value of the sector. According to SCB2 there is now such data and the best attempt to their knowledge is their own study from 2011.

The SCB study shows that the purchases of services continue to rise in Sweden. And between 2010 and 2011 the municipality's purchases of services increased with 5% in the health care, education and social services. During 2011 it amounted to SEK 81 billion, of which SEK 49 billion was purchased from private/non-profit enterprises/organisations. During the same year the county councils purchased activities for SEK 39 billion, of which SEK 22 billion was from private/non-profit enterprises/organisations, which where an increase with 7%. However note that this figures also includes sectors such as secondary school and general health care, sub-sectors that are not included in the PESSIS 2 study.

4.3 EMPLOYMENT

Traditionally Sweden has had a large public sector. Out of the 4.7 million employed people in Sweden (2013) approximately 1.275 million were working within the public sector (2012), 28% of the total labour market⁴.

When it comes to the social service sector the data indicates figures of between 438 480 (public employed) to 552 330 (including both public and private) employees. However the exact figures are not available.

Some of the reasons why the data is so imprecise and shows differences is because of the fact that it is gathered from two different databases. First there is data collected from KOLADA⁵, which SKL (SALAR) are responsible for, the other is the SCB database. The two databases are based on different sets of data. KOLADA only shows employees within the public sector, excluding employees within the private and non-profit organisations within the sub-sectors.

According to KOLADA there are a total of 438 480 full-time equivalents within the four sectors of child care, elderly care, disability care and social and curative work. The exact numbers and breakdown between the sectors are not possible to obtain. This is due to the existing occupational categorization of the data. Which means that a person in the data in fact

can work in several of the sectors that are of relevance to the PESSIS 2 study.

The other drawbacks that can be seen with this database are also that the gender distribution is not clear, nor the number of persons employed in the private and non-profit sectors, only the public employees. The data is also based on the number of whole time equivalents, which means that the actual number of employees is likely to be much higher.

It is common practice with part-time employment in many of the sectors. This means that the data from KOLADA should be used with a certain caution.

School and childcare	Social and curative work	Long term care for the elderly	Care of persons with disabilities	TOTAL
211 120	30 740	174 290	22 330	430 480

Table 1: The numbers of employed (Whole Time Equivalents) in the public sector within the social service sector in Sweden, 2013. www.KOLADA.se

Note: The figures above includes occupations that are not included in the social service sector as defined in the introduction, such as teachers in higher education, student assistants, nurses in primary care, etc.

The other available database has been developed by SCB. SCB's database includes both public, private and non-profit employees. SCB's statistics are based on occupational codes in the form of SIN-codes⁶. When including the different professions found in the sectors, the total number of employees are 552 330.

Here, we can see that there are 416 100 employed in the public sector, which to a large extent corresponds with the data found in KOLADA (438 480). Of the 552 330 employees, 52 400 are men and 363 700 women. In the private sector, there are in total 136 230 employees, including 27 930 men and 108 300 women.

The disadvantage with this data is the fact that the categorisations of different professions are very wide. This may lead to a miss-calculation and the fact that there are employees included in the data that are not working within the sectors of interest for the PESSIS 2 study. The numbers for employees within several professions in the private and non-profit organisations are also lacking to a great extent.

If you compare the two sources of data, the categorisations of the professions are not the same. But even if you have these differences the total number of employees in the public sector is relatively the same. And although the data is not entirely reliable, it is the best available set of data.

5. SERVICES FOR CHILDREN AGED FIVE OR LESS

5.1 DEFINITION

The concept of child care does not occur in Swedish law or legislation; rather it is regarded as an informal collective noun for four different activities: preschool, after-school activities, pedagogical care (previously family day care home) and public preschool. In this context it is also important to know that since 1998 these activities are regulated by the school law, whereas they in many other countries are conceived as “social services”. Since 2010 the preschool too is regarded as a type of school.

In the present study we have restricted ourselves to focus upon the child care that has as its target group children in the age of 1-5. In other words, we have not considered after school activities and pedagogical care for the age group 6-12 years. The study furthermore focuses on the preschool, as it became clear early on that the other activities described above haven’t been subjected to sufficient analysis in terms of data, statistics and information.

Yet another challenge for a joint analysis of child care and preschool is the fact that the preschool comprises various groups with varying levels of training, one of which being the preschool teachers, who hold a university degree. Consequently it is often difficult to find statistics and data concerning the activity as a whole, since there’s often a division between the different professions and, additionally, a merging of data and statistics concerning all of the activities, i.e. also those targeted at children in the age of 6-12 years.

5.2 THE BUSINESS TODAY

The professions within the preschool (and school) are preschool teachers, child care providers, child-minders, youth workers and teacher’s assistants. The largest group is child care providers. In Sweden there are slightly above 95 000 persons working as child care providers and close to 85 000 working as preschool teachers and after school teachers. Most people working within child care are women, and as an example one could mention the child care providers, of which as many as 82 000 are women. Even in the groups preschool teachers and after school teachers there’s a vast majority of women (close to 77 000 out of 85 000)¹.

Child care in the form of preschools is regulated by the school law. The law states that each municipality has the responsibility to provide the children with preschool activities and school related child care. These activities may also be organised by single actors. The school law furthermore makes clear that the preschool’s assignment lies in offering the children education and care by means of pedagogical activities. The staff must have the training and experience required to make it possible to meet the childrens’ needs of care and solid pedagogical activities. The child groups must be

composed in an appropriate way, also in terms of size, and the facilities must be suitable.

The more detailed guidelines can be found in the preschool curriculum. The activities shall aim to increase the childrens’ capacity to feel empathy and to care about others, as well as their respect for differences in people’s opinions and ways of living. The preschool shall constitute a basis for life-long learning. The preschool is meant to be a living social and cultural meeting point that stimulates the children to take responsibility, and that develops their social and communicative skills².

5.3 THE DEVELOPMENT AND TRANSFORMATION OF THE SECTOR

Private preschools have existed in Sweden since the late 19th century. During the 1990s several reforms were implemented within the welfare sector, which, among other things, resulted in the establishment of a large number of private schools, with activities in many municipalities. In 1990 non profit private schools obtained the right to government grant, and in 1992 this right was also obtained by profit-driven schools (joint-stock companies). As a consequence the development within the field was rather quick, and a great number of private schools were started throughout the later half of the 90s. In 1998 the preschool was transferred from the Ministry of Health and Social Affairs to the Ministry of Education and Research, and parallel to that process the preschool received its first curriculum. In 2001 a “maximum fee” was introduced which regulated the opportunities to take differentiated fees. In 2006 the restrictions for private schools were abolished, thus enabling them to establish themselves freely, which in turn has resulted in many new private preschools in the last 8 years.

Most children who attend a preschool today either belong to a school owned by the municipality they live in or to a private one. Within the preschool sector the establishment of private alternatives begun already by the beginning of the 90s, and for that reason there are nowadays rather small annual changes in the percentage of children who choose private preschools. Since 2006 the percentage of children who attend private preschools has increased from 17% to 19%. The variations are big between the different municipalities when it comes to the number of children who choose private options. In little less than 50 municipalities, i.e. 20% of Sweden’s total amount of 290 municipalities, no children attend private preschools. On the other hand there is a municipality in which almost all children attend private preschools. On a general level the municipalities outside of Stockholm are those with the highest amount of children attending private preschools³.

1 <http://www.kommunal.se/Kommunal/Branscher-och-yrken/Forskola---skola/Branschen-idag/#.VBgoV0vjvY>
www.statistikdatabasen.scb.se

2 http://www.barnomsorgsguiden.se/empty_28.html

3 Rapport från SKL ”Köp av verksamhet. Kommuner, landsting och regioner 2006-2012”, ISBN 978-91-7164-982-9

5.4 FACTS ABOUT TODAY'S PRESCHOOL

Preschools are regarded as quite a natural part of the everyday life of the family in Sweden today, and as something of a condition for being able to combine work and parenthood. Since 1998 the preschool has its own curriculum in the form of a codex. The Swedish parliament and government are those establishing the curriculum. It contains ethical values and assignments, national aims and guidelines, and so forth. Apart from the curriculum a preschool can have its own policy documents or work plans that broaden, pinpoint or specify the general orientation or work mode of the preschool without contravening the curriculum. These documents may be regarded as a complement, and within the framework of the individual preschool they can function parallel to the national curriculum.

Never previously have so many children attended preschool in Sweden. Today they are almost 490 000. That implies an increase of 138 000 children in ten years, and of 7 000 children since last year. However, the average group size and staff frequency remain unaltered.

In 2013 84 percentage of all 1-5 year old children attended preschool. Ten years ago the percentage was 75 and fifteen years ago 61. In the age group 3-5 years almost 95 percentage attend preschool. The explanations of the increase that are regarded as probable are the existence of a public preschool for 3-5 years, the obligation of the municipalities to offer preschool care to all children, regardless of their parents being unemployed or on parental leave, and the increased interest in the preschool and its pedagogical content.

In the autumn of 2013 the average rates implied that each staff member corresponded to 5,3 children and that each group encompassed 16,8 children. The year before each staff member corresponded to 5,3 children and each group encompassed 16,9 children. The groups are somewhat bigger in public preschools, which on average have 17 children per group. Private schools on average have 16, 1 children per group.

The staff in public preschools generally have a higher level of training than in private preschools. In public preschools 56 percentage are trained preschool teachers or teachers. The corresponding rates in private preschools are 41 percentage. In the private preschools 12 percentage lack any form of training for working with children, compared to 5 percentage in the public ones. The differences have increased the last ten years. Whereas the level of training has more or less remained the same in the public preschools, it has decreased in the private ones.

In terms of gender the preschool is highly unequal. Only about 4 percentage of the employees are men. The number has remained virtually intact throughout the last ten years. In private preschools the number of men is 6 percentage – twice as many as in the public ones⁴.

⁴ www.regeringen.se/utbildningsdepartementet
www.skolverket.se/Pressmeddelande/2014-03-13

5.5 FACTS ABOUT PRIVATE PRESCHOOLS

In 2012 there were roughly 2700 private preschools in Sweden. They are being run in many different forms, such as joint stock companies, cooperatives, foundations and organisations. Below you will find a statistic presentation of the number of preschools in Sweden, divided into their various operational modes (2012).

	Number of preschools	Number of children
Run by the municipality	7267	387 357
Run by a private owner	2724	94 952
Parent cooperatives	862	20 819
Staff cooperatives	331	10 384
Run by a company	894	44 081
Other private owner	602	18 730
Other public owner	35	938

Table 2: Number of preschools in Sweden, Source: Skolverket.se, 2012

Almost 95 000 children are attending a private preschool, which amounts to approximately 20% of all children attending some form of preschool (2012). About 44% of the private preschools are being run as cooperatives, whereas about 33% are run as companies. The children's groups are generally somewhat smaller in private preschools than in those run by the municipality, and in 2012 243 of the country's 290 municipalities had private preschools. Private preschools are more common in the big cities. In Sweden the Swedish Schools Inspectorate is in charge of monitoring the public preschools, whereas the private preschools are monitored by each individual municipality⁵.

5.6 FACTS ABOUT PEDAGOGICAL CARE (PREVIOUS DAY CARE CENTERS/"DAYMOMS")

As an alternative to the preschool there's in Sweden something that since 2009 has been called pedagogical care (previously family day care home). Sweden's municipalities are not obliged to offer this form of child care, but shall however according to the school law do their best to be able to provide it as an alternative. Even if this type of child care now increases in certain municipalities the national trend to the contrary affirms that the number of children within pedagogical care is decreasing. In fact, from 1995 to 2008 the number of children in pedagogical care decreased from 130 000 to 25 000. This decrease is explained by the major expansion of the preschool and after school activities that took place during this period. It is difficult to find figures that are up to date, but according to a 2012 report from the Swedish National Agency for Education there were about 20 000 children in the age of 1-5 who received this form of child care in 2010. At the time this figure corresponded to approximately 3% of the age group.

⁵ www.fristaendeforskolor.se, 2012

The main part of the pedagogical care is run by municipalities, and in 2010 about 22% was run by private actors. However, from the middle of the 90s onwards there's an increase in the number run by private actors, and in 2010 the number of municipalities that offered privately run pedagogical care were 82 (22 municipalities more than in 2009).

5.7 FINANCING AND ORGANISATION

The Swedish child care is primarily funded by taxes. It costs billions of Swedish kronor (SEK) annually and constitutes approximately 2% of the gross domestic product. In 2013, the costs for the preschool sector were approximately 62 billions of SEK. (Source: SKL.) On average about 40% is funded by the state, 40% by the municipality and 10-20% by the parents. The government gives contributions to the municipalities that thus fund the main part of virtually the whole child care sector, even in its cooperative and so called "alternative" forms. The idea is that if the municipality gives a contribution to an alternative form of child care the fee paid for that particular child care must not be higher than that of the corresponding public preschool.

Approximately 75% of the municipalities of Sweden are basing their child care fees on the family's salary, whereas certain municipalities have a set fee that remains the same even for single parents. In the case of private preschools that are receiving grants from the municipality, the fee is not allowed to be unreasonably high, whereas preschools that are only privately funded are free to take whatever fee they wish. How much money the municipality spends on private alternatives depends on how much it generally spends on its child care. The general rule is that those behind the alternatives shall receive roughly the same amount. The contribution for each child must not "differ unreasonably" from the municipality's own child care costs in corresponding activities.

The right to child care is regulated by the school law, and from the age of three the child shall be offered child care free of charge for at least 535 hours each year. Even children with unemployed parents and children whose parents are at home with another child have the right to 15 hours of child care each week.

Parent cooperatives are the most common private form of child care, and signify that the parents are responsible for running the activities. Other alternatives are cooperatives being run by staff, organisations or religious communities. There are also many entrepreneurs in Sweden that are running child care activities in the form of companies, and in 2012 there were close to 900 preschools that were being run as companies.

From 1980 onwards several studies and surveys have been implemented in the scope of investigating whether the Swedish child care is profitable from a socioeconomic perspective, something that the studies affirm. They show that a solid and well functioning child care of high quality is a premise for the parents being able to work and thus contribute to the production. Thereby they also contribute to the growth, and

accordingly to the development of the Swedish welfare system.

Reports from the Ministry of Finance make the observation that public child care gives the parents of families with small children an increased incitement to work. In other words parents pay both taxes and fees. According to the reports a high level of subsidisation of the child care sector is both profitable from a socioeconomic point of view and has good effects on social equality. However, it is still the case that children of parents with an average or high income make use of the child care to a higher extent than children of parents with a low income.

5.8 COSTS – THE MUNICIPALITIES' PURCHASE OF ACTIVITIES

The total costs of purchased activities within the pedagogical sector have increased from 23,6 billions of SEK in 2006 to 37,4 billions in 2012. The costs of purchases from public owners have somewhat decreased, whereas purchases from private owners have increased, from 20 billions of SEK in 2006 to 34,6 billions in 2012. The increase depends on the fact that the number of children and pupils who attend private activities increases each year. The private owners' share of the total costs has increased from 11,1 percentage to 15,8 percentage between 2006-2012. Above all, the number of purchases from private companies has increased. Within the preschool and elementary school organisations and foundations also have a certain responsibility for the increase. As for the specific case of the preschool, the table below displays how much money the municipalities have spent on purchases of activities during the period 2006-2012.

Pedagogical care	Sweden's municipalities. Purchase of activities, billions of SEK						
	2006	2007	2008	2009	2010	2011	2012
Preschool	6 002	6 570	7 440	8 393	9 452	10 149	11 062

Table 3, Municipalities purchase of activities, Source: Report from SKL "Köp av verksamhet. Kommuner, landsting och regioner 2006-2012", ISBN 978-91-7164-982-9

5.9 THE ONGOING SOCIAL DIALOGUE

Within the child care sector there are above all a number of different collective agreements between the biggest actors. The trade union The Swedish Municipal Workers' Union is the primary organiser of the sector's workers, and has collective agreements with, for instance, the Swedish Association of Local Authorities and Regions and KFO, which is an employers' organisation for cooperatives. Within the child care sector there is furthermore a collective agreement between Almega Tjänsteföretagen (an employers' organisation connected to the Confederation of Swedish Enterprise) and the Cooperation Council for Teachers in Sweden (where both the National Union of Teachers, Lärarnas riksförbund, and the Swedish Union of teachers, Lärarförbundet, are represented). This agreement comprises private schools (preschool teachers). Furthermore there's a collective agreement between the Swedish Union of

Teachers (Läraryrbundet) and KFO, mainly comprising pre-school teachers working in preschools that are being run as cooperatives.

The content of these collective agreements is somewhat varying, and yet there's a certain number of common denominators. Wages and processes relating to wages and conditions of employment are the most important issues according to the agreements. In the agreements pertaining to preschools and preschool teachers the issues concerning further development of the work environment and quality are also of interest, be it for employers or for workers' associations. Interviews with the various actors also make it clear that questions concerning structural differences, availability, profits and efficiency have a major impact on those working with the agreements and on the dialogue taking place between the actors of this sector.

According to the conducted interviews the most topical questions today are workload, work environment and salaries. These questions are all highly connected to larger groups of children the last couple of years, as a result of smaller budgets within the public sector.

6. LONG-TERM CARE FOR THE ELDERLY

The Swedish care system is divided into two different fields where care for frail elderly people (instead of long-term care) and care for people with disabilities are separated and seen as two different fields of social care. Elderly care includes both home help services, i.e. different forms of assistance in a home environment, and different institutional or special care housing (i.e. nursing homes), managing care staff and so on.

6.1 THE SWEDISH MODEL FOR LONG-TERM CARE

Sweden is internationally regarded as a model for long-term care⁶, with its universal and comprehensive long-term care (LTC) system. In general it has a very good coverage with public funded medical and social care services provided to all citizens regardless of income, insurance or other personal circumstance⁷.

The Swedish LTC system is based on a universal care regime with a strong public oriented responsibility culture where families (even though they play an important and increasing role) do not have the legal responsibility to provide for the care needs of older people. The Social Service Act (2001) and Health and Medical Service Act (1983) regulate that older people have “the right to claim public service and help to support their day-to-day life if their need cannot be met in any other way”⁸ and that “the health system should maintain a good standard of health among the entire population and provide care on equal terms”⁹.

6.2 RISING QUESTIONS ABOUT SUSTAINABILITY - MORE PEOPLE IN NEED OF LONG-TERM CARE AND RISING COSTS

Sweden is in the top of the OECD list when it comes to the numbers of LTC workers. With 73.4 long-term care beds per 1 000 people over the age of 65 years, Sweden has the second highest long-term care bed density in the OECD. And well over the OECD average of 49.1. In 2010, the total cost of elderly care in Sweden was SEK 95.9 billion (EUR 10.7 billion)¹⁰. With its

spending of 3.6 % of GDP, Sweden is one of the OECD countries (average of 1.7%) that spend the most on long-term care. As a proportion of GDP, Sweden’s allocation to elderly care is almost five times the EU average.

The Swedish population is ageing. In 2013, 18% of the Swedish population of 9.7 million inhabitants was over the age of 65 years. These numbers are set to rise in the coming decades. Demographic projections clearly signal that there will be more people over the age of 65 years, increasing with up to 30% by the year of 2030¹¹. Adding to this Sweden also has one of the highest life expectancies in the world (84.4 years for 2013). These numbers are projected to increase by 2,6 years by 2050¹². And in comparison to the other EU member states, Sweden has the second-largest proportion of people aged 80 or over with at total of 5.3% of the total population.

According to the projections of the European Commission this will lead to that public expenditure costs for LTC in Sweden will continue to rise in the coming decades. And by 2060 the public expenditure will amount to 6.7% of GDP¹³. Due to the rising costs for the public provision of LTC the public LTC services will pose an increasing challenge to the sustainability of public finances in Sweden as in the rest of the EU member states.

6.3 RESPONSIBILITIES AND FINANCING OF THE SWEDISH LTC SYSTEM

The Swedish LTC system is largely publicly funded and locally managed. Through the Elderly Reform in 1992 the 290 Swedish municipalities were given the overall responsibility for the designing and provision of the social care for the elderly and the disabled. The overall responsibility for elderly care includes both home help services, i.e. different forms of assistance in a home environment, and different institutional or special-care housing (i.e. nursing homes), managing care staff and so on. Even though the county councils formally are responsible for providing home health services, more than half of the municipalities have taken over this responsibility. And from 2015 all the 290 Swedish municipalities are going to have the overall responsibility.

The Swedish LTC services are mainly financed through local municipality taxes. Only a small part of the costs are financed through government grants (11-12%) and user fees (3-4%, fees are subsidized and based on specified rate schedules). However, the new overall responsibility and its economic responsibilities have been a great challenge for many of the

6 OECD Reviews of Health Care Quality: Sweden 2013. http://www.oecd-ilibrary.org/social-issues-migration-health/oecd-reviews-of-health-care-quality-sweden-2013_9789264204799-en

7 www.regeringen.se

8 Swedish Institute (2012), Facts About Sweden: Elderly Care, Swedish Institute, Stockholm, available at: https://sweden.se/upload/Sweden_se/English/factsheets/SI_SI_FS8p_Elderly_care_in_Sweden/FS13-Elderly-care-low-resolution.pdf [Sweden.se/upload/Sweden_se/English/factsheets/SI_SI_FS8p_Elderly_care_in_Sweden/FS13-Elderly-care-low-resolution.pdf](https://sweden.se/upload/Sweden_se/English/factsheets/SI_SI_FS8p_Elderly_care_in_Sweden/FS13-Elderly-care-low-resolution.pdf)

9 <http://www.socialstyrelsen.se/Lists/Artikelkatalog/Attachments/17857/2009-12-6.pdf>

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12 http://www.keeper.com/Digital-Asset-Management/oecd/social-issues-migration-health/oecd-reviews-of-health-care-quality-sweden-2013_9789264204799-en#page125

13 http://ec.europa.eu/economy_finance/publications/economic_paper/2012/pdf/ecp469_en.pdf

municipalities. In order to manage the new great task many efforts have been taken in order to make the services more effective and to reduce the costs for the services. The LTC service has focused on pensioners with extended care demands. Many municipalities have done great adjustments by cutting down on the supply of care (reducing certain services) and applying more strict needs-assessments. Thereby also excluding persons with more limited care needs from municipal LTC responsibility.

During the last decade there has also been great focus and emphasis on getting the care takers to be able to stay in their home environment for as long as possible. As a result, Sweden has the highest drop of LTC beds in the OECD countries. Between 2000 and 2011 the average annual reduction was 1.2% in institutions and 4.0% in the long-term care beds in the hospitals¹⁴.

6.4 PERFORMANCE IMPROVEMENT AND SYSTEM OF CHOICE IN THE PROVIDER MARKET - STILL A BIG DOMINATION OF PUBLIC PROVIDERS

Other measures have also been taken in order to try to drive up performance improvement in quality and efficiency and a system of provider competition has also been introduced. Through the law of System of Choice in Public Sectors in 2009 the provider market for LTC was open up to private and non-profit organisations; although the municipalities still have the overall responsibility of funding, allocating LTC and so on. All recipients can choose if their LTC services should be provided by a public or private provider.

Through the reforms there has been a strong growth of private actors within elderly care. Over the years 1995 to 2005 the number of private companies grew fivefolded. In 2011 private actors did 18.6% of the home care services. Nevertheless, the level of privatisation varies a lot over the country and between the different municipalities. Despite an increased level of competition within the sector, the line of business is still heavily dominated by the municipalities, and the private options represented only 14% of the total social care sector in 2012¹⁵.

In 2012 the municipalities procured social care services for just over SEK 37 billion. Out of this, 79% were dedicated to private actors and 9% to consolidations and foundations¹⁶.

6.5 EMPLOYMENT

Today, almost 1,2 million people are employed within nursing, school and social care, which is an increase with close to 50 000 people since 2007. According to previous paragraphs in this report, one can see that there is approximately 150 000 employees within the elderly care sector. The most common occupations within the sector are enrolled nurses, nurse assistants, nurses etc.

Since the Swedish LTC-sector is dominated by municipal providers, the municipalities are also the largest employers. Nevertheless, the private and non-profit companies have increased over the last years, and today there are thousands of different providers within the sector. A visible trend, even though it differs over the country, is that an increasing number of people are employed within the private sector. In 2013 17% of the employees within the LTC-sector had private employers. According to Vårdföretagarna, the private employers organisation, there are 11 000 companies with 160 000 employees. Nevertheless, the line of business is a young and diversified business, where a total of 93% of the companies has less than 20 employees¹⁸. Some of the largest private companies that can be mentioned are: Aleris, Ambea, Vardaga and Attendo.

Within the non-profit businesses we can see a similar pattern of many small providers. According to Famna, an organisation that gathers a large amount of non-profit organisations within the social services sector, there is no accessible data about non-profit providers. Famna clusters approximately 50 actors whereof 36% are active within the Elderly care (25%) and the Care for disabled persons (11%). Some of the largest non-profit businesses that can be noticed are Bräcke diakoni, Ersta diakoni, Föreningen skyddsvärnet, HSB omsorg, Stadsmissionen och Svenska Röda korset¹⁹.

When it comes to the level of organisation within the social service sector, Sweden has had a high level of affiliation to labour unions in general. But, many of the labour unions have had a large decrease of members over the last years, and between 2007-2008 some of the labour unions decreased with almost 10%. The main reason was the heavily increased fees for the unemployment funds that were introduced during this period of time. The large and widespread numbers of actors makes it almost impossible to overview the total numbers of persons being affiliated to labour unions.

14 http://www.keepeek.com/Digital-Asset-Management/ocd-social-issues-migration-health/ocd-reviews-of-health-care-quality-sweden-2013_9789264204799-en#page44

15 <http://www.ekonomifakta.se/sv/Fakta/Valfarden-i-privat-regi/Vard-och-omsorg-i-privat-regi/Omsorgen-i-privat-regi/>

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6.6 THE ONGOING SOCIAL DIALOGUE

The largest collective agreements are those who are signed between the employer's organisations – SKL (SALAR), Vårdföretagarna, Arbetsgivaralliansen, KFO and KFS, and the employees' organisations, the labour unions Kommunal, Vision and SSR. Kommunal is the absolutely largest labour union, with approximately 140 000 members that works within elderly care.

Over the coming years there will be a continued growth within the sector, and in 2030 it has been estimated a need to recruit 150 000 workers within the Elderly care. This is partly due to an ageing population, but also because of a coming peak of retirements within the whole public sector. The high cost for elderly care in Sweden has raised questions such as how to maintain the current well-fare model and how sustainable the current financing model with a high amount of tax financing really is. Today, many different kind of discussions are held and it is expected that the different financing approaches will be reviewed in the future. The fact that even fewer workers need to contribute to even more none-workers subsidence and care, makes it necessary to revise the current systems. In the future Sweden faces the tricky challenge of how to deliver more with less and without compromising quality.

The most important questions in the dialogue and negotiations about the collective agreements today are salaries, long time competence provision, quality, work environment and profits within the well-fare sector.

7. SERVICES FOR PEOPLE WITH DISABILITIES

7.1 DEFINITION

The Swedish social services for people with disabilities include a wide range of measures and support. Disability policies in Sweden is cross-sectoral and the measures and responsibilities for achieving the policy objectives lies within in the different relevant areas of society, for example education or labour market policy. In order to enable all people with disabilities to shape their own life and to be able to live an independent and active life general measures are complemented by different customised support and services. The most common support is in form of personal assistants. The concept and the profession of personal assistants have its origin in the extensive social reform implemented in the mid 1990s. In 1993 the law on support and service for certain disabilities (LSS) was introduced. The social reform in 1993 is by many regarded as a milestone in Swedish social policy. The reform meant that people with significant disabilities were given the legal right to personal assistance. Moreover, the introduced law of System of Choice in Public Sector meant that persons with disabilities were given the freedom of choice and the right to choose service provider for their personal assistance.

7.2 PROFESSIONS AND EDUCATION

In addition to personal assistants this sector also includes professions such as housing support, carers and people who work in different forms of daytime activities (for example, nursing assistants, social workers or others with knowledge and expertise in health care). The largest profession is however personal assistants. In Sweden there are no comprehensive statistics on the number of persons employed to provide services and care to persons with disabilities. Neither is there any overall statistics on the educational level of the employees within the sector. However it is well known that the employees working with care of persons with disabilities have a very diverse background and education. The educational level among those working with giving close support and services to persons with disabilities in their everyday life (personal assistance and day care) ranges from employees who lack basic education/training to employees with a higher academic education. The requirements placed upon the employees and those who will be working within the sector are not regulated and not always transparent and clear.

The support of people with disabilities is often performed in the individual's home. Common to all the staff involved in the individual's home is to provide support and assistance to handle their daily activities such as to manage their personal hygiene, communication, shopping, cooking etc. The daily tasks often varies with the degree and type of disability of the person that they are supporting¹⁷.

¹⁷ "Rätt kompetens hos personal i verksamheter för personal med funktionsnedsättning" Rapport från Socialstyrelsen, ISBN 978-91-87169-04-5

7.3 PERSONAL ASSISTANCE SERVICES - A SECTOR IN TRANSITION: DEVELOPMENT AND KEY FIGURES

The new laws and reforms in 1993 transformed the sector and in the second half of the 90s the changes became more apparent. Firstly, it resulted in a completely new profession, personal assistants. And as the new legislation made it possible for individuals and private companies to delivered new services, it also meant the start of a large number of new companies and cooperatives in the sector. And today, more than 20 years after the law came into force almost 60% of the people who are entitled to personal assistance chose a private / individual service provider¹⁸.

The reforms in 1993 also resulted in a large increase in the cost of personal assistance, but it has also to some extent meant a transfer of costs from the state to the local level/municipality level. The figures below show the costs for 1993, 2004, and 2012:

Year	Costs, total million SEK	Costs, at the local level, million SEK	Costs, at the national level, million SEK
1994	1771	0	1771
2003	11165	2477	8688
2012	25915	4472	21443

Table 4, cost of personal assistance for the years 1994, 2003, 2012, www.assistentkoll.se

As the table shows, there has been a large increase in costs and the number of people who are eligible for personal assistance. Overall, it is in this part of the sector of care for people with disabilities that the main changes have taken place during the past 20 years.

Because of this, the number of service providers, as well as the number of personal assistants has increased. There are today no reliable statistics, but in 2013 it was estimated that there were nearly 80 000 people who to various degrees (part-time employment is very common within the sector) worked as personal assistants.

In 2013, there was about 17 600 personal assistants employed within the public sector. This means that more than 60 000 personal assistants are assessed to work for different private service providers (companies, cooperatives or carers)¹⁹

¹⁸ www.assistentkoll.se

¹⁹ www.assistentkoll.se , SKL (SALAR)

In January 2014, there were 15 889 people with personal assistance from the national Swedish Social Insurance Agency, 46.2% women and 53.8% men. In addition, there are approximately 3 900 people who have personal assistance granted (by law) from the municipalities. There are no reliable statistics of the choices of specific service providers, but of those who were eligible for personal assistance in January 2014, 36.7% had their assistance from municipalities, 49.3% from different companies, 9.6% from cooperatives and approximately 2.5% were employers of their own assistants.

In January 2014, 17 of the 290 Swedish municipalities had also chosen to outsource their whole personal assistance support through procurement of private service providers.

The number of providers, in addition to municipalities, these have increased significantly in recent years. And in May 2014, there were in total 888 private service providers (companies, cooperatives) that had been granted permission by the authorities to perform personal assistance. During the period of 2008-2014 we have also seen a significant concentration of ownership within the market.

This is partly done through significant growth within the industry, but also by mergers between different companies, but also by acquisitions from larger companies (often venture capital companies). The three largest Swedish companies in personal assistance are called Humana, Frösunda and Team Olivia. Common to these companies are that they are owned by private equity firms based in the UK. From June 2008 to January 2014 their collective market share increased from about 12% to 22% of all individuals eligible for personal assistance (from 2220 to 4400 customers)²⁰

7.4 WHO WORKS AS A PERSONAL ASSISTANT?

The sector of personal assistance differs slightly for example in background, gender, and educational level of the employees compared to other sectors of social care. Statistics from SKL (2012) shows that just over 80% of the employees in the municipalities where women. In comparison to, for example, nursing assistants, where the figure for 2012 was nearly 85% in the municipal sector. Furthermore, a report from the National Board of Health and Welfare from 2007 shows that 75% of the personal assistants were under the age of 35. These figures are also reinforced by recent studies made by Kommunal, the Swedish Municipal Workers' Union.

Although the absence of detailed statistics regarding the background of the employees in the sector, it is estimated that approximately 35% of the personal assistants have a foreign background, and that more than 20% were born in a different country than Sweden. This is partly because the work many times does not require a formal training, and the fact that many service users are of foreign descent.

As mentioned earlier in the report, the level of education varies considerably within the sector, mainly because there are no clear requirements on what is required for the profession. According to the National Board of Health and Welfare's report from 2007, 29% of the employees in the sector had a college education. But this is mainly explained by the fact that many are working as a personal assistant while doing their higher education, or working extra as a personal assistant. 2 out of 5 assistants are estimated to have some form of health care education. In recent years there have emerged some training programs focusing on personal assistance mostly in high school and municipal adult education. Furthermore many companies and cooperatives have educational systems where they train their own employees²¹

7.5 LEVEL OF ORGANIZATION AND COLLECTIVE BARGAINING AGREEMENTS

There are no available statistics on how many in the sector of care of persons with disabilities that are affiliated to a trade union. Kommunal, the Swedish Municipal Workers' Union is the union representing personal assistants in all collective agreements.

The largest collective agreements are:

- SKL/PACTA and Kommunal, the Swedish Municipal Workers' Union (for employees of municipalities and private companies in PACTA)
- Care Providers and Kommunal, the Swedish Municipal Workers' Union (private companies)
- KFO, The Co-operative Employers' Association - Kommunal, the Swedish Municipal Workers' Union (private companies and user cooperatives)
- Municipal Corporate Unions - KFS and Kommunal, the Swedish Municipal Workers' Union (private companies)

7.6 THE ONGOING SOCIAL DIALOGUE

According to the conducted interviews the ongoing social dialogue within this sector is very similar to the one in the other sectors mentioned. The major focus lies on wages and other compensation, employment conditions and arrangements, as well as working conditions regarding schedule.

20 www.assistentkoll.se

21 Rapport från Socialstyrelsen, 2007 "Personlig assistans som yrke". www.assistentkoll.se



8. RESEARCH

When it comes to research it seems as if there is a lack of relevant Swedish research in this field. The research we have been able to find is mostly connected to professional groups and work environment rather than to the social dialogue. Moreover, this is the situation not only for the service sector, but for all sectors in Sweden.

There is research on the social dialogue at an EU level and its general impact on the Swedish model (TCO and Gothenburg University). Conclusions from this research show that there is a need to analyse the conditions for the social dialogue, with independent contracts on a European level, which can contribute to improve the level of the conditions in Sweden. Furthermore, needs emerged to develop the analyses and discussions on how the demands of the inner market and the development of the social dialogue, eventually can affect the scope of the Swedish collective agreement model.

Another study focuses on general matters of the social dialogue from a European perspective (Gothenburg University). One thing that the study shows is that when the unions are perceived as strong it is more likely to have regular workplace meetings between employer and employee representatives and the probability is also stronger that these meetings will influence the decisions of the organisation. Strong unions are also important in order to feel that you are getting adequate payment and a secure employment. This also means that the Nordic countries come relatively well out in these perspectives.

In an interdisciplinary research project (Gothenburg University) they have been studying the following: The modern organisation research has shown that in many companies there is a separation and aloofness between planning and economy on the one hand and human resource and working environment on the other hand. A problem that comes with this is that it is difficult to decide the relevant organisational level in different functions when you want to study working conditions and psychosocial environment. It seems to be particularly difficult in large multinational companies and in public administrations. The project illustrated how a work organisation can be limited when it comes to responsibilities for psychosocial work conditions and the possibilities of the different participants to affect working conditions. Particular focus of the project was put on the conditions and the organisational preconditions for first line managers. One of the case studies was carried out in three companies within a large multinational corporation, another one in municipal administrations and a third one within elderly care units with private, public and cooperative owners.

Furthermore, there are examples of networks when it comes to research on work environment in the Nordic countries. Focus has, however, not been on the social dialogue, but on problems at the work place.

Generally there is a focus on studying a working life in change – new demands on leadership and employeeship, the significance of social relations etc., but it is striking that the social dialogue, or in Swedish the interaction between the unions and the employers, in all work and workplace related matters is missing. This is a general fact and not specific for the social sector.

There is a significant amount of research on how working conditions develop or change for private or public employees, within different work categories and so on. On the other hand there is not so much research within the work categories falling under the PESSIS 2 study. Most often they are included as one of many work categories, not specifically within elderly care, childcare, disability support etc. There is also a lot of research on the general state of employees working in the different fields of care as well as research on how change management, but there is no clear connection to the social dialogue.

9. CONCLUSION – QUESTIONS AND CHALLENGES FOR THE SECTOR OF SOCIAL SERVICES

As described above, the three highlighted sub-sectors of social services in Sweden are in further transformation. They are also all facing some challenges, most of which are the same for all of the three different sub-sectors.

One of these is the question about how to secure long-term skill supply and sufficient workforce in the future. For the last ten years, Sweden has had problems when it comes to recruiting staff to the health and welfare sector. This does not relate to the whole sector of the social services, but to some parts and especially the professions within the sector that requires specific training and/or (higher) education. This challenge is especially occurring in the sub-sector of long-term care for the elderly, due to the demographic development in Sweden (and most other European countries) where more and more older persons must be supported to a larger extent. The other two sub-sectors are facing similar challenges, and must also put great effort in actions that will secure sufficient workforce and skill supply on a long-term basis.

Another common issue for all of the three sub-sectors, especially highlighted in the social dialogue and in the process surrounding the collective agreements, are discussions about salaries. The questions that are discussed in this context are mostly about how to improve the development of salaries in relation to experience and education, and also how to decide upon the lowest level of salary regarding that many of the employees are young people and immigrants with lack of education.

Questions about how to organize work and working hours are also frequent in the dialogue and collective agreements of the sector. The major challenges regarding these questions are mainly how to organise work with fewer employees supporting more and more clients, and how to develop and come up with solutions for working hours that allow people to combine work with ordinary life (family, leisure) to a larger extent and that also will improve the quality of life for employees as well as for the clients. Another challenge similar to the ones above is also the question about workload. In all of the sub-sectors workload has increased, generally speaking, mainly due to downsizing, more clients per employee and the increased expectations of delivering services of high quality and more individually adapted. These challenges, together with the fact that the sector has a very high degree of women employed, have put discussions and questions about work environment high on the agenda when it comes to the dialogue and bargaining between different parties and stakeholders of the labour market.

Finally, questions about quality in the services and support provided are discussed to a large extent in both the process surrounding the collective agreements as well as in the on-going public debate in Sweden. One explanation to why the question is highlighted is the high-level political debate about what has happened after the transformation of the sector, allowing private providers to enter the sector of welfare, while another explanation is the fact that quality and how to measure it is more emphasized than it was twenty years ago. Due to more providers of services and increased competition, questions of quality have not only given rise to different models for measuring quality and for benchmarking between providers, but have also become a major issue in the discussions and the on-going dialogue between the parties of the labour market in Sweden.

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Bilaga 1, Description of the social dialogue in Europe according to SKL(SALAR)

Organisations within the social dialogue

SKL (SALAR) takes part in the social dialogue through membership and active participation in the CEEP, that is the most influential European employers organisation for public employers. SKL (SALAR) also takes part in the social dialogue at a sector- and trade level.

Representatives for the employer organisations and labour unions meet in the social dialogue. They negotiate and confer questions that includes all sectors and trades within the European union. Sometimes representatives for the EU-commission takes part in the dialogue.

The CEEP represents the public employers and BusinessEurope represents the private employers at an EU-level.

ETUC, in Swedish called the European labour union, EFS (Europeisk facklig samverkan, European labour unions working together), represents the labour unions.

Source: <http://www.skl.se/arbetsgivarfragor/internationellteu/socialdialogen/organisationersocialdialogen.2016.html>

