

Social Insurance in Sweden 2005

On the Fringe of Security

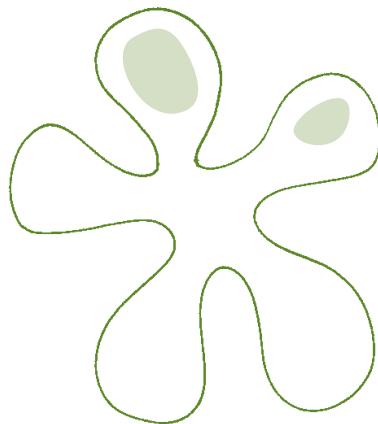


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With this volume, the Swedish Social Insurance Agency continues the publication of the Social Insurance Book previously published by the National Social Insurance Board. The aim of the Social Insurance Book is to provide an overall review and discussion of current issues relevant to social insurance.

The title of the theme section of this seventh edition is 'On the Fringe of Security'.

For the first time, multi-ethnic society is viewed from a wider perspective in relation to social insurance. We examine how different groups of foreign-born and Swedish-born people use social insurance. We also venture a preliminary analysis of possible causes of the differences identified. The forms of social insurance that we investigate are parental cash benefit, sickness insurance, compensation for people with disabilities, and pension benefits.

Social insurance is based on the principle of income loss and is thus closely linked to the labour market. This means that inequality and unequal opportunities in the labour market are reflected in social insurance. Foreign-born persons generally have a weaker labour market attachment, which often results in lower compensation levels for these groups. However, the existence of guarantee levels helps reduce some of the income disparities. Thus, the effects of the ethnically segregated labour market are not fully replicated in the social insurance system.

An overriding goal of the Swedish Social Insurance Agency is that assessments should be uniform and fair. Consequently, a person's country of birth or ethnic background should not influence the outcome. Reasonability assessment means taking due account of a person's specific situation, making regulations flexible and less bureaucratic in regard to individual circumstances. At the same time, such assessments allow case workers wide scope in making decisions, with the attendant risk that invisible or unconscious norms and values concerning Swedes as opposed to immigrants, women as opposed to men, etc, may affect decisions.

There is an obvious danger in attributing qualities to people on the basis of a stereotyped view of the ethnic group to which the person belongs or is assumed to belong. Being foreign-born may constitute a resource deficiency as far as language skills and knowledge of society are concerned. But we can also reverse the argument and assert that the authorities, including the Swedish Social Insurance Agency, need to make adjustments

in order to meet the expectations and demands that exist in a multi-ethnic community.

Many colleagues at the Social Insurance Agency have shared in the task of writing the Social Insurance Book.

Britt-Marie Anderson has acted as editor, while each section has its own main author. Nelli Kopola has been responsible for the theme section, Lena Ericson for Social Insurance in Figures, Jon Dutrieux for The Financial Scope of Social Insurance, while Lena Larsson has had chief responsibility for Regulatory Changes.

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Stockholm, November 2005

Adriana Lender
Director General

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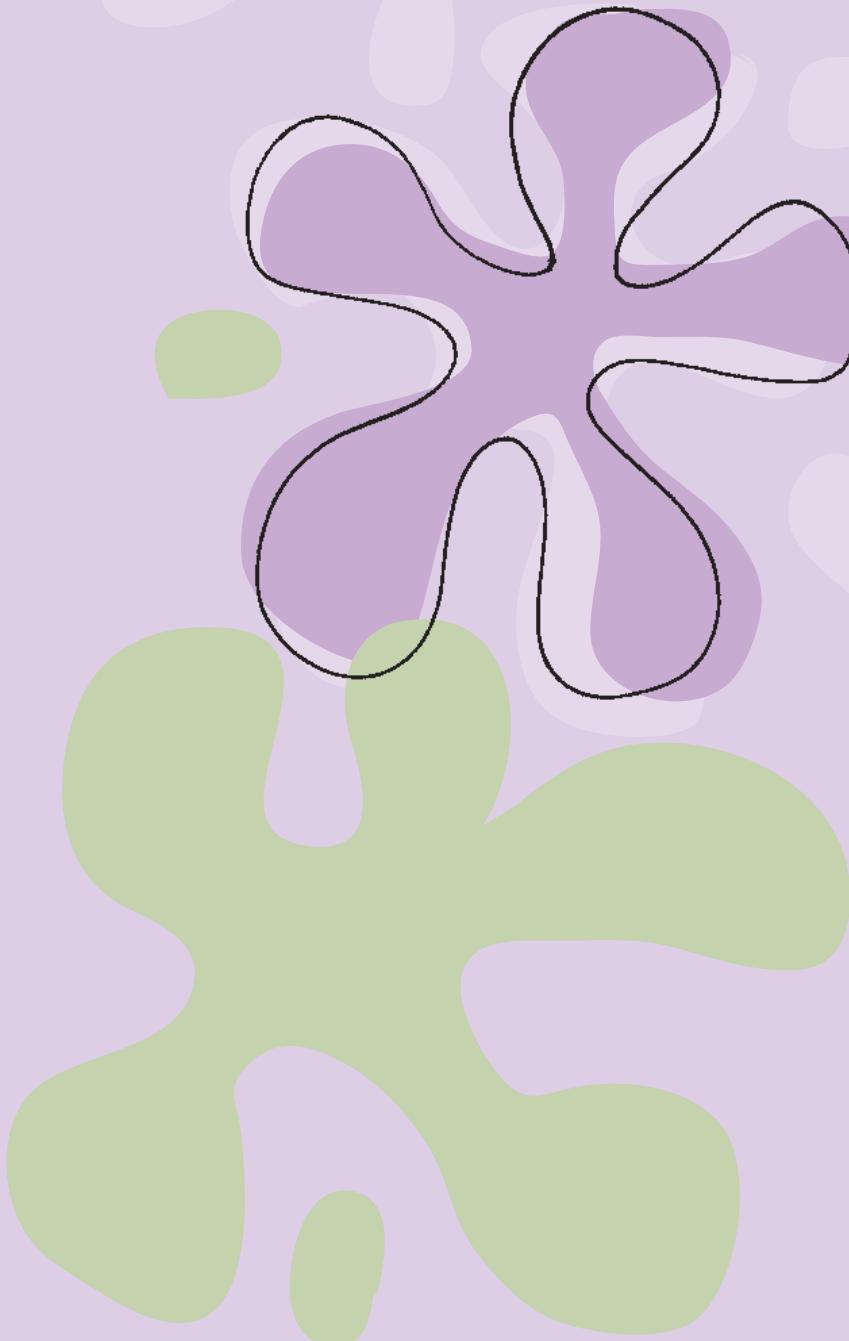
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Social insurance in the multi-ethnic society

During the past century, the population of Sweden has become multi-ethnic. The political vision of society has also changed, from a view of Sweden as an ethnically homogeneous nation to a recognition of its heterogeneity in several areas. Policy regarding the multi-ethnic population was transformed when *immigration* policy became *integration* policy in 1997.

The fact that Sweden's population has become multi-ethnic means that public authorities – including the Swedish Social Insurance Agency – face new challenges. The authorities are obliged to offer uniform service to all citizens regardless of ethnic or cultural background and to strive to provide information to all who need it.

The Swedish Social Insurance Agency administers social insurance. The aim of social insurance is to provide financial security during periods in life when people have no income – for example, in case of illness, parental leave or retirement. Providing the major part of insurance cover for people, social insurance is crucial for their security and welfare. It is thus of paramount importance that the Swedish Social Insurance Agency live up to the demands placed on it by the multi-ethnic society.

Surveys of the multi-ethnic population have been conducted on a number of occasions, casting light especially on accommodation and household incomes. For example, single parents and immigrant families have been identified as low-resource households with a greater reliance on benefits than other groups in society. By contrast, few studies have provided a detailed analysis of where, when and how "immigrants" have access to insurance schemes and social insurance benefits.



This year's Social Insurance in Sweden takes up the issue of the multi-ethnic population from the standpoint of public social insurance. The focus is placed on ways in which different groups have access to and utilize social insurance. Conclusions are drawn from a survey and analysis of parental insurance, sickness insurance, benefits for disabled people and old-age pension.

The power to define "the others"

Issues concerning minority groups and immigrants are increasingly discussed in terms of ethnicity, using the concept of "ethnicity" as a tool for talking about attributed identities. It is no longer as acceptable to speak of immigrants, partly because the word itself suggests a movement into the country that is constantly ongoing (in/migrating), but also because the word risks being applied to more people than those who have de facto immigrated. In that way, the word comes to include far too many sections of the population.

In 1998, the Swedish Government commissioned a work group to study the concept of the immigrant. The report of the work group concluded that even though the concept of the immigrant was proposed by the government in the 1960s as a replacement for "foreigner", it was clear that "immigrant" had also become an altogether too generalizing and negatively loaded word. The work group suggested that all official texts should instead reserve the word "immigrant" for those who had actually immigrated and to indicate more clearly when it was a question of persons with immigrant parents by employing the expression "person with foreign background" (Ministry publications series 1999:48).

Nevertheless, the concept "person with foreign background" is an umbrella concept covering people born abroad and some people born in Sweden, so that it does not (in every respect) indicate one single defined target group. Conceptual borderlines are always arbitrary, with attendant advantages and disadvantages.

The basic tenet of our society is that we are all equal in the eyes of the law and have an equal opportunity to have our rights recognized as well as our responsibilities. The basis of our constitution is that society's institutions shall treat all people as equals, treating like cases alike and different cases differently. In addition, the Administrative Procedure Act (1986:223) provides clear guidelines as to how public agencies are to treat individuals. As the administrator and implementer of social insurance, the Swedish Social Insurance Agency also is obliged to follow these guidelines and regulations. But although we live in a democratic society founded on these guidelines and rules, yet there also exist other norms and hierarchical divisions.

The way we understand the world around us and ourselves is largely a matter of structuring our thoughts by means of categories. At best, these categories are mere descriptions. It is a more serious matter when they are charged with evaluations that arrange people according to a conceptual system of superior and inferior hierarchies based on ethnic affiliation. Differences in the evaluation of categories may be both conscious and unconscious (see, for example, Swedish Government Official Reports 2004:48), with the consequent risk that equal treatment regardless of background as laid down in the constitution may not happen in practice.

The creation of ethnicity

The concept of "ethnicity" has been around and used for most of the twentieth century but since the 1960s and 1970s has played a more significant role both in the field of research and in social debate. There are various schools of thought within so-called ethnicity research. Some regard ethnicity as something objective and fixed that is inherited physically. In this case, the concept is created out of a biological and essentialistic notion. According to this way of thinking, one may be regarded as belonging to one's ethnic group for all eternity. Other schools of thought regard ethnicity as a social construct, that is to say, everyone's ethnical identity and affiliation is created and determined by the context in which one happens to find oneself. Paulina de los Reyes (2001) believes that the concept is seldom defined or subjected to scientific scrutiny, with the result that "ethnicity" is described as a static condition.

Both the more static and dynamic views of ethnicity often involve a political interpretation relating to homeland and affiliation to ethnic groups. Frequently, ethnicity is used as a defining element in a nationalistic discussion: who you are said to be, or who you are allowed to claim to be, influences the choice of nationality open to you. Being a Kurd in Turkey is not the same as being a Kurd in Sweden. In this case, ethnicity may be based on a mixture of objective and subjective factors (for example, Ålund 2002, Hutchinson and Smith 1996, Hylland Eriksen 1998).

Membership of an ethnic group is usually based on the feeling of being a people, but how this feeling is created depends on history and society. For example, the Sami of Sweden have long regarded themselves as Sami and the link to Sweden has been weaker than the link to other Sami groups in Nordic countries. Ethnic groups do not follow the national borders created by modern nation states. Within a single country, there may be several ethnic groups speaking different languages, and, identical ethnic groups may be found speaking the same language over national boundaries. Drawing up such national borders brings the problem of ethnic affiliation into sharp relief. Who you are will depend on which group you are entitled or wish to belong to. So a loyalty issue often arises: are you

first and foremost Sami or Swedish, or, are you first and foremost Turkish or Kurdish?

The more static approach also disregards the dynamic processes of identity creation at work in the context individuals find themselves in. Interacting power structures also affect such processes, for example, the gender order or class consciousness. Another way of talking about an ethnicity perspective that identifies power relationships and how people can be evaluated is using a "diversity perspective". The concept of diversity includes such differences as gender, ethnicity (origin), sexual orientation, religious belief and disability.

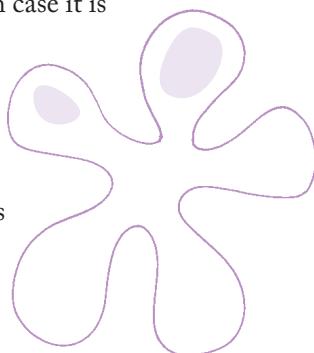
Identifying ethnicity

However, unlike gender, for example, there is no simple way of identifying ethnicity or origin. Officially – and therefore in public databases – everyone is classified by gender, indicated by a 1 or a 2. To carry out a survey specifically focused on ethnic groups' access to social insurance or employment would be interesting but impossible to carry out via a database study, since ethnic registration is, in any case, forbidden in Sweden by the Personal Data Act, PUL (1998:204).

In this theme section, "ethnicity" is viewed as a social construct arising out of the relationship between several parties, where the identity and status of individuals are created and maintained in relationship to other people and the encompassing society. Ethnic affiliation is manifest in certain relationships but is invisible in others. The construct of identity is clearly seen in the example of Abd al Haqq Kielan, a native-born convert to Islam, who says "I converted to being an immigrant" (Svartvitt 2001). By this, he means that by putting on Islamic garments and assuming an Islamic identity, he automatically became one of the "the others".

At the same time, there is an urgent need for studies that explore various groups' access to the rights afforded by society. The power to define others is something found in many contexts but it is especially important in contexts where a hierarchical relationship exists between citizens and government authorities. Investigative studies of public databases may be conducted by "country of birth", in which case it is not ethnicity as such (in the sense of ethnic origin) that is revealed but affiliation with various modern states or nations.

The study of multi-ethnic society calls for a rather wide range of conceptual formulations and limitations. The problems referred to previously associated with the recommended concept of "person with a foreign background" stem from the attempt to make a distinction between



"Swedish" and "foreign" origin (see page 12). A person with a foreign background is accordingly either someone who was born abroad or born in Sweden of two foreign-born parents. A person with a Swedish background is a person born in Sweden but who has either two Swedish-born parents or one Swedish-born and one foreign-born parent. One justification for using such a distinction – that is to say, between foreign and Swedish origin – is the difficulty of describing reality on the basis of information found in databases. For example, one might argue that children born in Sweden of two foreign-born parents would have to surmount a greater linguistic obstacle than children who have one parent from either group. In order to be able to trace developments in schools and society, one could keep these two groups separate. Such concepts have also been seen as offering a way around concepts such as "second-generation immigrant", which scarcely allows for any "Swedishness" at all.

Concepts

In this theme section, the concept of 'foreign-born' or 'immigrant' is used of people who have immigrated. The concept 'person with a foreign background' is used in cases where there is reason to increase the scope to include the children. Other categorizations have been specially chosen to highlight the "child perspective" in the survey. In the tables, children are presented in households with three different parent combinations: two native-born, two foreign-born, or one of each.

Although ethnicity cannot be traced using public database studies, these may answer questions about the distribution of different groups according to country of birth (or grouped countries of birth). Even though a person's ethnic origin is not allowed to influence the outcome (in the legal context) of social insurance cases, there may be reasons for asking questions about ethnicity in matters relating to access to and use of social insurance. In some insurance and benefit schemes – assistance compensation, for example – assessments of legitimacy play an important part. However, it is difficult to find answers in database studies to questions concerning the quality of legitimacy assessments. But the information from quantitative analyses may point to areas where ethnicity needs to be studied further – for example, in case handling, access to the labour market or treatment of clients. Database studies provide a first hint of where further research might prove useful. Since ethnicity is connected to evaluation, integration and discrimination, it greatly affects the individual's chances of participating fully in society (Swedish Government Official Reports 2005:56) and consequently of accessing social insurance. An ethnicity perspective therefore provides an outer framework for studies of "immigrants".

Birth regions studied

In this theme section, we have used an adapted version of a recommended global subdivision scheme (Statistics Sweden 2002b). The Statistics Sweden guidelines provide rough divisions that are suitable for our purpose since the available data makes it impossible to report on each country in detail. The subdivision scheme has been further modified for this text.

To the existing groups, we have added an extra category for countries in the Middle East and North Africa (MENA) including Turkey. This group has been created with the aid of the Swedish Foreign Office definition for the MENA Project, conducted during the 1990s (see the Fact Box for a list of other countries). Separating off the North African states facilitates a closer look at the rest of the African continent. Turkey is included in this group despite the fact that it was not originally included in the Foreign Office definition of Middle East. The borders of "a Middle East" have never been fixed and have always been somewhat arbitrary. However, Hans Holmén (1994) gives examples of various definitions that have included Turkey. Similarly, we can focus more narrowly on "Asia" proper if we separate off those states that might be said to belong to "the Middle East".

In the context of integration policy, these groups of countries constitute a paradox. The rough categories may exhibit internal variations as great as any existing between the larger groups. To be able to conduct surveys and studies, categorization is essential. At this point, we must remember how the category "Swedish" has to be subdivided into gender, class, education, employment, etc. Therefore, regions are not to be regarded as static or ethnically definitive.

The Statistics Sweden groupings are based on EU membership in the year 2002. The samples taken from the database for this study are from November and December 2002, and are thus suitable for our purpose. In some of the studies, the groups of Oceania and North America have been excluded on grounds of insufficient observations or other problems relating to quality.

Regions reported in the studies

Sweden

Nordic countries excluding Sweden – Finland, Denmark, Norway, Iceland.

EU-15 excluding the Nordic countries – France, Austria, Belgium, Germany, Spain, Great Britain, Greece, Ireland, Italy, Luxembourg, Holland.

Other European countries – Russia, Hungary, Switzerland, Bulgaria, White Russia, Roumania, the Czech Republic, Slovakia, Ukraine, Yugoslavia, Estonia, Latvia, Lithuania, Monaco, Moldavia, Macedonia, Serbia and Montenegro, etc.

Sub-Saharan Africa – Ghana, Kenya, Mali, Niger, Sudan, Togo, Congo, West Sahara, Gabon, Chad, Angola, Burkina Faso, Burundi, Botswana, Cameroon, Rwanda, Sierra Leone, Senegal, Somalia, Tanzania, Uganda, South Africa, Zambia, Zimbabwe, Nigeria, Ethiopia, Eritrea, Liberia, Lesotho, Mauritania, Malawi, Zaire, etc.

North and Central America – Haiti, Canada, USA, Antigua and Barbuda, Barbados, Bermuda, Bahamas, Belize, Costa Rica, Nicaragua, Panama, El Salvador, Trinidad and Tobago, Cuba, Dominica, Dominican Republic, Guatemala, Honduras, Mexico, etc.

South America – Peru, Chile, Argentina, Bolivia, Brazil, Colombia, Paraguay, Surinam, Uruguay, Venezuela, Ecuador, Guyana.

Asia excluding the Middle East – Nepal, Afghanistan, Armenia, Azerbaijan, Bangladesh, Brunei, Bhutan, Cyprus, the Philippines, Pakistan, Singapore, Thailand, Tajikistan, Turkmenistan, Taiwan, Uzbekistan, Vietnam, China, Georgia, Hong Kong, Indonesia, India, Japan, Kyrgyzstan, Cambodia, North Korea, South Korea, Kazakhstan, Sri Lanka, Myanmar, Mongolia, the Maldives, Malaysia, East Timor, etc.

MENA – Algeria, Bahrain, Egypt, the United Arab Emirates, Gaza, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Qatar, Saudi Arabia, Syria, Tunisia, Turkey, the West Bank and Yemen.

Oceania – Australia, New Zealand, Polynesia, etc.

BASIC SOURCE: STATISTICS SWEDEN 2002B AND MINISTRY PUBLICATIONS SERIES 1999:63

Foreign-born people in the population

So how can Sweden's population be described? The multi-ethnic population of Sweden may be broadly divided into Swedish-born and foreign-born. As the following table illustrates, 13 per cent of the population aged over 15 were foreign-born in 2002. In total, almost one in five Swedes have a foreign background.

	Women	Men	Total
Native-born	44.1	42.9	87.0
with two native-born parents	41.2	39.8	81.0
with one native-born and one foreign-born parent	1.9	2.0	3.9
with two foreign-born parents	1.0	1.1	2.1
Foreign-born	6.9	6.2	13.0
Total	51.0	49.0	100

SOURCE: THE SOCIAL INSURANCE AGENCY DATABASE, STORE

Sweden's population in 2002 over 15 years of age. Per cent.

A more detailed analysis shows that Sweden's population derives from various parts of the world. The distribution of foreign-born people from the various regions is shown in the following table. The table reveals that six out of ten foreign-born people are from Europe, typically from Nordic countries. Also, a major group stems from Asia and the Middle East.

	Women	Men	Total
Nordic countries excluding Sweden	31.2	25.7	28.6
EU-15 excluding Nordic countries	8.3	10.9	9.6
Other European countries	24.5	22.4	23.5
Sub-Saharan Africa	3.9	4.8	4.3
Asia excluding Middle East	8.9	6.3	7.7
MENA including Turkey	16.2	22.1	19.0
North America	1.9	2.3	2.1
South America	4.9	5.2	5.0
Oceania	0.2	0.4	0.3
Total	100	100	100

SOURCE: THE SOCIAL INSURANCE AGENCY DATABASE, STORE

Foreign-born persons over 15 years of age by region of birth. Per cent.

Age distribution varies according to region, clearly demonstrating, for example, how certain age groups have tended to arrive mainly during periods of intense refugee immigration. In general, immigration occurs during the age interval of 20–40 years but since the table does not include emigration, it provides an on-the-spot account of distribution.

	16–24 yrs	25–44 yrs	45–64 yrs	65– yrs
Sweden	21.0	24.9	31.9	22.1
with two native-born parents	19.3	23.8	33.1	23.7
with one native-born and one foreign-born parent	43.6	41.4	15.0	0.1
with two foreign-born parents	44.5	37.2	17.9	0.4
Nordic countries excluding Sweden	5.5	21.3	45.9	27.3
EU-15 excluding Nordic countries	10.4	26.1	37.6	25.8
Other European countries	19.5	29.6	34.5	16.5
Sub-Saharan Africa	34.6	46.5	16.6	2.3
Asia excluding Middle East	37.8	40.0	18.5	3.7
MENA including Turkey	28.2	43.1	23.5	5.2
North America	20.0	39.7	22.6	17.8
South America	33.6	32.8	28.2	5.5
Oceania	26.3	55.7	15.9	2.2
Total	20.8	25.8	32.1	21.3

Note: Proportion within each country of birth region.

SOURCE: THE SWEDISH SOCIAL INSURANCE AGENCY DATABASE, STORE

Sweden's population in 2002 by age and region of birth. Per cent.

There is a higher proportion of elderly people among foreign-born people from Nordic countries excluding Sweden and among EU-15 excluding Nordic countries than among the other groups. The reason for this is that many people in these groups arrived as labour migrants during the 1950s and 1960s and thus have been resident in Sweden for a relatively long time compared with other groups who have arrived much more recently.

Outline of the theme section

This year's theme section covers all the policy areas: parental insurance, sickness insurance, benefits for people with disabilities, and pensions. The chapter *Foreign-born parents, their children and parental insurance* examines the utilization of parental cash benefit as shown by a complete database study. This chapter also includes an interview study in which foreign-born parents answer questions about their experience and knowledge concerning parental insurance.

Ill health from a diversity perspective charts compensation for work incapacity and analyzes this using previous knowledge and research on health and sickness respectively among various groups of immigrants. This chapter also presents an in-depth survey of sicklisted persons' own perception of their life situation. How individuals view their own health is of crucial importance in determining when or if they are going to return to work.

Both disabled and foreign-born presents and charts three disability benefits using a full database study and confronts this with a presentation of society's support systems. The analysis includes an interview study with foreign-born persons concerning the application process for disability allowance, an allowance given for additional costs, and help requirements in case of disability.

"*Getting on in years*" discusses how the design of the pension system impacts the opportunities and limitations for those arriving in Sweden in mid-life.

These surveys of social insurance clients with a foreign background will be placed in a wider context. Conclusions drawn from database studies will, in the chapter *Ethnicity, society and social insurance* be compared with earlier findings. Responses and trends from this overall survey will be placed in relation to the wider ethnic perspective.

The chapter which now follows, *Social insurance and integration policy*, describes in more detail the foundations on which the social insurance system is built and how it can impact the multi-ethnic population. This chapter also discusses how integration policy has developed.

Social insurance and integration policy

Social insurance is based on a system concept that makes no value judgements of groups with differing backgrounds. The citizenship of individuals has neither a negative nor a positive affect on the chances of receiving full insurance cover. For an asylum seeker, the present rule is that he or she can gain access to these benefits only after acquiring a residence permit. In this chapter, we present social insurance as an area of activity, the role of the Social Insurance Agency as an authority and the control exercised by government in the integration policy area.

Social insurance and foreign-born people

To gain access to the various benefits of social insurance, an individual must reside or work in Sweden (see the fact on the next page). Nowadays, when discussing civic rights, a distinction is made between citizens and *denizens* (Schierup 2005). Denizens are people who reside in a country and who by dint of residing there gain access to factual rights that appear to those of citizens.

Citizenship can in turn be divided up according to the difference between formal and factual rights (for example, the Sami, who in spite of citizenship have been historically discriminated against when it comes to certain factual rights, such as the matter of where the Sami language may be used, Swedish Government Official Reports 2005:40). Citizenship is thus not the foundation from which one gains access to civic rights; such access is gained from the fact of residence and – for the next level of rights – having a job (Kopola and Lapidus 2003).



The foundations of social insurance

Swedish social insurance consists of various benefits that are divided up into insurance schemes, general allowances and means-tested allowances.

Insurance schemes are, for example, integral to parental cash benefit, sickness cash benefit, sickness and activity compensation, and old-age pension. These benefits have an essentially insurance-like structure and are based on the principle of income loss. The principle of income loss means that individuals are compensated for lost earnings in the event of parental leave or sickness, etc. The aim is to provide the individual with financial security since everyone must reckon with periods in life when opportunities for earning a living through one's own work are limited or lost.

To alleviate the situation of individuals who are not entitled to compensation via the income loss principle, social insurance also includes benefits such as general and means-tested allowances. The allowances are supplementary compensations to the core income-based insurance schemes that make up social insurance. The aim of the allowances is to provide compensation to all those who meet the basic requirements.

General allowances consist of general child allowance, including large-family supplement, and adoption costs allowance. These benefits are granted to all parents – if they have children, if they have more than two children or if they adopt children – regardless of parental income.

Means-tested allowances are, on the other hand, benefits where individual income is taken into consideration before compensation is paid out. Examples of means-tested allowances are housing allowance and housing supplement for pensioners. A disadvantage of financial means-tested allowances is that they can create benefit dependency. Means-tested allowances are geared to individual or family income levels, which means the allowance decreases if income increases. If the marginal effect is too great, it can result in some low-earners opting not to work or choosing not to increase their hours of gainful employment. In the long term, this can lead to certain groups being caught in a poverty trap.

Swedish social insurance is also divided into *housing-related* and *work-related* benefits. Housing-related benefits require a person to be a certified resident of Sweden. Allowances and guarantee levels in the insurances are based on the individual housing situation. Work-related benefits require people to have employment in Sweden and entitle individuals to compensation for loss of income. Social insurance is also intended to have a risk-spreading effect, spreading financial risks among age groups and categories of financially weaker persons (the elderly, families with children, people with disabilities).

The Work Strategy and foreign-born people

Swedish social policy is characterized by an ambition to stimulate individual participation in working life. Full employment and an even income distribution are core objectives of economic policies. Since a large part of social insurance is based on the principle of income loss, social insurance encourages people to work. This is in line with the Work Strategy.

The Work Strategy

"The long-term goal for labour market policy is to achieve full employment. The foundation of this policy is the Work Strategy /... / the Work Strategy means that employment always has priority over measures or the payment of cash benefit. If there is no work, the unemployed may be offered suitable training or a trainee position that in turn may lead to work" (Government Bill 1999/2000:98)

Access to work is of central importance to individual welfare. Work is usually the means to gaining a livelihood. An uneven distribution of employment in the population thus contributes to an unequal distribution of incomes. It is difficult for someone who has never been allowed into the labour market to meet the requirements of some parts of social insurance. So social insurance benefits will be at the basic or lowest level or none at all.

The objectives of the Work Strategy can be linked to the question of the conditions of immigrants in the Swedish labour market. Several studies have shown that the labour migrants of the 1950s and 1960s were often well established in the Swedish labour market and that their incomes were on a par with those of the native-born population (for example, Wadensjö 1972 and Ekberg 1983). During the 1960s and beginning of the 1970s, labour immigration was high and so was the level of employment of the foreign-born population – often higher among foreign-born than native-born people (Ministry publications series 2004:22). It was particularly high among women – higher than among native-born women (Knocke 1993). Labour migrants came primarily from Nordic countries. Otherwise, it was mainly from Turkey, Greece and former Yugoslavia that people emigrated. It was not unusual to hold two jobs concurrently, often on a piecework basis. Many parents left their children in the care of grandparents in their home country, which resulted in lives lived under great pressure, both physical and psychological.

Nevertheless, several studies indicate that the situation has been much more problematical for those who migrated to Sweden in more recent years (for example, Ekberg and Hammarstedt 2002). A large proportion of immigrants – mainly refugees – arriving in Sweden during the first half of the 1980s were still unemployed and outside the labour market at the end of that decade. Many had still not entered the labour market in the 1990s. Hammarstedt (2001) studied income from gainful employment, self-employment and various forms of the social insurance among foreign-born people and found that immigrants of more recent years had low work incomes and a high degree of social security dependency. The situation seemed to be particularly problematical for non-European immigrants. Data indicates that large groups of immi-

grants, even after 10–15 years' residence in Sweden, have only very weak labour market attachment – a circumstance that is unacceptable (Ekberg and Hammarstedt 2002).

Four trends ought on the face of it to have worked against such an outcome. In the first place, Sweden experienced exceptionally high economic growth for most of the 1980s with a consequent strong demand for labour. In the second place, the immigrants of the 1980s were better educated than earlier immigrants. Their average educational level was at least on a par with that of the native population. In the third place, the Swedish economy has long been undergoing a process of internationalization. Therefore, multicultural competence ought to be an asset for anyone entering the labour market. Finally, in the fourth place, there are the integration policy objectives discussed in the next section.

The current situation still seems to be problematical for the part of the population regarded as non-Swedish. Developments are followed keenly by many, including the Integration Board, who regularly publish data in *The Report on Integration* about developments in employment levels. At the beginning of the 2000s, there were some indications of a general rise in the level of employment, but large differences still exist between foreign-born and native-born people (Ministry publications series 2004:22).

	Women	Men	Total
Sweden	76.8	79.9	78.4
with two native-born parents	77.1	80.3	78.7
with one native-born and one foreign-born parent	74.1	76.8	75.5
with two foreign-born parents	71.7	73.0	72.4
Nordic countries excluding Sweden	66.9	66.7	66.8
EU-15 excluding Nordic countries	57.9	65.0	62.1
Other European countries	54.1	60.8	57.1
Sub-Saharan Africa	47.0	52.3	49.8
Asia excluding Middle East	53.6	57.8	55.2
MENA including Turkey	36.7	49.2	43.6
North America	52.2	58.1	55.3
South America	59.2	63.2	61.1
Oceania	49.7	58.7	55.2
Total	73.5	77.1	75.3

Note: Proportion of the population registered insured 19–64 years.

SOURCE: SOCIAL INSURANCE AGENCY DATABASE, STORE

Gainful employment in 2002. Per cent.



The above table reveals that native-born people had the highest frequency of gainful employment in 2002. Foreign-born persons from MENA including Turkey had the lowest frequency, with less than half the members in these groups being gainfully employed that year. The reason for this is presumably their late arrival in Sweden. Sometimes, preference-based discrimination is also posited as a reason for the level of employment for certain groups showing such large deviations. Preference-based discrimination means that ideas or prejudices on the part of the employer determine who is to be employed (Le Grand, Szulkin and Ekberg 2004).

The report of the Welfare Policy Board (2002) showed that not only immigrants have weak labour market attachment. Their children are also less likely to have any firm attachment. This has proved to be so especially for immigrants from countries outside Europe. Research also reveals that foreign-born people are more frequently employed on a temporary basis, are more often laid off and more often work in business areas which are most prone to bankruptcies or rationalizations (Institute for Labour Market Policy Evaluation 2003).

Analyses comparing a person's level of employment with the time he/she has resided in Sweden reveal various tendencies. The level of employment of those who have been resident in Sweden for less than ten years follows approximately the current business cycle. But for the majority of foreign-born people, the difference between them and native-born people diminishes with the amount of time spent in Sweden. However, some studies reveal that for those who have resided in Sweden for over ten years, the employment level shows a downward trend. The reason for this

is believed to be the fact that labour migrants are hit hardest by industrial lay-offs (Ministry publications series 2004:22).

From immigration policy to integration policy

The underlying philosophy of social insurance as described here is also reflected in political thinking concerning civic rights during recent decades. The increased labour immigration of the mid-1960s emphasized the need of a common and consistent policy. Such a policy must recognize the rights of immigrants to participate in society on the same terms as native-born Swedes, a policy summed up in the words; *freedom of choice, equality and cooperation*. Immigrants were to have the right to retain their culture and their language and in the process one had distanced oneself rhetorically from the policy of assimilation that had hitherto been the rule in Sweden and internationally. Society should not expect immigrants to become Swedes by giving up their language and personal experience. Recently, this policy has come in for criticism for not really having accepted any deeper cultural expressions. Culture was regarded as a matter of clothes, culinary traditions, language and folklore, while differences in values and norm systems had no place in Swedish society (Knocke 1997).

Immigration policy was practised in Sweden between 1975 and 1997. Among other things, it resulted in the introduction of home language classes for immigrant children and grants to immigrant associations. In the mid-1970s, Sweden was the first country to introduce municipal voting rights for foreign-born people. In 1985, a refugee policy was developed that established new guidelines for the reception of refugees (Södergran 2000). The economic situation in Sweden during the oil crisis and the simultaneous increase in the number of refugees arriving in the country have been cited as some of the reasons for the need of a new consensus (Franzén 2003). Further pressures such as increasing refugee immigration, a decreasing level of employment among existing immigrants, increased benefit dependence and a general concern about a more polarized "us" and "them" debate, led to the setting up of the Immigration Policy Investigation in 1994. This came to the conclusion that the political approach driving immigration policy had not produced desired effects. In 1997, a new policy was formulated to take its place – the Integration Policy (Government Bill 1997/98:16).

Integration policy can be defined by its three main goals, all of which are rooted in the diversity that society consists of.

The three objectives of integration policy

Equal rights and opportunities for everyone, irrespective of ethnic and cultural background.

A social community based on diversity.

Social development characterized by mutual respect for differences within the limits that are compatible with society's basic democratic values, which everyone, regardless of their background, should participate in and take responsibility for.

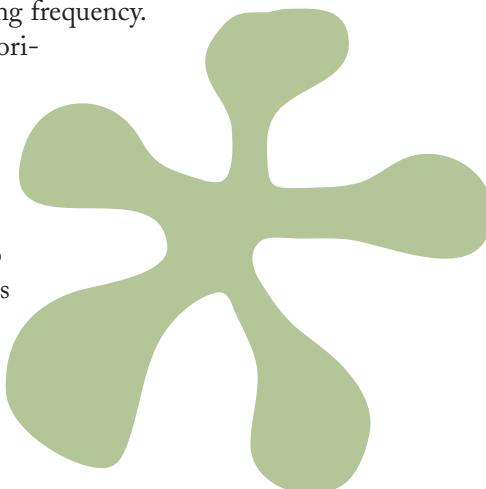
The new policy reflects the new Sweden that is no longer homogeneous but has become a multi-ethnic society. This is the major rhetorical difference from previous policy. The political leadership proclaims that Sweden no longer consists of a number of more or less homogeneous groups but has, long ago, taken the step towards becoming a multi-ethnic society.

In 2000, the Government issued a paper warning that integration policy in certain respects had not taken root firmly in society and that more systematic efforts were required (Govt. paper 2001/02:129). Areas such as labour market, Swedish lessons and induction courses were in need of improvement. Such desired ends and controls have been further developed in the annual budget proposal (BP) and the content of the three policy goals has been clarified. The BP for the years 2002/2003 detailed, for example, those affected by integration policy:

All people resident in Sweden shall be accorded equal rights, responsibilities and opportunities regardless of ethnic origin, and this will determine the focus and structure of the general policy (BP 2002/03, expenditure area 8)

Emphasis is placed on the three keywords *rights*, *responsibilities* and *opportunities*. Despite the fact that integration policy has existed since 1997, it seems to be debated with increasing frequency.

Government directives to the authorities multiply while more players in society are drawn into the work. Nevertheless, reports show that progress is slow and integration policy – although expected to be a political direction applicable to everyone in Sweden – is sometimes debated as though it were traditional immigration policy. The Swedish National Audit Office analyzed the control of integration policy and concluded



that the content of the "old" immigration policy remained in place in the "new" integration policy (Swedish National Audit Office 2005). Similarly, the special investigator on structural discrimination, Paul Lappalainen, has summarized Swedish society as being one that is divided up along ethnic lines where "immigrants" are still singled out for special measures (Swedish Government Official Reports 2005:56).

Even prior to integration policy, public authorities had been instructed to take into account issues relating to the multi-ethnic population via various ordinances, instructions and appropriation directives. These are the direct regulations that create the framework of rights that individuals can refer to for support.

Government Ordinance (1985:856) on the responsibility of government authorities to implement integration policy

Government authorities are to take into account society's ethnic and cultural diversity both in planning and implementing their operations.

The ordinance states that government authorities are responsible for fulfilling the rights of everyone regardless of background or sex. They are also required via a *service obligation* to specially note the demands placed on their operations by a multi-ethnic population when they issue information. The ordinance particularly underlines the need for information that new arrivals are likely to have.

Apart from the legal aspect that all persons are equal before the law, categorization is fundamental to the operation of social insurance. In a research report dealing with categorization in integration issues, this is made abundantly clear in the following statement:

In order to implement a policy of redistribution aimed at equalizing living conditions, the state must as a matter of course define those groups that are in one way or another to be assigned (more) resources (than others). Benefits may be designed so as to have a more or less general application, but whether it is a matter of child allowance or housing allowance or social allowance, specific criteria are required to determine who is entitled to support. (Swedish Government Official Reports 2004:48)

The rights of individuals shall not be unintentionally restricted and all persons must be able to enter into the whole regardless of how they are identified as units of the population: man, woman, black, white, young, old, disabled, heterosexual, homosexual, etc.

At the Social Insurance Agency, operations are customer-oriented. Even so, identifying categories is necessary in order to ensure that indi-

vidual rights are protected. Within many policy areas, a distinction is thus made between young and old, women and men, families with children, etc, in order to see more clearly the situations of the various groups. Public policy is dependent on notions of 'the group'. The creation of the rights of the collective is based on existing notions of 'the group' (Mörkenstam 1999). Thus, notions about ethnicity or minority groups (whether they are indigenous populations or newly-arrived ethnic minorities) have contributed to the creation of such groups and the formulation of their rights.

However, a study of "immigrants" and the Swedish Social Insurance Agency concluded that the Agency is a bureaucratic organization lacking any regulations or guidelines that take into account the specific social and cultural situation of immigrants (Soydan 1995). This conclusion raises the question as to whether we really need special guidelines or quite simply more awareness on the part of case workers in multi-ethnic Sweden?

Discrimination

Discrimination and integration go hand in hand in many ways. It seems the labour market divides up individuals on ethnic grounds. The individual is evaluated on the basis of other criteria than competence and experience.

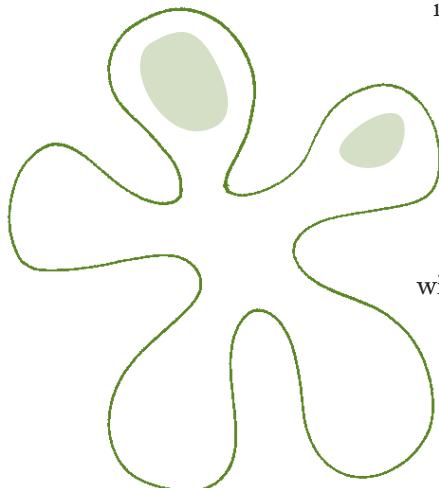
This theme section does not set out to investigate the existence of discrimination at the Social Insurance Agency but it wishes to query its existence within social insurance and therefore does not preclude the possibility of structural discrimination in the analysis of results.

Structural discrimination

In these investigative directives, structural discrimination on grounds of ethnic or religious affiliation refers to rules, norms, routines, and conventional attitudes and behaviour in institutions and other social structures that are obstacles in practice to achieving equal rights and opportunities regardless of ethnic or religious affiliation. Such discrimination may be open or hidden, intentional or unintentional.

(from the directive for Swedish Government Official Reports 2005:56)

In various social contexts, simplified images of "immigrants" or "the immigrant" are created that result in the construction of a collective notion of immigranthood, reinforcing prevailing negative images of the people thus labelled. Discrimination is an underlying mechanism in a power structure that produces subordination by means of systematically identifying and maintaining differences between people (The Swedish Integration Board 2002). Thus, the process of evaluating others is a component of all meet-



ings and is reinforced by the power relationships existing between the various parties.

Tola Jonsson (1997) studied the power play between "immigrant clients" and the Social Insurance Agency in rehabilitation contexts. In her opinion, case workers discipline insured persons in "good citizenship", which equates to displaying motivation and wishing to return to work.

Three researchers into structural discrimination, Paul Lappalainen, Masoud Kamali and Paulina de los Reyes, believe that the existence of ethnic discrimination is generally denied (Swedish Government Official Reports 2005:56, Swedish Government Official Reports 2005:41). Denial contributes,

in combination with ignorance and xenophobia, to pointing out "the others" – the abnormal in contrast to "the normal". The definition of "the others" may be based on concrete characteristics such as appearance, name and foreign accent, or on (the lack of) knowledge or prejudices people have about different countries, cultures or religions. This results in ignoring the problems such people face in society and disregarding their marginalization and social subordination (Ålund 1991, Mattsson 2001, de los Reyes 2001).

Since notions about various ethnic groups are static and of a generalizing nature, people assigned to the category of "immigrant" are presented as some kind of unchangeable representatives of a culture. By pointing to cultural factors as an obstacle to adjustment in working life, we also minimize the chance of such people creating for themselves an entry into the community. It is thus not unthinkable that similar "problem formulations" lie behind the discriminatory treatment people receive as customers or clients in their contacts with officialdom (Hertzberg 2003). As previously pointed out and corroborated by Jonsson's study, a power game is also played out in contacts between "the citizen" and the authorities. Structural discrimination might thus be present both at the design stage of procedures and in actual meetings between case workers and insured persons.

Notions concerning different ethnic groups affect not only those who have de facto immigrated but may extend to include all who can be categorized as "the others", that is to say, children and the younger generation. Regardless of whether or not a person was born in Sweden, his or her dialect, name, appearance, and place of residence may awaken the prejudices found in society against the region, culture or religion the person in question or his/her family are considered to belong to or to come from

(Knocke and Hertzberg 2000). At the same time, it is important to bear in mind that negatively loaded categorizations can change over time.

In a report covering several groups of foreign-born people, the experience of discrimination in the meeting with different social actors is described (Lange 2000). The report describes and measures the experience of "bad treatment" in, for example, the areas of health care, the police, the Social Insurance Agency and social services. 12 per cent of all respondents in the survey claim they have experienced discrimination at the Social Insurance Agency. The corresponding figures for other social sectors are 20 per cent for social services, 14 per cent for the police, and 13 per cent for health care. The people who felt they had been badly treated by the Social Insurance Agency included Iranians (21 per cent), Turks (18 per cent) and Greeks (18 per cent). By contrast, only three per cent of Danes felt likewise. These figures indicate that appearance and country of origin as well as assumptions based on the appearance of the individuals can be factors influencing the way they feel they are treated when in contact with public authorities.



Even though the results of the studies in this year's Social Insurance in Sweden are unable to provide direct answers to questions concerning discrimination, they underline the need for further research into discrimination and ethnicity in future. It is clear that, although this theme section covers all the major types of benefits, in this initial and crucially important survey of the problem, the last word has not been said on the subject of the multi-ethnic population and social insurance.

Foreign-born parents, their children and parental insurance

Family-related immigration to Sweden accounts today for just over one third of total immigration to Sweden, which is just over 20,000 persons a year (Swedish Migration Board 2005). Apart from the fact that children and their families immigrate to Sweden, many children are born to foreign-born women and men in Sweden. This chapter deals with foreign-born parents and their Swedish-born children.

When people come to Sweden as immigrants or refugees, they are met by a social system that has been built up to secure the rights of all citizens. For families with children immigrating to Sweden, the Swedish Social Insurance Agency is responsible for providing information on benefits as well as on rights and obligations within the framework of that part of social insurance aimed at families with children. Social insurance for families with children is an extensive field and many benefits and allowances warrant examination from the diversity perspective but here we restrict our enquiry to a scrutiny of parental cash benefit.



A parent may receive parental cash benefit on the birth of a child. It is a part of the parental insurance scheme aimed at enabling both parents to combine parenthood with gainful employment. Parental cash benefit is a fit object of study from a diversity perspective since the benefit is largely based on parents'

earned income and their labour market attachment. All parents resident in Sweden are entitled to parental cash benefit but the benefit is significantly higher for parents who are gainfully employed. Gainfully employed parents are compensated for their loss of income while unemployed parents receive a lower, basic rate of compensation. All parents have great freedom of choice in the use of compensation days, but the higher the benefit the greater the freedom of choice. If a parent is entitled to extra compensation from his/her employer, parental cash benefit may be used more flexibly. Permanent employment offering wide scope for parental leave also increases this freedom.

As mentioned earlier in this theme section, foreign-born persons experience greater difficulties entering the labour market. And once access has been gained, working life does not offer the same opportunities to foreign-born persons as to native-born persons. Instead, research shows that foreign-born people have poorer career prospects, hold fewer posts with conditional tenure, and receive lower salaries. It is therefore open to doubt whether foreign-born parents can use parental cash benefit like native-born parents do.

This chapter studies how foreign-born parents use parental cash benefit and whether this use differs from that of Swedish-born parents. The parents studied have very different backgrounds and come from different social situations but coming to a new country will in any case lead to a certain lack of resources since previous language skills, professional qualifications and knowledge of the norms and values of the surrounding society need to be supplemented. Having children or giving birth to children during immigration may be a way of getting to know the new society. A life with children may lead to social contacts via parents' groups, preschool and school. On the other hand, children may lead to isolation if the parents' introduction to studies and to the labour market is delayed or fails to take place. In order to improve and develop information and the treatment of families with children who have foreign backgrounds and to ensure the rights of all families with children, it is important to know what factors influence families' ability to use the benefit.

Foreign-born parents and parental cash benefit

Very few studies made at the Social Insurance Agency have explicitly examined the situation of foreign-born people and how they use social insurance support for families. Reports including references to parents with foreign backgrounds frequently use this variable as one explanatory factor among many others and often at an aggregate level. In this chapter, we will study the use of parental cash benefit – a benefit of prime importance

for families during the child's first year of life – by analyzing its use according to the region of birth of parents.

A brief summary of the regulations

Parents are entitled to parental cash benefit for a total of 480 days up to the child's eighth birthday (the number of days and the amounts given in this text are for the year 2005). Half the number of days are for the father and half for the mother, but each parent may transfer parental cash benefit days to the other except for two months reserved exclusively for each parent. If either parent fails to claim his/her reserved days of parental cash benefit, these days are lost. For 390 of the parental cash benefit days, the benefit is related to parental income – so-called days at sickness-cash-benefit-qualifying level. For these days, there is a minimum rate of SEK 180 per day, in which case they are referred to as basic-level days. For the remaining 90 days (lowest-level days), all parents regardless of income receive SEK 60 per day.

In principle, there is great freedom of choice in how benefit days are used. Parents may claim parental cash benefit days seven days a week and receive 80 per cent of lost income in compensation per month. They may also spread out or save up parental cash benefit days, for example, by claiming fewer days per week or by claiming parts of a day. In this case, parents receive less compensation at the end of the month but have the chance to be home for a longer unbroken period or save days until later on in the child's life. This produces great variation in the length of parental leave, especially among women who generally use most of the days and therefore take advantage of this flexibility (Swedish Social Insurance Board 2004c).

Two studies of parental cash benefit

For this chapter, two studies have been conducted. One study is a quantitative investigation of register data that looked at how foreign-born and native-born parents use parental cash benefit and the amounts of compensation they receive. The parents studied have children born in 1999 and it is their use of parental cash benefit during the first four years of the child's life that are analyzed. The aim of the study is to chart how parents born in different countries, grouped by regions (for further discussion, see the fact box on page 17), utilize parental cash benefit. Note that native-born parents in this study may themselves have one, or two, foreign-born parents.

In order to further illustrate foreign-born parents' access to and use of parental cash benefit, a qualitative interview study has been conducted. The aim of the study is to learn about experiences of and opinions concerning this type of benefit among foreign-born parents. The parents interviewed have lived in Sweden for between five and ten years. Separate

interviews were conducted with eight persons about the way they had taken out parental cash benefit, what they knew about it and what information they had received about it. The number of interviews is relatively small and the study makes no generalizing claims. The interviews should be regarded as separate and significant accounts of different experiences of parental cash benefit and parental leave that foreign-born parents may have (see further the fact boxes).

The database study

This study analyzes all children born in Sweden in 1999 and their parents' use of parental cash benefit during the child's first three to four years of life (the years 1999–2002). It is based on the Swedish Social Insurance Agency's register data on the use of parental cash benefit. This data has been coupled to other information such as country of birth, year of arrival, education and income. One selection criterion is that parents immigrated before 1999.

Currently (in 2005), parental cash benefit may be used up to the child's first year of school. This study measures how parents have used parental cash benefit during the child's first three to four years. This is the period when the greater part of parental cash benefit is used and the time frame allows the use of more recent figures. However, it should be noted that the analysis does not describe the total amount of parental cash benefit ultimately used, and differences between various groups may both narrow and expand up to the child's first year of school.

After the data has been processed, the total interview population consists of just under 81,000 parents, of which 16 per cent are foreign-born.

The interview study

The qualitative study among foreign-born parents focuses on parents' experience of and views on parental cash benefit. The collection of data has been carried out by means of individual visits and telephone interviews. The interviews have been conducted using a previously formulated interview guide with open-ended questions covering a number of themes, such as background, use of parental cash benefit and information on the benefit.

The selection base comprises all insured persons with ongoing parental cash benefit transactions within a specific administrative area of the Swedish Social Insurance Agency. From this base, certain persons have been selected after checking against the Swedish Social Insurance Agency's database containing basic facts about the person such as nationality. Further selection criteria for participants were that they should have national affiliation outside EU-15 and Norway, not have Swedish citizenship and have a child born in 2003 or in 2004.

Out of approximately 1,000 selected parental cash benefit cases, fifteen persons met the given criteria. Of these fifteen, eight persons agreed to participate.

Parents and the use of parental cash benefit

A commonly occurring life agenda for women and men in Sweden is to first secure a reliable income via fixed employment and then have children (Swedish Social Insurance Board 2001b). This pattern allows for a flexible use of parental cash benefit since compensation is given for any loss of income. However, this choice of life curriculum may be difficult for people with weak labour market attachment, such as many young foreign-born women and men compared with Swedish-born people.

Labour market attachment depends, among other things, on how long a person has lived in Sweden. Additional factors, such as whether she or he has been granted a residence permit or has mastered the language, may play an important role. The job situation also depends on the willingness of employers to hire foreign-born persons. All these factors indicate that opportunities for a flexible use of parental cash benefit and higher compensation levels are poorer for foreign-born parents than for many native-born parents.

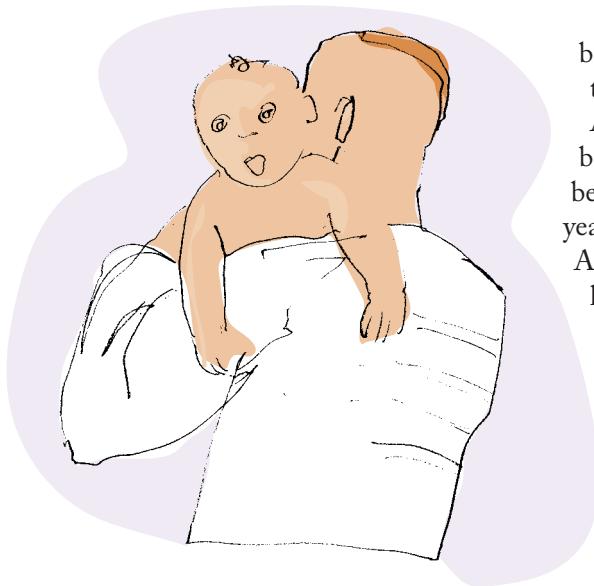
A first gauge of whether there are differences in the use of parental cash benefit between mothers and fathers born in different regions is to examine whether parents have used parental cash benefit. The following table shows the proportion of mothers and fathers born in various regions with children born in 1999 who have used parental cash benefit.

Region of birth	Mothers	Fathers
Sweden	99.3	83.6
Nordic countries excluding Sweden	97.2	78.8
EU-15 excluding Nordic countries	91.9	71.8
Other European countries	96.3	65.8
Sub-Saharan Africa	97.2	55.7
Asia excluding Middle East	95.4	61.3
MENA including Turkey	96.6	51.1
South America	97.7	68.8

SOURCE: SOCIAL INSURANCE AGENCY DATABASE, STORE

Proportion of mothers and fathers using parental cash benefit in 1999. Per cent.

The variation among mothers born in different regions is not particularly great, most mothers having used parental cash benefit. Mothers born in EU-15 excluding Nordic countries are noticeable for having a somewhat lower proportion claiming parental cash benefit. Many of these mothers typically come from France, Germany, Ireland and Great Britain. The low proportion may result from poor information, the fact that many mothers are entitled to family benefits from their home country or have returned to their home country during the period in question without registering their departure, or their high level of self-employment (Social Insurance Agency's database, Store 2005).



A greater proportion of native-born fathers use parental cash benefit than fathers born outside Sweden. Almost 84 per cent of Swedish-born fathers have used parental cash benefit during the child's first four years. Fathers born in Sub-Saharan Africa and in MENA including Turkey have the lowest proportion using parental cash benefit. Almost every other father born in these regions has not used parental cash benefit during the child's first four years.

That foreign-born fathers use parental cash benefit to a lesser degree is confirmed by an earlier study conducted by the Swedish

Social Insurance Board (2002d) of the use of parental cash benefit by fathers. Weaker labour market attachment and lower incomes compared with Swedish-born fathers may cause foreign-born fathers to refrain from claiming parental cash benefit at all. Uncertainty in the labour market may foster a reluctance to be away from work for any lengthy period of time and a fear that the family may not be able to survive the loss of income parental leave would entail. A further explanation of why fathers born in MENA including Turkey claim parental cash benefit to a lesser extent may be that a large proportion of them are self-employed (Social Insurance Agency's database, Store 2005). When parents in this study are compared with each other, the analysis reveals that if the mother in the family is also foreign-born, a smaller proportion of fathers use parental cash benefit than if the mother was born in Sweden. This result is confirmed by earlier studies (Swedish Social Insurance Board 2002d).

Regardless of the region in which parents were born, a larger proportion of mothers than fathers use parental cash benefit. Wall (2005) studies how work and family life is organized and balanced in families that have immigrated to Finland, France, Great Britain, Italy and Portugal. One of the most common strategies for combining work and child care is the mother-centred strategy, where the mother organizes her work in such a way as to be also able to take care of the children.

Every now and again, a stereotyped picture of foreign-born people emerges as a group unwilling to adapt to social equality and rejecting the notion that parents should share responsibility for childcare and earning a living. There are a number of flaws in this view, first and foremost the fact that foreign-born parents do not constitute a single group but

come from many different countries and backgrounds, making it impossible to employ sweeping generalizations about them. Furthermore, it is impossible to contrast such attitudes with a "Swedish" approach since this very issue is frequently debated without any consensus among Swedish-born parents being in sight. Stereotyping is particularly misleading if it is claimed that Sweden has attained equality, since Swedish-born parents do not use parental cash benefit in a manner reflecting equality. Studies show that among Swedes, too, mothers often adapt their working life to family demands.

Several studies also examine differences in the way women and men utilize parental cash benefit. Explanations as to why mothers more often claim parental cash benefit have to do partly with the different working conditions of women and men – women have part-time work to a greater extent than men and are paid less, making it economically rational for them to be at home since the family has least to lose financially in that case. The *Social Insurance in Sweden 2003* also revealed that parents often perceived the father's work to be more important than the mother's, thus reinforcing the uneven distribution of parental leave. Bekkengen (2002) also maintains that women and men have a different set of choices when it comes to parental leave. According to her, mothers often have no choice, since they, in their norm-given role, often do not have an equal say in whether to accept or reject parental leave. This is a choice that fathers in general are much more likely to have. Regardless of parental background, this often results in an uneven distribution of parental cash benefit and parental leave between mothers and fathers.

When this study was conducted, parents under observation had four years left to use any remaining parental cash benefit days. However, most of the days appeared to have been used during the child's first four years (Swedish Social Insurance Board 2004c). As discussed previously, parents do in fact have the option of saving up days until later in their child's life if their financial situation allows this and if they wish to make this choice. Therefore, it is interesting to observe how many days parents born in different regions have used during the child's first four years. The following table shows, for parents who have claimed parental cash benefit, the average number of used parental cash benefit days for mothers and fathers born in different regions.

Region of birth	Mothers	Fathers
Sweden	341	54
Nordic countries excluding Sweden	340	57
EU-15 excluding Nordic countries	318	62
Other European countries	351	53
Sub-Saharan Africa	365	58
Asia excluding Middle East	327	69
MENA including Turkey	359	71
South America	336	61

SOURCE: SOCIAL INSURANCE AGENCY DATABASE, STORE

Number of used parental cash benefit days on average. Net days.

As in the previous table, regional variations for mothers are small. Mothers born in Sub-Saharan Africa as well as MENA including Turkey use the greatest number of net days. Foreign-born fathers use parental cash benefit to a lesser extent than native-born fathers, but on the other hand those who do so use a greater number of net days. This is mainly true of fathers from Asia as well as from MENA including Turkey, who use approximately 70 parental cash benefit days on average. An explanation of this pattern may be that those fathers taking parental leave are for one reason or another more motivated to stay at home with the child. The polarization that foreign-born fathers exhibit here has also been observed in earlier studies. The *Social Insurance in Sweden 2003* reveals that before the first reserved month of parental cash benefit was introduced in 1995, the polarization between fathers was greater. After the introduction of the reserved month, the proportion of fathers using parental cash benefit increased but the average number of days used decreased.

A further explanation of why parents from Asia, Sub-Saharan Africa and MENA including Turkey use more parental cash benefit days may be their weaker labour market attachment and the maintenance support system (previously called social allowance). As pointed out above, a lower income may mean parents are unable to spread out parental cash benefit days over the week but are forced to use them intensively in order to make ends meet.

The table on page 24 reveals that only a small proportion of women and men born in the above regions have gainful employment. Women born in Sub-Saharan Africa and in MENA including Turkey have an employment frequency of less than 50 per cent. The employment frequency for men is only slightly higher. When we examine the net days for foreign-born parents receiving parental cash benefit at the sickness-cash-benefit-qualifying level, we find that most net days used by mothers are at the basic level of compensation. This could be because mothers with gainful employment can afford to spread out parental cash benefit days. The fact that there is no similar effect for fathers may be because fathers

who have not had and do not have any income choose not to use parental cash benefit.

The difficult labour market situation facing foreign-born people also increases the need to receive financial support from society, for example, maintenance support. Before people become entitled to maintenance support, they are normally obliged to apply for other forms of existing allowances, such as housing allowance, unemployment benefit and parental cash benefit. If a person's needs are wholly or partially met through social insurance benefits and other allowances, these options should be used in the first place before financial support is granted (Govt. bill 2000/or:80). The thinking behind this is that work should take preference over social handouts and that maintenance support is an allowance to be granted as a last resort. This applies to all parents irrespective of origin, but since the labour market situation is worse for foreign-born parents, a greater proportion of them is found among recipients of maintenance support.

Parents' financial standard during parental leave

A review of society's financial support to families with children reveals that foreign-born parents receive on average higher amounts of cash transfers than parents born in Sweden. Despite more cash transfers, foreign-born parents do not achieve the same level of income as native-born parents (Swedish Social Insurance Board 1996, Statistics Sweden 2005).

The following table shows two measures which together indicate a certain financial standard among families with children. One measure is the proportion of parents using days at the basic level only. The other is the average level of compensation received by the parents. In 1999, parental cash benefit at basic level was SEK 60 per day. The following table shows, on the one hand, the proportion of mothers and fathers from different regions of birth who receive compensation for days at basic level only and, on the other hand, average amount of compensation in SEK for all the parents.

Region of birth	Mothers		Fathers	
	Proportion	Amount	Proportion	Amount
Sweden	3.6	361	0.7	483
Nordic countries excluding Sweden	6.3	351	1.2	474
EU-15 excluding Nordic countries	17.8	331	2.3	466
Other European countries	45.9	193	8.9	397
Sub-Saharan Africa	64.0	143	9.5	374
Asia excluding Middle East	36.6	219	7.2	398
MENA including Turkey	62.6	142	11.6	345
South America	27.9	243	4.2	404

SOURCE: SOCIAL INSURANCE AGENCY DATABASE, STORE

Proportion of mothers and fathers using basic level days, and average compensation (sek) paid out in parental cash benefit.

What is striking about the table is that two-thirds of the mothers born in Sub-Saharan Africa and MENA including Turkey only claim parental cash benefit days at basic level. This may be compared with native-born mothers, just under four per cent of whom claim days at basic level. Compensation for parental cash benefit days also shows that the situation of mothers born in Sub-Saharan Africa and MENA including Turkey is more vulnerable. Mothers born in these regions receive the lowest compensation from parental cash benefit, just over SEK 140 per day on average. Other mothers receive compensation of around or above SEK 200 on average, with Swedish-born mothers receiving the highest allowances. The discrepancy in compensation amounts between foreign-born and Swedish-born mothers remains even when only mothers claiming compensation above basic level are studied.

Fathers born in Sub-Saharan Africa and MENA including Turkey also receive basic-level compensation for parental cash benefit days to a greater extent than fathers from other regions. Fathers born in Sweden have the lowest proportion – just under one per cent – receiving compensation for basic-level days. Fathers born in Sub-Saharan Africa and MENA including Turkey also have the lowest compensation among fathers. Even though the differences between parents' regions of birth reveal the same pattern, a much lower proportion of fathers uses only days at basic level, and fathers receive higher compensation than mothers. If we examine only those fathers who claim parental leave above the basic level, differences in compensation remain, as in the case of mothers, between foreign-born and Swedish-born fathers.

The length of time families have been in Sweden affects the financial compensation received by parents. The earlier the parents immigrated to Sweden, the smaller the proportion of them with parental cash benefit days at basic level and the greater the proportion with higher compensation amounts. This applies to both mothers and fathers but the effect is

more pronounced for mothers. For example, 12 per cent of African-born mothers who arrived in Sweden eleven years before the birth of their child used only days at basic level, while 87 per cent of those who arrived during the preceding four years used only days at basic level. Compensation levels follow the same pattern, indicating that the length of time spent in Sweden is of significance. This result is partially confirmed by a study (Swedish Social Insurance Board 1996) indicating that for families with parents born outside the EU, the length of time in Sweden greatly influences payments of means-tested transfers. The longer they have been in Sweden, the smaller the proportion of people receiving means-tested transfers.

An important component of parental insurance is the Work Strategy and parents' labour market attachment. It is easier for individuals to establish labour market attachment if they have the time to learn Swedish, study, get certificates translated or have their competence validated. Another factor that is facilitated by a longer stay in the country is finding out about society. The way society is built up around norms and values determines how people relate to each other and to the system. The aims and objectives of parental insurance have grown out of laws and statutes but are also based on Swedish norms and values (for example, that both parents should have a job) which are partly created by politicians and the citizens. Even though all the above factors are important, there remains the fact that a higher proportion of foreign-born parents claim only days at basic level, resulting in lower amounts of compensation. It is essential that research is continued into the reasons for any remaining differences between foreign-born and Swedish-born people in order to avoid inequalities of opportunity between foreign-born and Swedish-born parents in the use of parental cash benefit.

Satisfied or don't know?

Differences in the use of social insurance by foreign-born and native-born parents may stem from differences in knowledge about parental insurance. A report on parents' and young peoples' knowledge about parental insurance reveals that foreign-born people are less knowledgeable than native-born people (Swedish Social Insurance Board 2003a). One hypothesis is that the rules for parental cash benefit are complicated and it is difficult to access and process the information. An unfamiliarity with individualized systems may result in individuals not expecting state authorities to walk them through the information.

In the Swedish Social Insurance Agency's interview study (see the fact box on page 36), some parents assert they do not have sufficient knowledge about certain matters. They felt they knew more by the time of the birth of their second child partly as a result of improved linguistic skills due to having been in the country longer. However, not many parents

interviewed blame their poor knowledge on the Swedish Social Insurance Agency.

With the second child it was much easier. Because now we knew so much more.

Well, sort of, no. It's always a bit complicated. Like last time, when we had to work out whether I could stay home until August. We had to go back and check which days, etc. It's a bit... Yes, it might help to get a bit more information, etc.

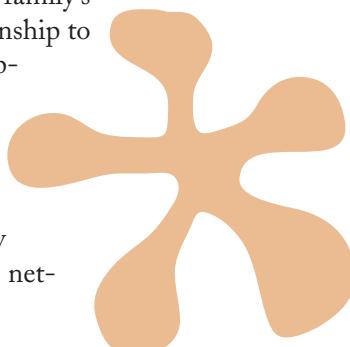
No no, I'm hopeless at it. I've only myself to blame. I don't think there's a lack of information and I could have gone to the information meeting in the beginning before she was born but we didn't.

When I came to Sweden and had my first child, you know, I couldn't speak Swedish. That time my husband helped me with the information. He used to tell me what it said.

Although the Swedish Social Insurance Agency provides information in various languages, it may still be difficult for foreign-born parents to gain full information on how to use the insurance. In the interview survey, it turned out that some parents interviewed were oblivious of certain parental insurance regulations. For example, one or two parents who thought they had enough information were unaware that two of the months were ear-marked for each parent respectively.

Brochures often give an overall picture of how the parental cash benefit system works but the nitty-gritty details, which perhaps tend to be added via discussions with colleagues or via the media, may be more difficult to get at. Sweden has an information system largely based on the written word. Poor language skills may limit access to information in newspapers, on TV, etc.

A certain amount of inside information on how the Swedish system works can create more favourable conditions for the digestion of information. Most researchers regard the family as a dynamic arena where structures and cultures meet and transform the family's internal relationships – and also its relationship to society. The family may be an aid and support in the process of adapting to a new country, especially when family members who have previously immigrated can help with practical matters such as fixing jobs and accommodation. Family ties can also help in the creation of social net-



works and in getting to know the new country (for example, Foner 1997, Pflegerl, 2002, Fernandez de la Hoz 2002).

One respondent claims it is easier for her because her partner was born in Sweden. She feels her Swedish-born husband helped her in her contacts with the Swedish Social Insurance Agency as he took an active part in the discussions to establish her sickness- cash-benefit-qualifying income. She also believes this was a decisive factor in the ultimate ruling of the Swedish Social Insurance Agency.

If my husband hadn't written that letter and used the correct formulations, I wouldn't have received an increase.

In this connection, she goes on to describe what it is like to come to a new country in general and how advantageous it is to have a Swedish-born partner.

As an immigrant, it is difficult to learn new concepts and terms. So it's an advantage having a partner who is a native of the country. It makes everything easier, things run more smoothly, not only in this matter [concerning the Swedish Social Insurance Agency] but in everything. Someone who knows the language and how things are done, how you speak and write. As an immigrant, you don't even know how to formulate the question. That's what happened when I wanted to enquire about the compensation level.

Despite the fact that parents feel somewhat unknowledgeable, those interviewed nevertheless maintain they do not need information in any other language than Swedish. On the contrary, they think the information in Swedish is fine and easy to understand.

I think the information we get, those brochures, they are so simple and easy to understand. I don't think they're difficult to understand for people like us who don't have Swedish as their first language. I haven't had any problems with it.

Simplified information is also available at the Swedish Social Insurance Agency and I understand everything.

I think we got good information. Nothing was left out. They do a great job at the Swedish Social Insurance Agency. They provide excellent information.

Parents' answers show that they are generally satisfied with parental cash benefit and how the Swedish Social Insurance Agency operates. Since 1998, the Swedish Social Insurance Agency has conducted an annual customer survey of the Swedish Social Insurance Agency's service with respect to accessibility, customer treatment, information, competence and

reliability. In contrast to the interviewed parents, the customer survey shows parental cash benefit to be the area generating most complaints against the Swedish Social Insurance Agency. It may be that, as one of the parents expresses the matter, "*knowing what it could be like, you feel happier*". But being able to understand the information, or not knowing what demands you can make, is probably also an important factor.

Hall (2001) examines the mechanisms underlying meetings between Swedish Social Insurance Agency case workers and insured persons. Hall believes that the meeting with public administration is the individual's legal interaction with the state, an interaction that leads to the development of a public identity in citizens. To assert one's self-evident right to receive help from the Swedish Social Insurance Agency can be seen as an expression of the fact that their public identity is strong and self-evident among insured persons.

The fact that parents in the interview survey do not place very high demands on the Swedish Social Insurance Agency may be explained in terms of a relatively weak public identity. This in turn may be explained by the fact that in those countries from which the majority of the respondents originally came, the interface between state and citizens is weaker. In such countries, the family often plays a more important role as the provider of a social safety net than do the authorities. This, in combination with the fact that they have been in Sweden for only a short period of time, may slow the development of a public identity. People who have grown up with the Swedish Social Insurance Agency tend perhaps to take social insurance more for granted than immigrants from societies where general and public security systems do not exist or are less comprehensive. This may in turn affect the demands and expectations placed on social insurance content as well as on information and treatment.

The children – how are they affected?

Through Sweden's ratification in 1990 of the UN Convention on the Rights of the Child, also known as the Child Convention, society has undertaken to guarantee the rights of the child. An overall objective of parental insurance is to focus on the child and to ensure that he or she enjoys secure conditions of living while growing up. In this section, we study how parents' chances within the parental cash benefit system affect the child.

Studying the use of the benefit from the standpoint of the child can provide answers that are different from those obtained by solely studying the situation of parents, since the child's situation is often affected by both parents' opportunities for work and their use of parental cash benefit. The underlying thought in Article 2 in the Child Convention is that there should be no discrimination of children or between children. The countries that have ratified the Child Convention have also committed

themselves to ensuring that each child, irrespective of the child's or its parents' ethnicity, sex, language or political opinion shall enjoy the rights of the Convention.

According to Article 26.1 of the Child Convention, all children have the right to social security, including social insurance. The following table shows the four measures presented earlier from the child's perspective, that is to say, the parents in the database study have been grouped according to whether both parents are native-born, both are foreign-born, or one parent is native-born and the other foreign-born.

Parents	Both native-born	Both foreign-born	Mother native-born, father foreign-born	Mother foreign-born, father native-born
Proportion (%) with parental cash benefit	99.9	98.3	99.6	99.0
Number of net days	383	388	385	372
Proportion (%) with days at basic level only	1.1	33.0	4.4	5.7
Payment in SEK	374	185	346	337

SOURCE: SOCIAL INSURANCE AGENCY DATABASE, STORE

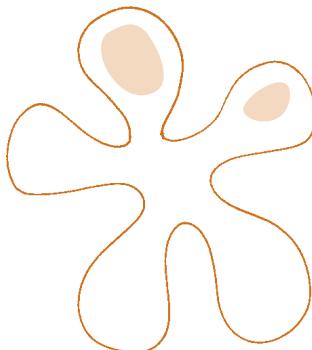
Four measures of the use of parental cash benefit from the perspective of the child.

When we compare children whose parents were born abroad and/or in Sweden, we find no significant differences in the proportion of children receiving parental cash benefit. Nearly all children have parents one of whom uses parental cash benefit. Nor are there any great differences in the number of net days their parents use together. On average, parents together use approximately 380 parental cash benefit days during the first four years of the child's life.

By contrast, the table reveals significant differences when the economic measures are compared for children according to their parents' origin. The proportion of children with parents who have claimed parental cash benefit days only at basic level is between one and six per cent for children with at least one parent born in Sweden. The corresponding proportion for children with two foreign-born parents is just over 30 per cent. This indicates an economic difference between families with at least one native-born parent and families with two foreign-born parents. Irrespective of which region of birth outside Sweden the child's parents have, the parents together use a higher proportion of parental cash benefit days at basic level only than do families where at least one parent is native-born. Most noticeable are families with children from Sub-Saharan Africa and from MENA including Turkey, where approximately every third child has

parents who claim days at basic level only. As was shown earlier, parents from these regions have a low employment frequency, which affects the outcome.

Article 27 of the Child Convention emphasizes the right of each child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development. Over the past few years, several studies have shown that children with at least one foreign-born parent run a greater risk of suffering financial strain than other children (Ministry publications series 2004:41, Statistics Sweden 2004, Salonen 2002, Salonen 2005, Swedish Government Official Reports 2001:55). Families with children where at least one of the parents is foreign-born are over-represented in the financial support system. Children with foreign-born parents live in an environment with a lower standard of income than children with native-born parents. In 1991, the risk of children with foreign backgrounds living in families with a low standard of income was almost three times as high as for children with Swedish backgrounds. In 1999, the corresponding difference had increased to almost four times. In 2002, every thirteenth child with a Swedish background lived in a household with a low standard of income or financial assistance, but every third child with a foreign background lived in such conditions.



Standard of income

The standard of income is a way of measuring the financial situation of households. The measure takes into account both income and expenditure of households by relating the disposable income of households to a cost-of-living norm. The norm consists of three parts: 1) basic consumption (for example, food and clothing), 2) housing costs, and 3) possible child-care fees and trade union dues. With a value of 1, a family is on the borderline with the "lowest reasonable standard".

SOURCE: STATISTICS SWEDEN 2004 "CHILDREN AND THEIR FAMILIES 2003"

The financial vulnerability of children with foreign-born parents becomes apparent when we consider the amount of compensation per child. Families with children where both parents are Swedish-born receive the highest financial compensation while families with two foreign-born parents receive the lowest. The difference between these two groups is a little less than SEK 200 per day on average. The difference amounts to almost SEK 6,000 per month if parents receive parental cash benefit seven days a week. A more thorough analysis of average compensation from parental cash benefit for children born in 1999 reveals that maternal and paternal region of birth affects compensation even after controlling for the parents' educational background. The fact that parents are foreign-born has a negative affect on the family's daily average compensation (Eklund and Duvander 2005).

However, the financial measures derived from parental cash benefit only describe the financial effect of a benefit. Families with children also have access to other benefits within social insurance such as child allowance and housing allowance. Housing allowance is partly dependent on family income and is designed to ensure that financially weak families have access to good and suitably spacious accommodation. Housing allowance can partially smooth out the financial differences noted above, but the fact remains that children with a foreign background do not have the same chances of enjoying a good standard of living as children with either one or two native-born parents.

Researchers agree that child poverty is a relative concept inasmuch as children in Sweden are not exposed to famine or homelessness. Nevertheless, financial strain means living without margins and thus without security. There is a high risk that the financial vulnerability of children with two foreign-born parents will continue over a lengthy period due to the difficulty parents have of entering the labour market. Financial strain over an extended period of time has a more negative effect on a child's standard of living than if it lasts for only a short spell. One direct result of a lower financial standard is a reduction in families' freedom of action. Families have less opportunity to choose living accommodation

and neighbourhoods. Studies have also shown that children in financially weak families participate less often in organized leisure activities, meet their friends less often in the home environment and generally have a poorer social life (Ministry publications series 2004:41).

From earned income to parental cash benefit

This chapter shows that foreign-born parents often do not have the same opportunity to use the flexibility of parental cash benefit that native-born parents enjoy. Foreign-born mothers, especially mothers born in Sub-Saharan Africa and those born in the Middle East, North Africa and Turkey, use somewhat more parental cash benefit days than native-born



mothers. It also appears that Swedish-born fathers are a more homogeneous group in their usage of parental cash benefit than foreign-born fathers. Most native-born fathers use parental cash benefit and claim approximately one and a half months. Among foreign-born fathers, fewer claim parental cash benefit, but those who do claim more days on average than native-born fathers.

The difference between the groups emerges more clearly when the financial aspect of the insurance is studied. Just below four per cent of native-born mothers have received parental cash benefit at basic level, which may be compared with mothers from Sub-Saharan Africa and MENA including Turkey where approximately two-thirds have received parental cash benefit at basic level only. The fathers exhibit a similar pattern, though to a lesser extent. That so many foreign-born parents receive parental cash benefit days at basic level is reflected in the average amounts of compensation, which are much lower, especially for parents born outside Europe.

The above differences can largely be traced to the weaker labour market attachment of foreign-born people. Parental cash benefit is not means-tested and has a clear connection to the Work Strategy inasmuch as compensation amounts increase with earned income. The Work Strategy in turn assumes that women and men of working age have access to the labour market. If this is not so for a particular group, their opportunity to make full use of social insurance is undermined. Foreign-born parents' weaker labour market attachment leads to fewer opportunities to raise the amount of compensation. A lower compensation level in turn inhibits the ability to exploit the flexibility of parental cash benefit.

Parents' labour market attachment and their use of parental cash benefit naturally has an effect on the children. Virtually all children irrespective of origin are recipients of parental cash benefit. On the other hand, when the financial measures for parental cash benefit are compared according to childrens' origins, large discrepancies show up. The proportion of children with at least one Swedish-born parent whose parents have received parental cash benefit solely at basic level lies between one and six per cent while the corresponding proportion for children with two foreign-born parents is a little over 30 per cent. The amount of compensation follows the same pattern, where children with two foreign-born parents receive lower average amounts of compensation.

As for their contacts with the Swedish Social Insurance Agency, the parents interviewed are, with few exceptions, noticeably satisfied both in regard to information and treatment. The parents find both the written and oral information simple and easy to understand. The interview answers make it clear that most of the parents assume responsibility for finding out about how things function and for claiming parental cash benefit, nor does anyone require information in their home language. This

raises questions about the different groups' public identity as an expression of the individual's legal interaction with the state. A weaker public identity as reflected in the attitude towards public authorities as providers of information and social safety nets may lead to fewer demands being placed on the Swedish Social Insurance Agency.

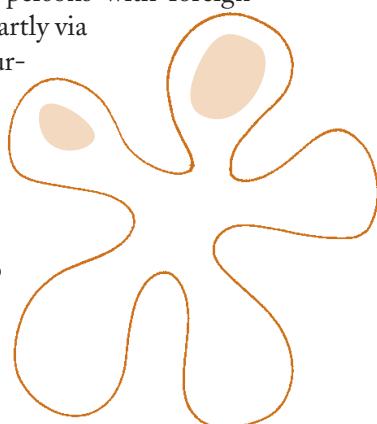
Having studied parenthood and family structure in relation to diversity, we will now take up another aspect of life. The next chapter discusses the question of whether there are differences in health status between foreign-born and native-born people and whether there are differences in the access to and use of support from social insurance in the event of work incapacity.

Ill health from a diversity perspective

The dramatic increase in sickness absence that first appeared in the mid-1990s has resulted in a spate of investigations and reports that have in various ways attempted to explain the phenomenon. Clearly, sickness absence is not a particularly reliable measure of the general state of health of the population. While expenditure on sickness insurance has spiralled out of control, we have seen a trend towards improved health for the working population over the past few decades, except for poorly-educated women (Hogstedt et al. 2004). Today, we know that Swedish sickness absence is dependent upon the current economic situation – during periods of high unemployment, sickness absence is low, and vice-versa. It makes no sense to try and explain cyclical changes in sickness absence by corresponding shifts in the health status of the population. Better living conditions and improved lifestyles have created a permanent rise in the average length of life. Since sickness is age-related, an ageing population naturally pushes the sickness index up, but this can only partly explain the negative trend (Swedish Government Official Reports 2002:62).

Notions of sickness and perceived ill health are admittedly subjective and our knowledge of the actual connection between sickness and sickness absence is imperfect (Hogstedt et al. 2004). Seen from a diversity perspective, the picture of sickness absence appears even more complex. Different notions of health presumably influence people's attitude and access to sickness insurance. But also factors such as involuntary migration, time of arrival in Sweden, labour market attachment and workplace conditions probably influence the risk of being sicklisted.

The aim of this chapter is to examine how persons with foreign backgrounds use sickness insurance. This is done partly via a database study to see how their use of the insurance differs from that of Swedish-born people. How access to the insurance varies according to the individual's background will be examined. Furthermore, we have studied the views individuals have about their own health, their reasons for being sicklisted and their chances of returning to work. This has been done with the aid of the questionnaire survey, RFV-HALS. The aim of the questionnaire survey is to improve our understanding of how sicklisted people

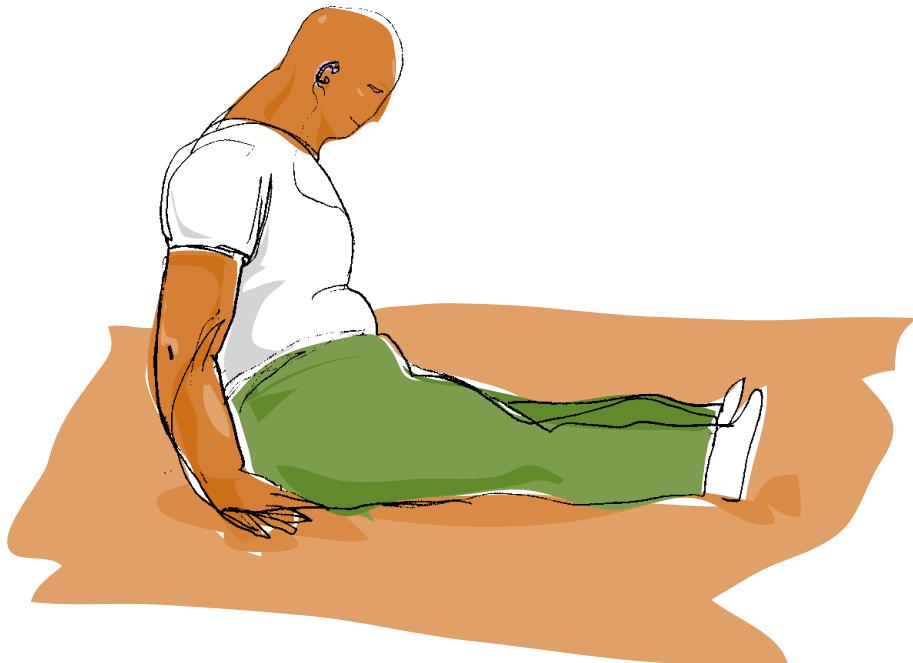


themselves experience their situation. The way different individuals perceive their illness is probably important in determining when or whether the individual will return to work.

Health differences between foreign-born and native-born people

Are there differences in health depending on a person's country of origin that may in turn explain existing differences in sickness compensation? The question is highly relevant, but very few studies of the health of foreign-born people are sufficiently comprehensive to be of use in illustrating the differences between foreign-born people coming from different countries. However, there are one or two exceptions. In 1996, a nation-wide survey was conducted of the living conditions of immigrants from Chile, Iran, Poland and Turkey (the National Board of Health and Welfare 2000). Subsequently, the Swedish Institute of Public Health (2002) has published a national study aimed at providing an overall picture of the health status of different immigrant groups in Sweden. The study is based on a number of different subsidiary studies and it reports on ill health in the form of cardiac and vascular diseases, cancer and psychological ill health.

Cardiac and vascular diseases currently account for approximately half of all deaths in Sweden. Several groups among foreign-born people run a significantly higher risk than native-born people of contracting cardio-vascular diseases. Men from Finland, Poland, Bosnia, Turkey, Iraq and other Arab-speaking countries together with women from Finland,



Bosnia and Iraq are noted as being particularly susceptible. On the other hand, people from South America, Iran and Africa run less risk than native-born people of contracting the diseases (the Swedish Institute of Public Health 2002).

The risk of contracting one of the most common forms of cancer is generally lower for foreign-born people. A number of exceptions are mentioned in the report from the Swedish Institute of Public Health (2002) – for example, the risk of contracting lung cancer is between 40 and 50 per cent higher for women born in Finland and OECD countries than for women born in Sweden.

Health differences between native-born and foreign-born people are most striking in comparisons of psychological health (that is, admission for care in psychiatric units for mental illnesses such as psychoses and depression syndromes, suicide attempts and suicide). Women from Africa, Finland and Southern Europe in particular show a heightened risk of being affected (the Swedish Institute of Public Health 2002). The National Board of Health and Welfare report also emphasizes the high frequency of psychological ill health among immigrant groups.

Lifestyles and psychosocial factors

Many illnesses are lifestyle-related and different living habits can partly explain differences in health. Generally speaking, smoking and physical inactivity are more usual among foreign-born people. On the other hand, self-reported alcohol consumption is generally lower among foreign-born people compared with native-born people. Only when a combined pattern of several unhealthy living habits is discernible do they constitute a real health risk. Especially when a person also has low labour-market status or a poor finances (the Swedish Institute of Public Health 2004).

The widespread psychological ill health may be explained by various psychosocial factors partly stemming from the experience of migration, partly from the situation in the new country. Many foreign-born people share painful experiences of family break-ups which can have an enormous effect on psychological health, especially if their family members are in some form of danger. Once in Sweden, immigrants are subject to a wide range of factors that adversely affect health. One of these can be the difference between Swedish society and that of the homeland. The following factors can also be important: discrimination, xenophobia and racism, unrecognized educational qualifications, unemployment, social exclusion, poverty and housing segregation. Taken together, these often create intense feelings of insecurity, identity loss and being discriminated on grounds of origin (Sundquist and Johansson 2002).

Work and health

Work is central to us all. Having a job and thus the opportunity to earn a living is crucially important for most of the population, both ethnic Swedes and persons with foreign backgrounds or immigrants. Studies of sicklisting use labour market attachment as the formal condition, but work can mean other things for the individual. The work environment itself can both prevent and cause ill health. The sense of community at a workplace may have a positive effect on health while a noisy environment may have a negative effect on health. Several studies have shown that sickness absence is highly dependent on the workplace (Swedish Government Official Reports 2002:5). Alongside the more existential significance of work for the individual, a good or bad work environment affects us physically and determines our chance of staying healthy. Work is often seen as an important part of one's identity – "you are what you do". Work means participation and value – often it is through work you enter the community and are confirmed as a social entity. Understandably, unemployment then creates its own ill health. Having a strong labour market attachment, working intensively and for long stretches, or perhaps having several jobs at the same time, may lead to sickness – but so may the lack of work.

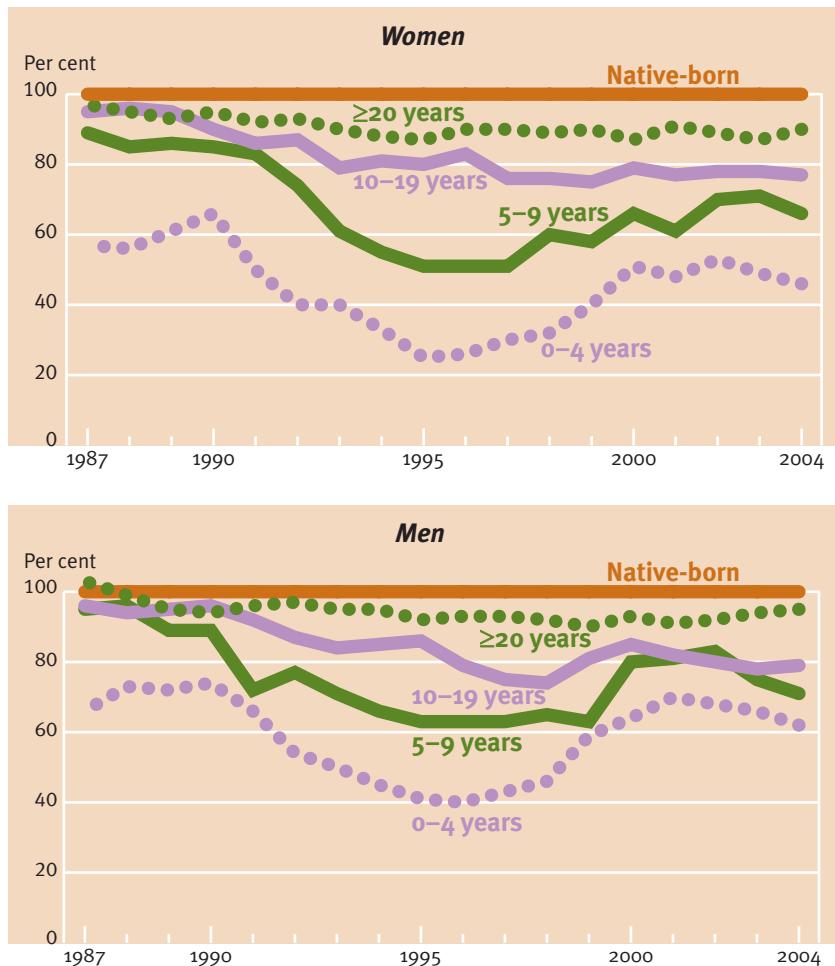
Foreign-born people have a weaker labour market attachment

Despite significant improvements in the economy over the last decade compared with the crisis years of the 1990s, foreign-born people continue to have a low level of employment with a high proportion unemployed. The large differences cannot be explained by individual factors such as sex, age, education or civil status (the Integration Board 2003). Today, for example, we know that higher educational qualifications do not improve opportunities in the labour market for foreign-born people as much as for native-born people. In addition, foreign-born people are more vulnerable to business cycle variations. Many have found it difficult to gain or maintain a position in the labour market. The recession of the 1990s made it difficult for many immigrants to establish themselves in the labour market. Labour market conditions have long-term effects on individual income and employment (Institute for Labour Market Policy Evaluation 2003a). People who due to absence from working life lack work experience, or as a result of unemployment have lost their skills or qualifications, will find it even more difficult to enter working life if they arrive in Sweden during an economic recession.

Time of residence in Sweden also plays an important role for the labour market attachment and occupational distribution of foreign-born people. Put simply, a shorter period of residence may mean an individual has no labour market attachment at all, an increased risk of unemployment

or, relative to the individual's education and professional affiliation, a less-qualified job. The situation for persons born in countries outside Europe is particularly problematical. If we focus on the group of foreign-born academics, unemployment is highest among those born in the Middle East or Africa and who have resided in Sweden for at most 15 years. At the same time, the proportion of academics in non-qualified jobs is highest among people of African origin. Calculations show that among people born in Africa who have resided in Sweden for between 5 and 15 years, the probability of having a qualified job is 44 per cent lower than for native-born Swedes. But for almost all immigrant groups, differences between them and native-born people diminish successively with increased length of residence in Sweden (the Integration Board 2003).

The following figures demonstrate how long it actually takes for the average immigrant to achieve a level of employment equivalent to that of a native-born Swede. Here we may also discern a business cycle pattern in employment, which is in part further confirmed by a report from the Institute for Labour Market Policy Evaluation (2003a). Thus, people's chance of being integrated into the labour market is influenced by when and how long they have lived in the country. Another influential factor is what types of job are available in the labour market encountered by the immigrant. The labour market that labour immigrants encountered in the 1960s and 1970s consisted predominantly of an expanding manufacturing industry, the structure and work conditions of which were presumably very different from those of today (Institute for Labour Market Policy Evaluation 2003a). Entry into the labour market also produces certain locking effects that lead people to become trapped in particular types of work tasks (Schierup and Sven Paulson 1994). Monotonous work tasks tend generally to result in an increased risk of long-term sicklisting (Marklund 1995). Furthermore, it is known that long-term sicklisting leads to an increased risk of sickness and activity compensation (Andrén 2001). Overall, the time factor may be connected to many of the reasons why certain groups have a higher sickness index than others.



Note: Native-born persons' level of employment has been set to 100.

SOURCE: STATISTICS SWEDEN, AKU 4TH QUARTER OF EACH YEAR (INTEGRATION BOARD 2005A)

Employment index by time of residence, foreign-born people compared with native-born people.

But not all foreign-born people face the same difficulties in the labour market. According to Vogel and Hjerm (2002), foreign-born people can be divided into two broad groups. All people born in Nordic countries, the EU and North America comprise a group whose situation is largely on a par with native-born Swedes. The second group, according to Vogel and Hjerm, comprises people originating from other continents and current war zones, people whose situation deviates in nearly all respects from that of native-born Swedes. In social insurance terms, this would mean that different groups have unequal access to those parts of social insurance covering loss of income due to work incapacity because of sickness. In the

section on social insurance support in case of work incapacity, this issue will be taken up again.

... and a poorer work environment

Studies also show that not only do large groups of foreign-born people have a weaker labour market attachment but they are also exposed to a worse physical and psychosocial work environment.

Foreign-born people have less secure forms of employment. In 2002, 18 per cent of foreign-born people were employed on a temporary basis. Among native-born people, the corresponding proportion was 12 per cent (the Integration Board 2004). Access to occupational health care is also much more restricted for this group, especially for non-Nordic men. Another factor influencing work environment is the opportunity for employee competence development. Among immigrant groups, it is much less usual to have participated in a course during working hours (the Swedish Board of Occupational Safety and Health 2000).

Foreign-born people are also known to be over-represented in the blue-collar sector and a study conducted by the Swedish Institute of Public Health shows that all immigrant groups have a larger proportion of persons with physically strenuous jobs and a higher proportion with backache than native-born groups. Persons born in Finland, Southern Europe and Eastern Europe as well as the majority of those who have come to Sweden as asylum seekers from various countries generally have more monotonous and restrictive jobs. In addition, they also have a much greater incidence of backache than other groups of foreign-born people (the Swedish Institute of Public Health 2002). On the other hand, industrial accidents are not more prevalent among foreign-born people despite their being over-represented in occupations that are traditionally considered to be "high-risk jobs". However, men born in Chile constitute an exception (the Swedish Board of Occupational Safety and Health 2002).

The study conducted by the Swedish Institute of Public Health (2002) presents evidence that severe under-employment also has a detrimental effect on health. However, as mentioned earlier, such differences are difficult to trace in official statistics since these are based on individuals who have, or have had, employment over a certain period of time.

Women have higher sickness absence

Women are sicklisted and receive sickness or activity compensation more often than men (Social Insurance in Sweden 2004). This has been the case since the 1980s and the differences between the sexes increased even more during the later part of the 1990s. A study of the health status of four immigrant groups in Sweden indicates striking health differences between men and women. According to this study, women run a 150 to

300 per cent greater risk of suffering from ill health, regardless of land of origin (the National Board of Health and Welfare 2000).

Several studies have drawn attention to the high sickness absence and high proportion of cases with sickness compensation among South European women (Swedish Social Insurance Board 1996a). The Commission of Enquiry on Cities revealed that in the age-group 50–64, 75 per cent of Greek, 60 percent of Yugoslavian and 35 per cent of Turkish women in the County of Stockholm received disability pension. Among Swedish women in the same age-group, the corresponding proportion was 15 per cent (Swedish Government Official Reports 1989:III).

As previously noted, ill health and sickness absence may be explained by either high or low labour market attachment. The former applies to the group of Southern European women who came to Sweden as labour immigrants. During the 1980s, these women had a higher level of employment than native-born women (the Swedish Social Insurance Agency 1994). Moreover, they often had a greater number of jobs, resulting in an average income surpassing the average income of native-born women. Earning a living frequently meant jobs involving severe strain and monotonous work tasks, resulting in social exclusion in the form of long-term sicklisting and sickness and activity compensation (Knocke 1999).

At present, weak labour market attachment is a problem for many foreign-born women. The level of employment of women originating from Arabic-speaking countries, Bosnia, Turkey, Africa and Iran, lies somewhere between 20 and 40 per cent (the Swedish Institute of Public Health 2004).

The current family structure in Sweden also influences women's sickness absence, but in different directions. Swedish-born women with families have lower sickness absence than either single and divorced women. The opposite is true of foreign-born women, whose sickness absence increases for every new child in the home, regardless of type of occupation (Swedish Social Insurance Board 1996a). By contrast, there is little difference in sickness absence between native-born and foreign-born single women. This indicates that Swedish-born women living in a pair relationship can more easily balance professional and family life in a way that generates good health compared to married foreign-born women and single women.

Access to and use of social insurance

In this section, we first describe the circumstances under which a person may be granted sickness cash benefit or sickness and activity compensation, and go on to give an account of how sickness insurance is used by people in Sweden. The reports in this section are based on statistics from the Swedish Social Insurance Agency's database, *Store*.

Support from social insurance in case of work incapacity

Sickness cash benefit is paid to sick persons whose illness leads to reduced work capacity. Employees, unemployed persons, the self-employed and students may be granted sickness cash benefit. Entitlement to the insurance is not affected by factors such as citizenship, job duration or the country of location of employer headquarters. However, the work must normally have been performed in Sweden. During the first 14 days of sickness, the employer pays sick pay. After that, the Swedish Social Insurance Agency pays sickness cash benefit at 80 per cent of an annually calculated work income, the so-called sickness-cash-benefit-qualifying income (sgi). The sgi is among other things a basis for calculating sickness cash benefit. From the eighth day of sickness, a doctor's certificate certifying reduced work capacity is required for a person to qualify for continued compensation. The Swedish Social Insurance Agency assesses the right to compensation on the basis of the doctor's certificate and other information from the insured person. Since 1 January 2005, the employer pays 15 per cent of sickness cash benefit also after the first 14 days of sickness, but only for those employees who are sicklisted full-time. In addition to the above compensation, most employed persons in Sweden receive compensation from a contractual insurance scheme. The size of the compensation from the various contractual insurances is negotiated by the labour market parties.

Sickness and activity compensation in cases where work capacity is judged to be reduced for a long-term period due to illness or other mental or physical disabilities. In cases where work capacity is judged to be reduced for a limited period of time, but for at least one year, temporary sickness or activity compensation may be paid out. Activity compensation is granted to insured persons between 19 and 29 years of age and sickness compensation to those between 30 and 64. Decisions concerning entitlement to sickness and activity compensation are made on the strength of medical data and an investigation that, among other things, takes into account work conditions and the potential for rehabilitation. The investigation is conducted by the Swedish Social Insurance Agency partly using data on family situation, child care, domestic work, leisure activities and education. Before compensation is granted, all possibilities of return-to-work should have been exhausted. Compensation is means-tested and decisions on compensation are made by the social insurance board of the Swedish Social Insurance Agency.

New concepts of disability pension

The concepts of permanent and temporary disability pension were replaced as of 1 January 2003 by sickness compensation, temporary sickness compensation and activity compensation, and new regulations were simultaneously introduced.

The fact that compensation amounts studied in this chapter are work-related means that different groups of foreign-born people have different levels of access to the benefits. Ill health among groups without labour market attachment will be particularly hard to trace in statistics of sickness cash benefit but also to some extent in statistics of sickness and activity compensation. Sickness and activity compensation may be granted even to individuals without any work income or whose income has been very low. In such cases, a guarantee compensation is paid out corresponding to 2.4 x the price base amount per annum (the price base amount was SEK 39,400 in 2005).

Entitlement to sickness cash benefit

Sickness insurance covers loss of income for insured persons who due to illness are prevented from working at all or are only able to work to a limited extent. In order to qualify for sickness cash benefit, a person must work in Sweden and have an annual income of at least 24 per cent of one price base amount. This restriction does not apply to sickness and activity compensation, a fact that should be borne in mind when sickness statistics are analyzed, especially if the ambition is to study groups with weak labour market attachment. For this study, therefore, we have created our own measure, *qualifying for sickness cash benefit*, aimed at identifying only those persons entitled to compensation from sickness insurance.

Estimated number of persons qualifying for sickness cash benefit

All insured persons between the ages of 19 and 64 with a registered pension-qualifying income during 2002 amounting to least 24 per cent of the price base amount in 2002 (SEK 9,096). Pension-qualifying income (PQI) is based on earnings during a particular taxation year. PQI is used to estimate the individual's future pension and was up to 2002 exempted from contributions to sickness and activity compensation (at that time known as disability pension) whose share was instead registered in the so-called point register. The major part of all pension-qualifying income, with some exceptions, qualifies for sickness cash benefit. However, it is worth noting that not all of those assessed as qualifying for sickness cash benefit may receive compensation, since an insured person without gainful employment must fulfil special requirements in order to receive compensation.

The following table shows the proportion of people qualifying for sickness cash benefit in Sweden divided up by region of birth. A few countries are reported separately here partly because of results from earlier research (for example, Swedish Social Insurance Board 1996a, the Swedish Board of Health and Welfare 2000, SNS 2002), partly because they deviate from other countries and strongly influence results for their own place-of-birth region.

	Women	Men	Total
Sweden	90	91	90
with two native-born parents	90	91	90
with one native-born, one foreign-born parent	90	89	90
with two foreign-born parents	88	87	87
Nordic countries excluding Sweden	81	80	81
of which Finland	82	81	82
EU-15 excluding Nordic countries	73	78	76
of which Greece	53	64	60
Other European countries	74	77	76
Sub-Saharan Africa	72	73	72
Asia excluding the Middle East	76	76	76
MENA including Turkey	64	71	68
of which Turkey	68	78	73
North America	70	73	72
South America	80	82	81
Oceania	65	73	70

Note: Proportion of population insured aged 19–64 years.

SOURCE: SOCIAL INSURANCE AGENCY DATABASE, STORE

Estimated proportion of persons qualifying for sickness cash benefit in 2002. Per cent.

The groups with the lowest proportion of persons qualifying for sickness cash benefit were born in MENA including Turkey, Greece and Oceania. In these groups, we find many unemployed persons, but also some who receive full sickness or activity compensation. Native-born people are estimated to have the highest proportion of persons qualifying for sickness cash benefit. These results illustrate the fact that foreign-born people have a weaker labour market attachment than native-born people and thus do not have the same chance of taking advantage of sickness insurance. In the following table, where we present sicklisting patterns for different groups, people judged as not qualifying for sickness cash benefit have been excluded. In this way, we get a more accurate picture of compensated ill health compared with the generally more established sickness index.

The sickness index

The sickness index is a measure of paid days with sickness cash benefit, rehabilitation cash benefit, work-injury sickness cash benefit and sickness and activity compensation from social insurance, in relation to the number of registered insured persons (population) aged 16–64 years.

This approach enables us to compare those receiving sickness cash benefit with the group that is entitled to the benefit. Thus, we largely avoid the problem of hidden variations in labour market attachment that mars the more traditional sickness index.

Sicklisting

Below, we present the average number of paid net days of sickness cash benefit, rehabilitation cash benefit and work-injury sickness cash benefit during 2002 relative to the number of persons aged 19–64 qualifying for sickness cash benefit. (An insured person may receive rehabilitation sickness cash benefit while vocational rehabilitation is still in progress. Work-injury sickness cash benefit has been non-renewable since 1993, but some transitional cases still continue.) In the present study, this measure is called the periodized sickness index and has been divided up by country-of-birth as before. The sick pay period of 14 days is not included in the compilation. All values are age-standardized so that age distribution among native-born women and men applies to all country-of-birth regions.

Net days

Net days refer to the number of paid days, after taking into account the level of sicklisting. An individual who, for example, was sicklisted for 60 days but only at the 50% level (working half-time) for the final 20 days, would have received 50 paid net days from the Swedish Social Insurance Agency.

	Women	Men	Total
Sweden	25.1	14.1	19.4
with two native-born parents	25.0	14.0	19.4
with one native-born, one foreign-born parent	26.1	14.1	19.9
with two foreign-born parents	26.8	15.7	21.2
Nordic countries excluding Sweden	28.2	19.7	24.4
of which Finland	27.6	20.6	24.5
EU-15 excluding Nordic countries	24.5	16.1	19.4
of which Greece	42.1	32.3	36.1
Other European countries	30.2	25.5	28.1
Sub-Saharan Africa	28.6	20.2	23.1
Asia excluding the Middle East	23.8	17.0	21.0
MENA including Turkey	42.6	29.5	34.0
of which Turkey	52.5	32.0	40.0
North America	18.6	12.5	15.3
South America	31.4	20.9	26.1
Oceania	17.5	12.4	14.5
Total	25.6	15.0	20.2

Note: Age-standardized values using Sweden as reference, proportions of population sickness-cash-benefit qualified aged 19–64.

SOURCE: SOCIAL INSURANCE AGENCY DATABASE, STORE

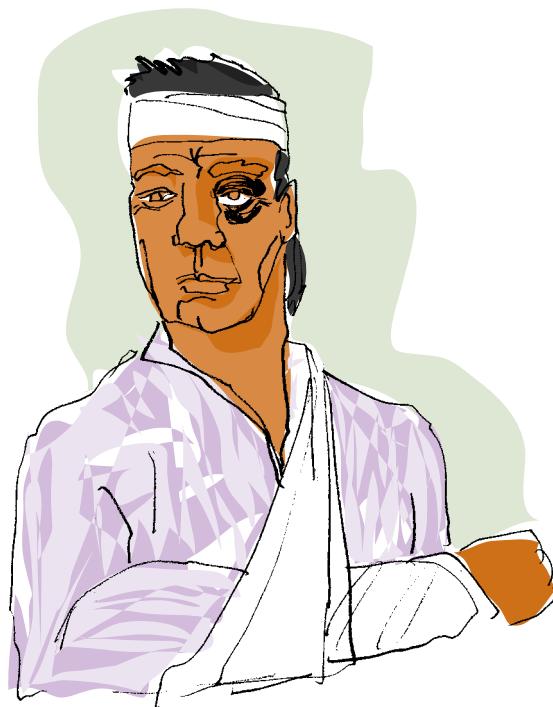
Periodized sickness index in 2002. Per cent.

In 2002, individuals qualifying for sickness cash benefit in Sweden had a periodized sickness index of 20.2. That means all persons between the ages of 19 and 64 qualifying for sickness cash benefit were on average sicklisted for just over twenty net days. However, there are differences in sickness absence between persons originating from different parts of the world. The highest sickness absence is found among individuals from MENA including Turkey with a periodized sickness index of 34, given the same age structure as for native-born persons. In this group, persons from Lebanon and Turkey are most often sicklisted. Least sicklisted are persons qualifying for sickness cash benefit from Oceania and North America with a periodized sickness index of 14.5 and 15.3 respectively. Next come native-born people and individuals from EU-15 excluding Nordic countries with a periodized sickness index of 19.4. When age is taken into consideration, the group of Swedish-born persons with two foreign-born parents has a somewhat higher sickness index than Swedish-born persons with two Swedish-born parents. It should also be emphasized that large variations in sickness absence exist within many of the different groups.

In the above table, there are some country-of-birth regions where the sickness index is high because persons born in particular countries have high sickness absence. EU-15 excluding Nordic countries and South America are two such groups. In the case of EU-15 excluding Nordic countries, individuals from Greece constitute a group that diverges greatly from

other countries in the region. If we exclude individuals from Greece from this group, EU-15 excluding Nordic countries has a corresponding sickness index of 17.2, lower in fact than Swedish-born people. Similarly, persons born in Chile greatly affect the sickness index for the South American region, since persons born in Chile account for more than half of all persons qualifying for sickness cash benefit in this group. Apart from Chile, South America has a significantly lower sickness index (21.8 instead of 26.1), which is on a par with Asia excluding the Middle East. It should be noted that those with the lowest sickness index are found in the latter group, that is to say, persons from Japan and China. In 2002, people born in Japan had an average of only 9.5 paid net days. On the other hand, people qualifying for sickness cash benefit who come from Pakistan, India and Sri Lanka raise the average for the group of Asia excluding the Middle East.

In all country-of-birth groups, women are more often sicklisted than men. In 2003, a woman qualifying for sickness cash benefit had on average compensation from some form of benefit for 25.6 net days. The corresponding figure for men qualifying for sickness cash benefit was 15 net days. However, gender differences vary greatly between different country-of-birth regions. The differences between women and men are least among individuals born in Other European countries and greatest among those born in MENA including Turkey.



Selection and incentives

In Sweden, sickness absence is intimately linked with the business cycle – when sickness absence is low, unemployment is high and vice versa. This pattern is particularly visible in Nordic countries. Countries such as France, Great Britain and Germany exhibit no such pattern. The structure of social insurance in the different countries may provide a possible explanation (Swedish Social Insurance Board 2002b). There are two explanations for the negative connection between sicklisting and unemployment: 1) there is a selection effect among employers, 2) there is an incentive effect among employees (Arai and Skogman Thoursie 2004, Lidwall et al. 2004).

Selection in this context means that the composition of the workforce influences sickness absence. An employer who needs to lay off staff during an economic recession may be assumed to prefer laying off individuals with high sickness absence than individuals with low sickness absence. Since the above table shows that foreign-born people are generally sicklisted to a greater extent than native-born people, foreign-born people may thus be assumed to be the losers in this selection process. A less secure labour market position may also lead to a deterioration in health in the long run.

However, the incentive of employees to achieve low sickness absence may be stronger among those with insecure forms of employment. A person who has worked for a long time at the same workplace and who is therefore protected by the Security of Employment Act (1982:80 LAS) will have a lower incentive to maintain a low sickness absence. In 2002, 14.9 per cent of native-born employees and 22 per cent of foreign-born employees had temporary employment (the Integration Board 2005a). As demonstrated earlier in this chapter, it takes a long time for foreign-born people to gain entry to the labour market and the first introduction often takes the form of short-term employment. A study by Arai and Skogman Thoursie (2004) also reveals that people with short-term employment are sicklisted to a lesser extent than people with permanent tenure. If this circumstance were to apply equally to groups from different countries of origin, it would mean that foreign-born persons would to a greater extent avoid being sicklisted.

The negative connection between unemployment and sickness absence is thought to apply primarily to short-term sicklisting (Wikman and Marklund 2003). Indeed, long-term sicklisting might fluctuate positively relative to unemployment. For the private individual, unemployment itself could constitute a health risk. Nevertheless, the degree of labour market attachment could be used to explain sickness absence among different groups. For example, persons born in Somalia have a low level of employment (30 per cent) combined with a relatively low sickness index (22 net days). This may be explained by a selection process that entails

persons with certain characteristics from a particular group finding work and entering the labour market. In this example of individuals born in Somalia, the characteristics seem to be positive relative to sickness absence.

Another form of selection is when an individual is discriminated in the labour market because of his or her ethnic affiliation (Swedish Government Official Reports 2000:7). As mentioned in the introductory chapter, there are several studies touching on discrimination and a number of these are summarized in the report "Power, Integration and Structural Discrimination (Swedish Government Official Reports 2005:56). Among other things, we find discrimination based on employer preferences deriving from negative generalizations about an individual's origin (Le Grand et al. 2004).

Sickness and activity compensation

Below, we show the average number of paid net days with sickness and activity compensation during 2002 relative to the number of insured persons aged 19–64. All insured persons aged 19–64 may be granted sickness or activity compensation, even though a person must satisfy rather high requirements in order to qualify for the benefit. This means that persons not qualifying for sickness cash benefit are nevertheless included in this measure. The measure is called *periodized SA index* and is divided up as before by country-of-birth region. These values are also adjusted for age differences between groups.

	Women	Men	Total
Sweden	28.9	20.4	24.5
with two native-born parents	28.7	20.2	24.4
with one native-born, one foreign-born parent	28.1	19.6	23.7
with two foreign-born parents	30.3	24.6	27.4
Nordic countries excluding Sweden	44.8	36.5	41.0
of which Finland	47.0	41.4	44.5
EU-15 excluding Nordic countries	42.5	26.6	33.0
of which Greece	127.5	70.2	92.6
Other European countries	51.1	39.2	45.7
Sub-Saharan Africa	33.0	25.2	27.9
Asia excluding the Middle East	32.0	26.1	29.1
MENA including Turkey	54.9	42.6	47.3
of which Turkey	96.4	61.3	76.8
North America	20.1	15.1	17.3
South America	46.8	27.3	37.0
Oceania	15.9	6.3	10.8
Total	31.2	22.3	26.7

Note: Values are age-standardized using Sweden as reference, proportions of population insured aged 19–64.

SOURCE: SOCIAL INSURANCE AGENCY DATABASE, STORE

Periodized SA index in 2002. Per cent.

The periodized SA index for insured persons in Sweden was 26.7 net days in 2002, which was higher than the corresponding sickness index. In Sweden, on average, there are thus more paid net days with sickness and activity compensation (formerly disability pension) than with sickness cash benefit. Measured in the number of persons, however, the situation is reversed. In 2002, 18.3 per cent – nearly every fifth person among those qualifying for sickness cash benefit – received compensation at some time or other from the Swedish Social Insurance Agency in the form of sickness cash benefit, rehabilitation cash benefit or work-injury sickness cash benefit. 8.9 per cent of all insured persons aged between 19 and 64 received sickness or activity compensation in the course of the year.

As the table shows, persons born in Oceania and North America had a lower level of sickness and activity compensation than Swedish-born people in 2002. Otherwise, people from the other regions have a higher SA index than native-born people. The number of net days with sickness and activity compensation is highest among foreign-born people from MENA including Turkey, Other European countries and Nordic countries excluding Sweden. Benefit utilization by these groups is up to twice as high as that of native-born people. When individual countries within the various groupings are studied, the differences are even more striking. For example, persons born in Greece have an SA index more than 3.5 times higher than native-born people. However, for women the differences are even greater. Given the same age distribution as native-born women, Greek women have as many as 127.5 paid net days with sickness and activity compensation. Excluding Greece, EU-15 have a periodized SA index of 22.8, that is, lower than for native-born people. There may be several reasons why this group has both a lower sickness index and SA index than native-born people. One possible explanation is that it largely consists of labour immigrants with a generally higher level of education than average native-born people (for example, Ekberg and Gustavsson 1995).

The consequences of labour immigration

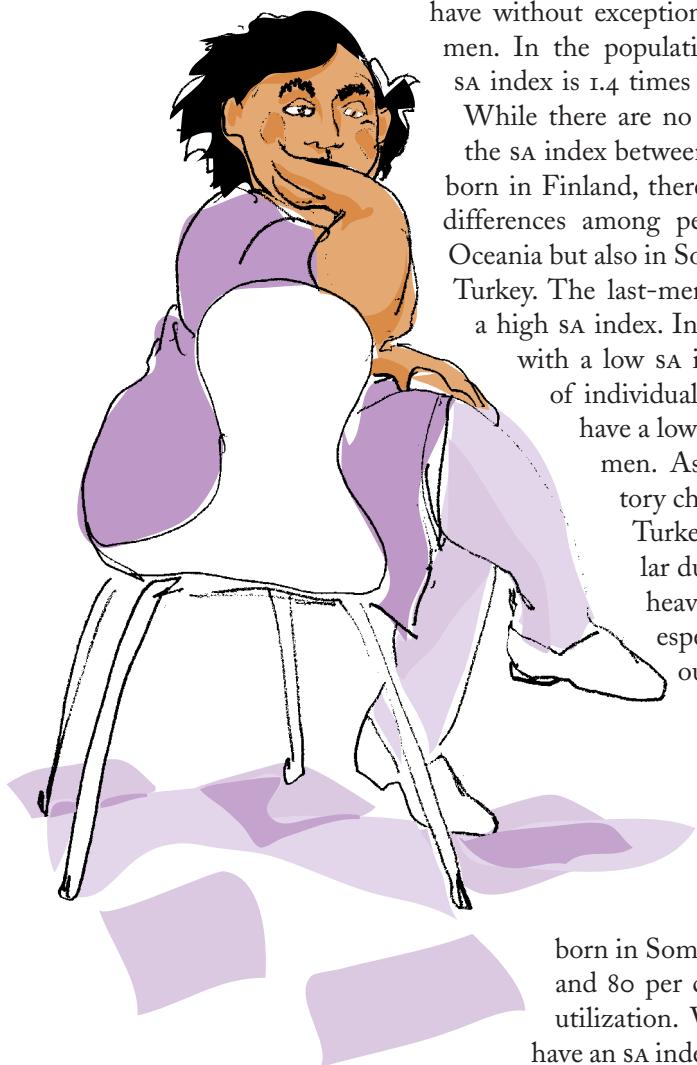
Typical for groups with a high SA index, especially those from Greece, Other European countries and Turkey, is that they to a very large extent came as labour immigrants during the 1960s and 1970s (the Swedish Institute of Public Health 2002). Many labour immigrants started work in the Swedish export industry. These often unqualified jobs with a problematical work environment are often cited as contributory factors to the over-representation of foreign-born people in sickness absence statistics (SNS 2002, Wadensjö 1996). For some labour immigrants, locking effects in the labour market can also constitute a problem, resulting ultimately in an increased risk of long-term sicklisting. In addition, there is a well-documented connection between long-term sicklisting and increased risk of disability pension (Andrén 2001).

The time of immigration of the individual and the state of the business cycle and labour market at the time probably exert an influence on today's outcomes as expressed in the varying levels of earlier retirement in the form of sickness compensation. This applies especially to refugee immigrants who do not have the same opportunities as labour immigrants to adapt their time of immigration to the state of the business cycle in the new country. Another explanation of the differences in the SA index, which has also been discussed in previous studies (SNS 2002), is that different notions of what constitutes a normal retirement age may influence the timing of an exit from the workforce. Individuals probably bring with them notions of when it is suitable to retire from working life based on the normal retirement age and life expectancy in their country of origin.

As in the case of sickness cash benefit, women have without exception a higher SA index than men. In the population as a whole, women's SA index is 1.4 times higher than that of men.

While there are no significant differences in the SA index between the sexes among people born in Finland, there are considerable gender differences among people born in, primarily, Oceania but also in South America, Greece and Turkey. The last-mentioned groups also have a high SA index. In country-of-birth regions with a low SA index, there are examples of individual countries where women have a lower level of utilization than men. As noted in our introductory chapter, the workforce from Turkey and Greece in particular during the 1970s had a very heavy workload and women especially lived a very strenuous life. This circumstance, together with the fact that these groups also include a certain proportion of family immigration may partly serve to explain the high SA indexes. Women

born in Somalia and Iraq have only 70 and 80 per cent respectively of men's utilization. Women born in Somalia have an SA index of 13.3 and Iraqi women



have an index of 22.8. These figures are thus significantly lower than those of Swedish-born women. However, Swedish-born women should not be seen as representing a desirable norm in this respect, nor do the SA indexes of Iraqi or Somalian women represent factual health status. These figures may perhaps be regarded as extremes deserving of further study. One reason for the Iraqi and Somalian women's SA index may be that they choose not to claim their "rights" or that they are quite simply unaware of them. Here, society has an important role to play.

Parents' country of origin is significant

There are also differences in the utilization of sickness insurance among those born in Sweden depending on the country of origin of their parents. A Swedish-born person with two foreign-born parents receives sickness and activity compensation to a greater extent than a Swedish-born person with at least one Swedish-born parent. A Swedish-born person with one foreign-born parent also has a somewhat lower SA index compared with a Swedish-born person with two Swedish-born parents, given the same age structure. When it comes to sicklisting, a Swedish-born person with two foreign-born parents is more vulnerable than one with a Swedish-born parent.

There can be many reasons why a Swedish-born person with two foreign-born parents utilizes sickness insurance to a greater extent than a Swedish-born person with at least one Swedish-born parent. However, few studies have been made of this group. Can it be that the discrimination found in the labour market is also reflected in the utilization of the insurance – the insurance that exists for those who cannot work due to ill health? To gain answers to these questions, more research is needed.

Large groups outside the labour market and sickness insurance

Hitherto, groups covered by sickness insurance have received attention. An individual's labour market attachment influences the outcome of compensated sickness in both positive and negative directions. Which direction dominates is difficult to determine, but there are strong indications that labour market attachment in itself plays a central role. But new statistics point to an exclusion largely ignored up to now. Large groups of foreign-born people stand outside the labour market while at the same time having no sickness insurance cover either.

	Women	Men	Total
Sweden	4.7	5.3	5.0
with two native-born parents	4.5	5.0	4.7
with one native-born, one foreign-born parent	6.8	8.0	7.4
with two foreign-born parents	8.6	10.1	9.4
Nordic countries excluding Sweden	7.5	9.8	8.5
of which Finland	5.4	7.3	6.2
EU-15 excluding Nordic countries	17.2	14.9	15.8
of which Greece	12.2	14.4	13.5
Other European countries	25.1	24.2	24.6
Sub-Saharan Africa	20.8	20.2	20.6
Asia excluding Middle East	29.0	23.1	25.7
MENA including Turkey	27.7	24.2	25.9
of which Turkey	17.6	13.4	15.4
North America	27.7	24.2	25.9
South America	14.0	13.7	13.9
Oceania	33.8	26.4	29.2
Total	6.6	6.8	6.7

Note: Proportion of population insured aged 19–64.

SOURCE: SOCIAL INSURANCE AGENCY DATABASE, STORE

Persons outside the labour market and sickness insurance in 2002. Per cent.

Among native-born people, five per cent do not qualify for sickness cash benefit and do not receive sickness and activity compensation. Thus, every twentieth native-born person may be considered to stand outside both sickness insurance and the labour market. The corresponding proportion for MENA including Turkey is 26 per cent. For individuals born in Somalia, it is 40 per cent and for persons in Sweden who were born in North America and Oceania, it is 26 and 29 per cent respectively. The figures change only marginally if individuals between 60 and 64 are excluded. In this group, there might otherwise be some with contractual pensions and disability pensions.

Apart from forecasts and surveys of different groups' utilization of the insurance that this table of "exclusion" automatically brings to mind, there is another important aspect to consider. Native-born people make up approximately five per cent, mainly comprising young people still studying or about to enter adult life. These explanations are presumably of secondary importance for middle-aged foreign-born individuals. There are no doubt several different explanations of exclusion. How well is social insurance adapted to helping an individual incapable of work become available to the labour market? If individuals covered by unemployment insurance are unable to work due to sickness, they have access to vocational rehabilitation arranged by the Swedish Social Insurance Agency. By contrast, there are individuals who have failed to establish themselves in the labour market and who, if they become incapable of work due to sickness, can-

not as a result receive the same support as insured persons qualifying for sickness cash benefit.

We get a complementary picture to the one so far described in this chapter if we examine how sicklisted persons *themselves* perceive their health, their workplace and their life situation. Gaining insight into sicklisted people's own perception of their situation may shed light on the causes and consequences of sickness absence and early retirement in the form of sickness and activity compensation. It is also important to discover what sicklisted persons themselves consider might facilitate a return to work. Sicklisted people are the only ones who can provide such information. Sicklisted people's own view of their situation is discussed in the following section.

How sicklisted people perceive their own situation

Very little research has been done on how sicklisted people themselves perceive their situation and in particular how foreign-born sicklisted people perceive their situation. How individuals perceive their ill-health status – whether or not this is based on a correct medical diagnosis – is likely to have significance for when or if such individuals will return to work. During 2002, the National Social Insurance Board (Swedish Social Insurance Board, now the Swedish Social Insurance Agency) conducted a questionnaire survey among sicklisted persons.

Questionnaire survey, RFV HALS

In order to learn more about how sicklisted persons themselves perceive their situation, the Swedish Social Insurance Board conducted a questionnaire survey during spring 2002 among sicklisted persons. This was done with the aim of gaining a picture of sicklisted people's own perception of their health, their reasons for being sicklisted and the possibility of a return to work. The sample for the survey consisted of 10,800 out of the 26,067 individuals aged 20–64 who started a new spell of sick leave during the period 14–27 January 2002. The questionnaire was answered by 6,171 persons, a response rate of 57.2 per cent. To reduce sampling error and non-response, the data has been weighted, among other things, for country of birth. Of those sicklisted persons who answered the questionnaire, there is information on country of birth for 6,118 of them. Of these, 5,400 are persons born in Sweden, 256 persons are born in other Nordic countries and 462 persons are born outside the Nordic countries.

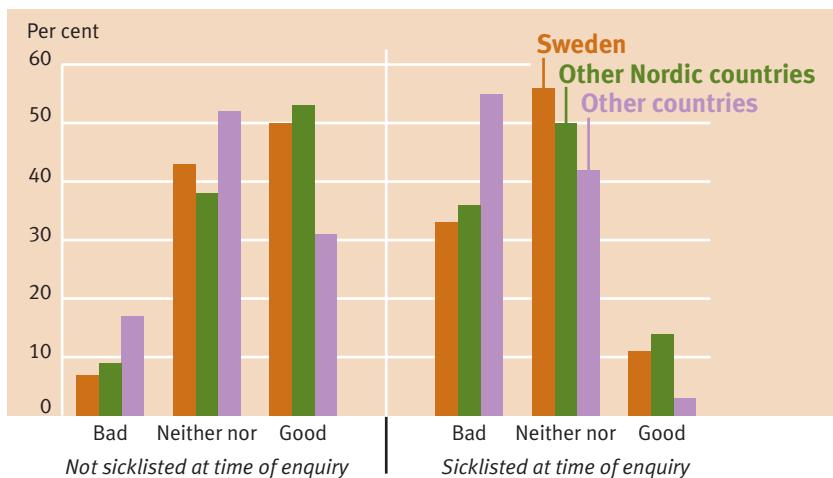
The questionnaire survey reveals that persons born outside the Nordic countries perceive their health to be bad to a greater extent than native-born persons. This still applies after controlling for sex, age, income,

sickness diagnosis, length of sicklisting and work environment factors (Analyserar 2005). Other surveys of foreign-born people in Sweden – not always sicklisted people, however – also show differences in self-reported health between foreign-born and native-born people (Vogel and Hjerm 2002, the National Board of Health and Welfare 2000, Swedish Social Insurance Board 1996a).

Self-reported health

Sicklisted people were asked to grade their perception of their general state of health using a ten-level scale (1=very bad health and 10=very good health). If the individual selects 1–3, he/she is judged to have bad health, 4–7 means neither good nor bad health and if the individual selects alternatives 8–10, this is taken to represent a good general state of health.

Self-reported health is a subjective assessment which, when used in statistical comparisons, requires that those making the self-assessment of their own health situation all use similar grounds for assessment. Due to gender, age or different social and cultural backgrounds, people may not have the same reference grounds for ill health and various types of illness. Nevertheless, self-reported health is a well-proven measure (the National Board of Health and Welfare 2000), and in many surveys foreign-born people report a worse state of health than native-born people. But even if foreign-born sicklisted people are assumed to have worse health, the questionnaire survey indicates that the average length of sicklisting is not any longer for them than for native-born people. But as was demonstrated in the preceding section, there are several groups of foreign-born people who to a greater extent become sicklisted, often also for longer periods than native-born people. Other studies, too, show foreign-born people have a higher sickness index than native-born people (Swedish Social Insurance Board 1996a, sns 2002, Working Life Facts 2003).



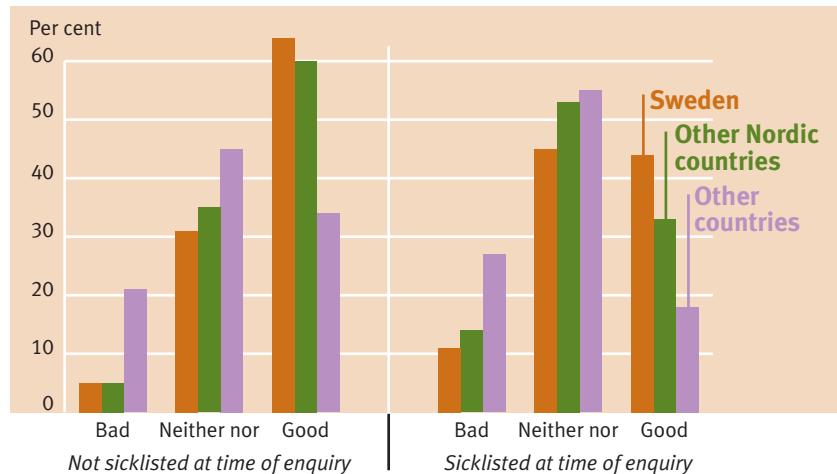
Self-reported health status of sicklisted persons. Per cent.

Many factors lie behind the differences in self-reported health. The differences may partly result from the individual's previous situation in the home country, difficulties arising in connection with migration or the reception in the new country, but may also stem from the individual's present situation in Sweden. Housing segregation, discrimination and long-term unemployment are factors that may have significance for how individuals report their state of health. A recent government investigation points to a possible connection between discrimination and physical and mental ill health. International research points unequivocally in that direction (Swedish Government Official Reports 2005:56).

An earlier study shows that there are differences in self-reported health both between different groups of immigrants and between immigrants and native-born Swedes. The report of the National Board of Health and Welfare investigates self-reported health among immigrants from Chile, Iran, Poland and Turkey. After taking into account different living conditions such as smoking, body weight and exercise habits, health differences between many groups of foreign-born people appear to diminish. When socioeconomic factors are also taken into account, health differences diminish even more. Nevertheless, in spite of everything, health differences between the groups still remain (the National Board of Health and Welfare 2000).

The questionnaire survey conducted by the Swedish Social Insurance Board also shows that people born outside the Nordic countries are more likely to have a pessimistic view of their future health. Of the people in this group who were still sicklisted when they answered the questionnaire, 27 per cent believe their future health will be bad. The corresponding proportion among native-born people is 11 per cent. These differences

in notions of future health still remain after controlling for sex, age, income, sickness diagnosis, length of sick leave and work environment factors (Analyserar 2005). This is a disheartening result. Previous research has shown that people's notions about their future health and their future situation have a high prognostic value (Swedish Government Official Reports 2002:5). If this is true, a pessimistic view of future health may influence when or whether the individual returns to work.



Self-reported health status in a year's time among sicklisted people. Per cent.

Since many people born outside the Nordic countries judge their present and future health to be bad, it is not surprising that four out of ten of the foreign-born respondents still sicklisted when they answered the questionnaire believe they will never again go back to working their normal working hours. "Normal working hours" refers to the number of hours worked by the person before sicklisting began. Of the native-born sicklisted people, just over two out of ten believe they will be unable to start working their normal working hours again.

It also appears that foreign-born sicklisted people to a greater extent would like to have disability pension full-time or part-time compared with native-born sicklisted people. Also worth noting is the fact that sicklisted people born in Nordic countries excluding Sweden perceive their health to be relatively good, but to a large extent wish to become disability pensioners and usually believe they will never return to normal working hours again.

	Sweden	Other Nordic countries	Other countries
<i>Assessment of chance of starting to work normal working hours</i>			
Within 1 year	65	48	48
Longer than 1 year	12	(10)	(13)
Never	23	42	39
<i>Wants to retire early with disability pension</i>			
Yes, either full-time or part-time	18	33	27
No	82	67	73
Note: Brackets indicate that the number of observations is lower than 30 and the proportion should therefore be interpreted with caution. Even when logistical regressions test for gender, age, income, sickness diagnosis, length of sick leave and work environment factors, there are significant differences between native-born and foreign-born persons.			
SOURCE: RFV HALS 2002, RFV-LS			

Future assessment among sicklisted people. Per cent.

It is important to ask ourselves what causes foreign-born people to wish to exit the labour market via a disability pension. Since foreign-born sicklisted people are a heterogeneous group of individuals, there are presumably several explanations. Apart from the significance of health itself, obstacles in the labour market may play an important role. Changing the work situation is often a prerequisite for the sicklisted person being able to return to work. Immigrants often find it harder to switch jobs and to find jobs that match their worklife experience and educational level (Swedish Government Official Reports 2005:41). Foreign-born people also have on average a weaker network of contacts in the labour market than native-born people (Swedish Government Official Reports 2005:56). A further problem that foreign-born people experience is the discrimination that exists in the Swedish labour market (Swedish Government Official Reports 2005:41).

A previous study reveals that long-term sicklisted foreign citizens from Asia, Africa and Southern Europe receive vocational rehabilitation to a lesser extent than others. One cannot rule out the possibility that this is a question of unjustified special treatment due to their foreign background (Swedish Social Insurance Board 1996a). A difficult labour market in combination with a lack of necessary assistance may affect an individual's motivation to return to work. Throughout the 1990s, the risk of being granted disability pension was also higher for foreign-born people than for native-born people and variations are likely to be closely linked to occupational affiliation, work environment and working conditions.

Work environment and social support

Other studies have shown that foreign-born people have a less satisfactory work environment than native-born people (Swedish Government Official Reports 2005:56, Vogel and Hjerm 2002). This bears out the results from the Swedish Social Insurance Board questionnaire survey. For individual employees, a bad working environment can mean an increased risk of ill health. A typical way of measuring the self-perceived psychosocial work environment is to use a model that was introduced by Karasek in the late 1970s. The central features of the model are the demands, control or influence individuals experience in their work. High psychological demands mean work that demands a considerable effort, requiring individuals to work fast and hard while at the same time the time assigned for performing job tasks is inadequate. Low control means that individuals cannot influence their work situation and feel a low level of motivation in their work. Different combinations of demand and control at work result in different types of perceived psychosocial work environment.

According to the model, strenuous work constitutes a risk for ill health. Persons with high-strain job assignments have high psychological demands and low control of their work situation. Active work means high demand and high control at work. The third type of psychosocial work environment is made up of passive jobs, i.e. low demand and low control, while low-strain work means low demand and high control (Karasek and Theorell 1990). According to the model, low-strain work should constitute the lowest risk for ill health. It is most usual among foreign-born and native-born sicklisted people to have an active job. However, it is much more common for sicklisted persons born outside the Nordic countries to have high-strain work than it is for native-born sicklisted people (29 and 16 per cent respectively). To have high-strain work increases the risk of long-term sicklisting (Swedish Social Insurance Board 2003b).

That foreign-born sicklisted people to a large extent have strenuous jobs may depend on occupational affiliation. Persons who were labour immigrants to Sweden from the 1950s to the early 1970s often entered low-qualified occupations that were monotonous and repetitive (Swedish Government Official Reports 2005:56). Also immigrants from Finland, Southern Europe, Eastern Europe and one other group of immigrants (mainly refugees) state they have monotonous jobs (the Swedish Institute of Public Health 2002).

Work environment and social support

The various types of psychosocial working conditions are measured with the aid of 11 survey questions put to the respondent. On the basis of these questions, various indexes are calculated. The values assigned to the individual in different index combinations indicate what type of psychosocial work environment the individual experiences at work. Physical work environment and social support are also calculated indexes based on a number of questions in the questionnaire (9 and 6 questions respectively) that are put to sicklisted persons.

	Sweden	Other Nordic countries	Other countries
<i>Physical work environment</i>			
Good	67	59	58
Bad	33	41	42
<i>Psychosocial work environment</i>			
Active work	53	49	46
Low-strain work	24	25	17
Passive work	7	(6)	8
High-strain work	16	20	29
<i>Social support at the workplace</i>			
Good	81	81	64
Bad	19	19	36
Note: Brackets indicate that the number of observations is lower than 30 and the proportion should therefore be interpreted with caution. There are also significant differences in psychosocial work environment and social support between native-born persons and persons born outside the Nordic countries after controlling for sex, age, income, length of sick leave and sickness diagnosis.			
SOURCE: RFV-HALS 2002			

Work environment according to sicklisted people. Per cent.

Strong social support at the workplace means an atmosphere of solidarity, work colleagues who stick up for each other, a good relationship with the boss and good relations with work colleagues. As regards social support at the workplace, there are clear differences between foreign-born and native-born sicklisted people. Among sicklisted people born outside the Nordic countries, 36 per cent state they have poor social support at their workplace. The corresponding proportion for native-born sicklisted people is 19 per cent. Having good social support at work is important in reducing the risk of work-related ill health (Karasek and Theorell 1990, Hagberg and Höglstedt 1991, Swedish Social Insurance Board 2003b). The Swedish Social Insurance Board questionnaire survey also shows that people born outside the Nordic countries say that work conditions are

the reason for sicklisting to a greater extent than native-born people. Another study that examined 4,402 immigrants from 19 different countries revealed that 26 per cent of immigrants had experienced discrimination in the workplace. To experience discrimination does not necessarily mean the same thing as discrimination as defined by the law, but it is still a clear indication that discrimination in various forms does occur (Swedish Government Official Reports 2005:56).

Measures to promote a return-to-work

Contacts with the Swedish Social Insurance Agency and the support insured persons feel they receive from it are important factors in facilitating a return to work. Of sicklisted persons born outside the Nordic countries, 33 per cent state that have been in contact with the Swedish Social Insurance Agency to discuss their sickness absence. According to the sicklisted persons, regardless of country of birth, it is usually the individuals themselves who take the first steps to establish contact with the Swedish Social Insurance Agency. Even after controlling for sex, age, income and sickness diagnosis, it appears that sicklisted people born outside the Nordic countries to a greater extent make contact with the Swedish Social Insurance Agency to discuss their situation (Analyserar 2005).

	Sweden	Other Nordic countries	Other countries
<i>Contact with Swedish Social Insurance Agency</i>			
Yes	22	25	33
No	78	75	67
<i>Received enough help to be able to return to work</i>			
Yes, to a large/some extent	53	52	46
No, hardly any/not at all	22	23	37
Didn't need help	25	25	17
Note: There are also significant differences between native-born persons and persons born outside the Nordic countries after controlling for sex, age, income, length of sick leave and sickness diagnosis.			
SOURCE: RFV-HALS 2002			

Support and contact according to sicklisted people. Per cent.

Almost four out of ten sicklisted persons born outside the Nordic countries say they have not received the help they would need to be able to return to work. This is disconcerting, since many foreign-born people say that help and support from the health-care services and the Swedish Social Insurance Agency is of crucial importance for their return-to-work.

For many sicklisted people, some form of programme must be implemented if they are to be able to return to work. For some, moreover, reha-

bilitation measures and the efforts of many different actors are necessary. The importance of the interaction between individual, health care services, employer, occupational health care and the Swedish Social Insurance Agency cannot be over-emphasized. The following table shows that many sicklisted people need help and support from health care services, the Swedish Social Insurance Agency and the Employment Office in order to start working once again.

	Sweden	Other Nordic countries	Other countries
Help and support from medical services	43	45	58
Help and support from Soc. Ins. Agency	28	33	50
Help and support from work colleagues	35	37	48
Changed work situation	37	45	52
Better atmosphere at work	26	32	47
Change of workplace	18	25	30
Help and support from Employm. Agency	12	13	29

SOURCE: RFV-HALS 2002, RFV-HALS 2003

Factors that have a large or decisive significance for a return-to-work – among sicklisted people. Per cent.

Almost six out of ten of sicklisted people born outside the Nordic countries state that help and support from the medical services is of large or decisive significance for being able to return to work. Among native-born sicklisted people, just over four out of ten say the same thing. There are also differences between foreign-born sicklisted people and native-born sicklisted people in regard to the significance of help and support from the Swedish Social Insurance Agency. People born outside the Nordic countries state more often that they need help from the Swedish Social Insurance Agency to be able to return to work.

One reason that more sicklisted people born outside the Nordic countries need additional help and support from the Employment Agency is that there are significantly more unemployed sicklisted people among these groups. Of those born outside the Nordic countries, 30 per cent state that a change of workplace has a large or decisive significance for starting work again. This also explains the fact that foreign-born people say support from the Employment Agency is important. Among native-born people, only 18 per cent say that a change of workplace is important for their return to work. In general, the results show that sicklisted people born outside the Nordic countries experience to a greater extent than native-born people the need for programmes and support from the various actors involved in sicklisting.

According to the questionnaire survey, it is more common for sicklisted people born outside the Nordic countries to feel that their health

problems are not taken seriously by the various actors. Of sicklisted people born outside the Nordic countries, 35 per cent state that their employer has not taken their health problem seriously. A previous study examined whether different groups of foreign-born people experienced discrimination in their contacts with the medical services and other authorities. It was primarily in their contacts with local social welfare offices and banks that foreign-born people felt they were treated somewhat worse or much worse than Swedes. As mentioned in the introductory chapter, 12 per cent of foreign-born respondents taking part in the survey felt that the Swedish Social Insurance Agency treated them in a discriminatory manner (Lange 2000).

	Sweden	Other Nordic countries	Other countries
Medical care services	14	15	30
Employer	21	24	35
The Swedish Social Insurance Agency	14	20	27

SOURCE: RFV-HALS 2002

The health problems of sicklisted people are not taken seriously. Per cent.

In another study investigating the power play between foreign-born people and case workers at the Swedish Social Insurance Agency, two central aspects crucial to the meeting between the two parties is discussed. One aspect is the individual's motivation and will to start working again, and the other is the individual's specific situation. The ability of insured persons to understand and communicate with the Swedish Social Insurance Agency on its own terms may be seen as an important resource in their interaction with the case worker. An understanding of the case worker's perspective may reduce the distance between client and case worker and make the client feel well-treated and understood (Jonsson 1997).

The personal reception and the individual's sense of not being worth any effort may result in lower self-esteem, weaker motivation and less personal initiative to attempt to return to work (Alexanderson et al. 2005). The questionnaire survey makes it possible to study how sicklisted people experience the manner in which they are treated by the medical services, their employer and the Swedish Social Insurance Agency. There are certain differences in the way foreign-born and native-born sicklisted people perceive their treatment by different actors. However, these differences are not statistically significant. The questionnaire survey reveals that 14 per cent of sicklisted people born outside the Nordic countries have experienced insulting treatment by the Swedish Social Insurance Agency and 20 per cent have experienced insulting treatment by their employer during the period of sickness absence. Several other studies discuss how

treatment by professional actors crucially affects the ability of sicklisted persons to be motivated and want to return to work (Östlund et al. 2001, Svensson et al. 2003, Alexanderson et al. 2005).

No job – no insurance

Even though foreign-born people constitute a heterogeneous group of persons with backgrounds from different countries and even though they came to Sweden for a wide variety of reasons, there are distinct differences between foreign-born and native-born sicklisted people. What lies behind such differences?

Many problems in society are linked to the difficulty of finding a new job, or any work at all. The obvious price of failure is unemployment. In some cases, for a short-term spell, in the worst case, in the form of permanent social exclusion. In a situation where one's health is failing, this also means there will be no compensation from the sickness insurance system (or it will be paid out at a minimum level). Without work, no right to compensation. If the chances of finding a new job are limited, the risk of dismay and frustration is great. Being tied to strenuous work may also involve a greater risk of work injuries. In this chapter, many explanations have been discussed, relating both to attitudes and to structures (which naturally play an important part) but in the last resort what matters to the individual is the availability of work.



Factual ill health is naturally also of significance. Previous studies have demonstrated that the health of foreign-born people is generally inferior to that of native-born people. The present study also shows that foreign-born people have a much poorer view of their own health than native-born people as well as a higher sickness index and SA index. Nevertheless, it is hard to find any direct link between ill health and compensated ill health. For example, women from Iraq were singled out in a report from the Swedish Institute of Public Health as being particularly subject to cardiovascular diseases but they have one of the lowest sickness indexes in the group MENA including Turkey – 28.5, only slightly higher than native-born women. Women from Africa and Finland with the highest propensity for psychological illnesses also have only a slightly higher sickness index than native-born women. However, on the whole, it seems that the health of both insured people and people qualifying for sickness cash benefit is worse among foreign-born people. Under the circumstances, it is natural that foreign-born people are more often sicklisted and receive sickness and activity compensation to a greater extent than native-born people. That is what the insurance is for.

As this chapter has shown, not all people have access to the insurance and, in addition, there is a high degree of social exclusion – 5 per cent of native-born people may be said to be excluded from both labour market and sickness insurance, while the corresponding proportion is as much as 25.9 per cent for people from MENA including Turkey. These figures are astounding and surely indicate a prioritized group for future measures. It would seem that Swedish society is characterized by segregation, social exclusion and marginalization. There also seems to be a connection between discrimination and physical and psychological ill health, which can result in sicklisting and in large numbers of people living off disability pensions.

Differences in the situations of foreign-born and native-born people also reflect social processes of higher and lower hierarchies in the labour market and in working life. The fact that sicklisted foreign-born people are to a greater extent unemployed, work in a bad psychosocial work environments and receive poor social support in their workplaces is presumably a symptom of this situation. Despite methodological difficulties in empirically ascertaining the existence of discrimination in the labour market, most people agree that it exists. Structural discrimination means that people are valued differently according to sex, ethnicity or religious affiliation, and the chances of being selected or rejected is a foregone conclusion. This a problem of democracy for the whole of society.

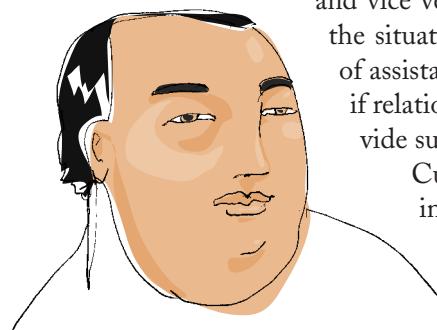
Disabled and foreign-born

Having a disability can sometimes cause problems. Several studies have shown that people with disabilities have a poorer labour market attachment, find it difficult to participate in and influence society and are not always treated appropriately by the authorities. These descriptions also largely apply to people with a foreign background. The combination of having a disability and having immigrated to Sweden is therefore sometimes discussed in terms of "double exposure" or a "double challenge" (SIOS 1998, Swedish Government Official Reports 1998:139).

The combination of having immigrated to a new country and having a disability can give rise to a situation that is different from that of either being foreign-born *or* having a disability. It is reasonable to assume that exclusion on one count, for example, having an immigrant background,

will reinforce the lack of participation due to disability, and vice versa (Bohlin, M 2002). For example, the situation of a person needing a great deal of assistance in daily living may be aggravated if relations and family are not at hand to provide support in the new country.

Current knowledge is limited concerning foreign-born persons with disabilities. Research and studies so far have largely dealt with either ethnicity or disabilities. Disabilities have been a blind spot within ethnicity research while ethnicity has been an uncharted area within



disability research (Calbucura 2000). The access that people who are both disabled and foreign-born have to various forms of support from society is thus a relatively unexplored issue. Very few studies exist, and knowledge is even more limited when it comes to the role of the Swedish Social Insurance Agency in this context.

The Swedish Social Insurance Agency has therefore conducted an important preliminary survey of how foreign-born persons utilize benefits specifically aimed at persons with disabilities. The Swedish Social Insurance Agency has also conducted an interview survey where eight foreign-born persons with disabilities are questioned about their experiences of meetings with the authorities. All these people are currently receiving or have applied for disability allowance. Do foreign-born persons feel they receive full information about the various benefits that are available to

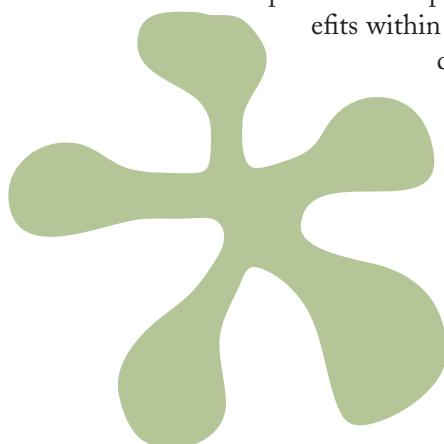
them? And do they feel they receive the assistance they need to apply for these benefits? These are the questions we focus on in this chapter of the Social Insurance in Sweden 2005.

Support for people with disabilities

The goal of Swedish disability policy is that people with disabilities should be able to participate in the different activities of society on equal terms with other people. In the final analysis, disability policy is a question of democracy – all citizens have certain rights and obligations. Society should be adapted so that everyone has the opportunity to participate, regardless of disability (Government Bill 1999/2000:79). For many people with disabilities, making the physical environment accessible may be enough to facilitate participation in the life of society. Other people may require further support in order for their needs to be met, for example transportation service or personal assistant. The Swedish Social Insurance Agency is one of several authorities responsible for society's support to people with disabilities.

The group referred to in this chapter as "people with disabilities" are those who have been granted assistance allowance, disability allowance or care allowance, all of which are administered by the Swedish Social Insurance Agency. In other words, classification of the group of people is based on an administrative definition of disability. There are other methods of determining who has and has not a disability and, depending on the method employed, the size of the group varies. It should also be em-

phasized that people with disabilities also utilize other benefits within the social insurance system. The benefits in question are described in more detail in the following fact boxes.



Assistance allowance

Assistance allowance is designed to give persons with severe disabilities the financial means to employ a personal assistant, either directly or via an intermediary. The fundamental aim is to provide the most customized support possible, optimizing the individual's influence over the kind of support chosen. This is partly accomplished by allowing the individuals often to act as supervisors of their assistants. The allowance is granted in the form of a certain number of assistant hours that the individual may use over a given period of time. There is no ceiling set for the allowance, the number of hours granted being, in principle, unlimited.

For assistance allowance to be granted, individuals must be in need of help with their basic requirements for more than 20 hours a week. There is no lower age limit for the allowance even though it is unusual for the allowance to be granted to very young children. Assistance allowance may not be granted after the age of 65, but people who received the allowance previously may retain it even after their 65th birthday.

In addition, the individual must belong to one of three disability categories described in the Act on Support and Services to Certain Disabled Persons (LSS,1993:387):

Category 1 comprises persons with learning disabilities, autism or autism-like conditions.

Category 2 comprises persons who as adults have suffered permanent and significant cognitive disabilities as a result of external trauma or physical illness.

Category 3 comprises persons with other lasting physical or psychological disabilities not obviously the result of normal ageing, if these are severe and give rise to serious difficulties in coping with daily living and thus call for extensive support and services.

Disability allowance

Disability allowance may be granted to persons who due to their disability need help in order to cope with activities of daily living or incur major additional costs. Additional costs include items such as costs for medicine, wear and tear on clothing, or journeys. The allowance consists of three set levels: 36, 53 or 69 per cent of the price base amount per annum. In practice, this means the allowance (in 2005) ranges between approximately SEK 1,180 and 2,270 per month. Disability allowance may be granted from the age of 19 onwards and the disability must have arisen before the person reached the age of 65.

Care allowance

Care allowance is granted to parents who take care of a seriously ill or disabled child. There is a two-fold objective – partly to compensate the work of caring and attending performed by the parent, partly to compensate additional costs resulting from the child's illness or disability. Care allowance may also provide compensation for part of the income loss occasioned by the child's need of care and attention if a parent is obliged to refrain, wholly or in part, from gainful employment. However, the assessment of the right to care allowance involves no means test so in theory both parents can work full-time and still receive care allowance for their disabled child. As with disability allowance, care allowance is calculated on the price base amount. Care allowance may be granted at four different levels, one-quarter, one-half, one-third or full care allowance. Full care allowance is 250 per cent of the price base amount per annum, which amounted to approximately SEK 8,200 per month in 2005.

These three allowances are not the only ones that can be granted to people with disabilities. Other authorities, primarily the municipalities, share the responsibility for society's support to people with disabilities. People who do not meet the criteria in the fact boxes may receive support from the municipality, for example, in the form of personal assistance or home help service.

Common to all three compensations is the fact that they focus on disabled people's practical requirements and need of care. This means being able to carry out fundamental actions of daily living such as eating, personal hygiene, etc, but it also means being able to participate in social life. The benefits are thus of great importance for achieving the objectives both of disability policy and integration policy – equal opportunities and participation in social life.

Another common denominator of the three allowances is the large element of individual assessment. When a person applies for an allowance, the case worker conducts a thorough investigation of the person's needs. The person's total life situation is often relevant to the assessment. It may be a matter of family situation, housing adaptation, physical aids, the nature of the disability, how long it takes to perform various activities of daily living, etc. The case worker is often obliged to ask detailed questions about an individual's most intimate needs and this is sometimes perceived as a breach of personal integrity by those applying for the allowance (for example, Swedish Social Insurance Board 2002e). It also means case workers have broad latitude in making assessments, increasing the risk of non-uniform implementation (Swedish Social Insurance Board 1998).

People with support from social insurance

In this section, we give a first brief overview of the number of persons with access to assistance allowance, disability allowance or care allowance. As well as the number of persons, we present the proportion of the population receiving one of the allowances in question. Results are reported by region of birth (see the introductory chapter for a more detailed description). In this chapter, two regions – Oceania and North America – have been excluded since they contain too few observations.

The data used is drawn from the payments register of the Swedish Social Insurance Agency and thus includes all people receiving one or other of the allowances under discussion during December 2002. Adult and child recipients of allowances are reported separately. The reason for this is that there are two divergent methods of approach to the survey. In the case of adults, results are reported according to their own region of birth. On the other hand, results for children are reported according to their parents' region of birth. In other words, the children may have been born in Sweden or abroad. Several studies have shown that extensive resources are required on the part of disabled people or their family members in order to gain information about different support schemes and to submit an application for these. So in the case of children, parents' resources are important.

Adults with disabilities

The following table shows the number of adult recipients of assistance allowance subdivided according to region of birth. The number of persons receiving the allowance is shown together with the proportion of each population. The latter refers to the proportion of the population receiving assistance allowance subdivided according to region of birth.

Region of birth	Number of recipients			Proportion of each population, per cent
	Women	Men	Total	
Sweden	3,874	4,190	8,064	0.12
Other Nordic countries	176	155	331	0.11
EU-15 excluding Nordic countries	30	49	79	0.09
Other European countries	93	121	214	0.13
Sub-Saharan Africa	17	24	41	0.13
Asia excluding Middle East	27	29	56	0.09
MENA including Turkey	90	137	227	0.14
South America	29	29	58	0.14

Note: Adults with assistance allowance refer in the table to persons above the age of 18.
Proportions of populations have been age-standardized.

SOURCE: SOCIAL INSURANCE AGENCY DATABASE, STORE

Adults with assistance allowance in 2002.

There are certain minor differences in the prevalence of assistance allowance among people from different regions of birth. The proportion with assistance allowance is highest among people born in South America and in MENA including Turkey, while it is lowest among persons born in EU-15 excluding Nordic countries, and in Asia. However, it should be emphasized that relatively few people receive assistance allowance and the number of persons is therefore small in some regions of birth. This means that even small changes in the number of recipients can have a large effect on the proportions of people with assistance allowance from a given region of birth. If, for example, ten additional persons from sub-Saharan Africa receive assistance allowance, the proportion increases from 0.13 to 0.15. From now on, therefore, figures where the base consists of fewer than 30 persons will be placed within brackets. However, even figures in brackets are correct since we are surveying the *whole* of the population that receives one or other of the allowances concerned.

The following table shows that also in the case of disability allowance there are certain differences according to region of birth. The proportion of recipients of disability allowance is somewhat higher among persons born in Other European countries and in MENA including Turkey, while it is somewhat lower among persons born in EU-15 excluding Nordic countries and in Asia. So are the results in the tables reasonable or not? Does a higher proportion within a certain region of birth mean that more people receive the allowance than is justified? Or does it mean that a relatively large number of people from that particular region of birth are disabled?

Region of birth	Number of recipients			Proportion of each population, per cent
	Women	Men	Total	
Sweden	28,855	24,340	53,195	0.79
Other Nordic countries	1,512	948	2,460	0.79
EU-15 excl. Nordic countries	309	257	566	0.56
Other European countries	757	646	1,403	0.84
Sub-Saharan Africa	104	126	230	0.68
Asia excluding Middle East	153	156	309	0.58
MENA including Turkey	478	762	1,240	0.84
South America	160	172	332	0.77

Note: Disability allowance refers in the table to persons aged 16 and older, which was the age limit applying in 2002. Proportions of populations have been age-standardized.

SOURCE: SOCIAL INSURANCE AGENCY DATABASE, STORE

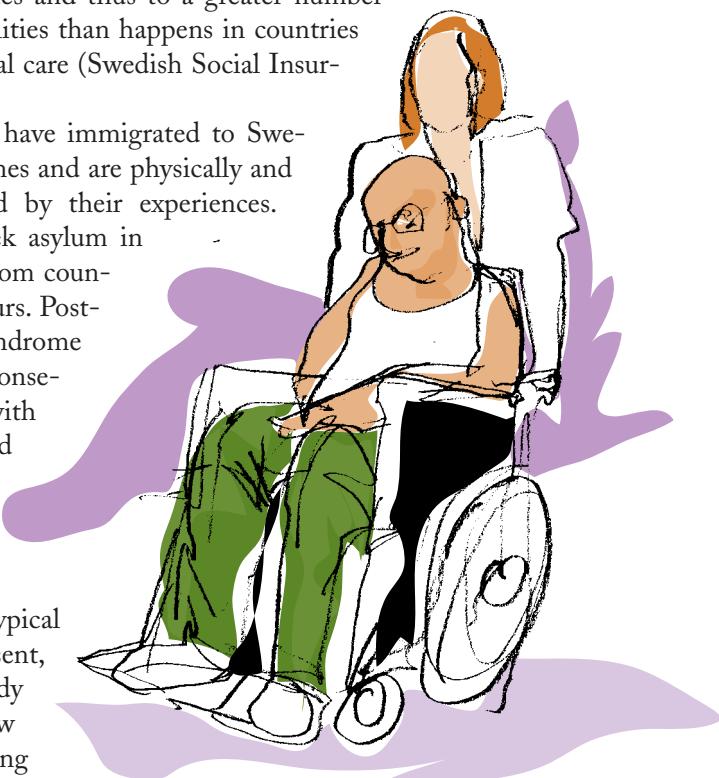
Adults with disability allowance in 2002.

On the strength of available statistics, it is impossible to answer the question as to whether the results are reasonable or not, because we do not know what proportion of each region of birth actually meets the criteria for entitlement to compensation. Even a high proportion of benefit recip-

ients within a region of birth may be "too small" in relation to the number of people who are in fact entitled to support. One way of reasoning is to start out from the target group that might be considered to qualify for the benefits in question, namely, "people with disabilities". However, this is not as simple as it sounds. The dividing line between people who are disabled and those who are not cannot be easily drawn. There are different ways of separating off the group of people with disabilities. The number of people with disabilities in the population varies according to the method used.

In the chapter on ill health, we saw that it was more common for foreign-born people to have reduced work capacity due to sickness. Several studies confirm that foreign-born people have inferior health to people born in Sweden (for example, Statistics Sweden 2002a). It is also known that many immigrants and refugees come from countries where the incidence of diseases causing disability is higher than in Sweden. The reasons for this may vary, but here we can mention home-country environments with low socio-economic status, inadequate preventive health care, and diseases such as polio and tuberculosis (Bohlin, M 2002). By contrast, advanced medical care could mean that people with severe disabilities survive to a greater extent than would otherwise be the case. Premature birth care in Sweden may result in the survival of children born with severe injuries and thus to a greater number of children with disabilities than happens in countries with inadequate medical care (Swedish Social Insurance Board 2001c).

Many people who have immigrated to Sweden come from war zones and are physically and psychologically marked by their experiences. Among those who seek asylum in Sweden, many come from countries where torture occurs. Post-traumatic stress syndrome (PTSD) is a typical consequence for people with experience of war and torture. Nightmares, insomnia, depression, memory problems or problems with social contacts are typical symptoms. At present, there is no common body of knowledge on how prevalent PTSD is among



refugees in Sweden. However, a few studies exist indicating that it is relatively common among refugees from certain countries, such as Iraq, Kosovo and Bosnia. The Swedish Integration Board refers among other things to a doctoral dissertation by Hans Peter Søndergaard according to which PTSD occurred among one-third of the participants in a study of newly-arrived refugees from Iraq (the Swedish Integration Board 2003).

One might perhaps expect that people who have immigrated from war-ravaged countries would utilize assistance allowance, disability allowance or care allowance to a greater extent than people from other countries. On the other hand, it is not self-evident that people with PTSD meet all the criteria necessary to qualify for the relevant allowances, and especially not when it concerns assistance allowance, since the individual must have a comprehensive need of help with daily living activities in order to receive the compensation. Nor does the fact that a country or region is in the throes of war tell us much about the incidence of disability among those who have made it to Sweden. It is possible that only persons with relatively mild disabilities have had the opportunity to emigrate.

The deciding factor in the assessment of the right to those compensations we analyze in this chapter is the nature of *the consequences* of the individual's disability for everyday living. These consequences depend on a whole range of factors, such as type and degree of disability, family situation, employment, leisure interests, adaptation of accommodation, technical aids, etc. How active the individual is may also play a role, since an active life may create a need of further assistance. The Swedish Social Insurance Agency's assessment of a person's practical requirements is founded on individual circumstances. These circumstances may also vary according to age, sex or country of birth, etc. It is therefore difficult to draw any conclusions from the observed discrepancies in the granted support.

Children with disabilities

In the survey of support for children with disabilities, the results are based on the parents' region of birth. This means that some of the children are Swedish-born. The parents' region of birth is used as the point of departure on the assumption that parents' knowledge of the availability of support may be influenced by language skills and knowledge of the rights of people with disabilities.

As in the case of children with assistance allowance, we see a low number of persons within many regions of birth. Lowest is *the proportion* of the population of children whose parents were born in other Nordic countries and EU-15 excluding Nordic countries. In addition, *the number* of children with parents from these regions of birth is low, despite the fact that a large proportion of immigrants to Sweden come from precisely these regions. Highest is the proportion of children with assistance

allowance whose parents were born in sub-Saharan Africa, the proportion being twice as large as for children with one or both parents born in Sweden. Other European countries and MENA including Turkey also have relatively large proportions with assistance allowance. Why is this? In contrast to people who have immigrated from Nordic countries and EU countries, who often came as labour migrants, persons from these regions have more often experienced war and persecution. Perhaps that is a factor influencing the incidence of disabilities among children of foreign-born parents coming from different regions. A closer examination of the countries included in the various regions confirms such a conclusion. In the region of sub-Saharan Africa, Somalia is the country where the majority (51 per cent) of children's parents were born. For Other European countries, 80 per cent of the children have parents born in former Yugoslavia. And in the case of MENA including Turkey, almost all parents come from Iraq, Lebanon, Iran or Turkey.

Parents' region of birth	Number of children with assistance allowance			Proportion in each population, per cent
	Girls	Boys	Total	
Sweden	601	746	1,347	0.09
Other Nordic countries	5	7	12	(0.08)
EU-15 excl. Nordic countries*	–	–	–	–
Other European countries	24	32	56	0.17
Sub-Saharan Africa	13	20	33	0.18
Asia excluding Middle East	5	10	15	(0.12)
MENA including Turkey	49	59	108	0.15
South America	2	7	9	(0.10)
Foreign-born parents from various regions	5	11	16	(0.10)
One Swedish-born and one foreign-born parent	89	112	201	0.09

Note: The table refers to children with assistance allowance up to the age of 17. The table includes children who have two parents registered in Sweden. The proportion of the population has not been age-standardized since the number of children with assistance allowance is low in several regions of birth. The figures in brackets indicate that the number of observations is lower than 30.

* EU-15 excluding Nordic countries has too few observations for the results to be reported.

SOURCE: SOCIAL INSURANCE AGENCY DATABASE, STORE

Children with assistance allowance in 2002.

Parents of disabled children may also be granted care allowance if the child's need of help in daily living is sufficiently great or if additional costs have arisen due to the child's disability. Compared with assistance allowance, the disability need not be as extensive. During the 1990s, for example, it became increasingly common for parents of children with ADD/ADHD and 'DAMP' (a Scandinavian diagnosis) to receive care allowance at one-fourth level. The fact that more boys than girls are diagnosed

with ADD/ADHD, etc, is one of the main reasons why more boys than girls receive care allowance (Swedish Social Insurance Board 2003d). The discrepancy between the number of girls and boys varies according to regions of birth, as seen in the following table.

The table shows that children whose parents were born in EU-15 excluding Nordic countries account for the lowest proportion of recipients of care allowance. The proportion with care allowance is highest for children of Swedish-born parents, where the proportion is almost four times as high as for children whose parents were born in EU-15 excluding Nordic countries. Variations between the different regions of birth are thus considerably greater in the case of children with care allowance than in the case of other allowances included in the study.

Parents' region of birth	Number of children with care allowance			Proportion of each population, per cent
	Girls	Boys	Total	
Sweden	9,862	16,495	26,357	2.04
Other Nordic countries	94	164	258	1.52
EU-15 excl. Nordic countries	10	16	26	(0.56)
Other European countries	171	224	395	1.10
Sub-Saharan Africa	123	251	374	1.66
Asia excluding Middle East	69	97	166	1.29
MENA including Turkey	407	571	978	1.22
South America	48	116	164	1.80
Foreign-born parents from various regions	98	146	244	1.39
One Swedish-born and one foreign-born parent	1,274	2,267	3,541	1.56

Note: The table refers to children with care allowance up to the age of 15, which was the age limit applying in 2002. Care allowance granted for more than one child has been excluded. The table includes children with two parents registered in Sweden. The proportion of the population has been age-standardized. Figures in brackets indicate that the number of observations is lower than 30.

SOURCE: SOCIAL INSURANCE AGENCY DATABASE, STORE

Children with care allowance in 2002.

Also in the case of children, it is difficult to judge whether the outcome in the tables is reasonable or not. The spread is relatively large for the proportions of children in the population receiving assistance allowance or care allowance. The question is whether this reflects unequal access to the benefits or the fact that the incidence of disability varies among children according to parents' country of origin.

The amount of support provided

How much support do those persons deemed to meet the criteria for receiving one or other of the allowances in question actually receive? Are there differences in the amount of support depending on country of birth? In this section, we chart the size of the support granted to immigrants from different regions of birth. The results are not reported according to gender because the number of observations is too low for such a subdivision.

Adults with disabilities

Among adult recipients of assistance allowance, we notice certain differences in the average number of hours granted per month when a comparison is made that is based on region of birth. People born in South America have been granted most hours per month, followed by people born in Sweden. The lowest number of hours granted were to persons born in MENA including Turkey. In the following table, we use a measure called relative outcome. It is an index using the support granted to persons born in Sweden as the base. The table reveals that persons born in MENA including Turkey receive 85 per cent of the hours granted to persons born in Sweden.

	Average no. of hours per month	Relative outcome, per cent
Sweden	419	100
Other Nordic countries	397	95
EU-15 excluding Nordic countries	374	89
Other European countries	402	96
Sub-Saharan Africa	401	96
Asia excluding Middle East	373	89
MENA including Turkey	358	85
South America	434	104

Adults with assistance allowance refer in the table to persons aged 18 and older.
 Average number of hours per month for different regions of origin have been age-standardized.

SOURCE: SOCIAL INSURANCE AGENCY DATABASE, STORE

Adults with assistance allowance – number of hours per month in 2002.

The difference between people born in MENA including Turkey, who receive least assistance allowance, and persons born in South America, who receive most, is 76 hours per month. For persons with severe disabilities, this can make a big difference to their chance of getting out and doing things that are only possible with personal assistance. Since fundamental needs are hard to ignore, we may assume that a person with a low number of allotted hours will cut down on other needs instead. It might be club

activities, meeting friends or spending time in leisure pursuits. Thus, it is possible that even minor variations in the number of hours can make a difference to people's quality of life and their opportunities to enter society. Conversely, it is also possible that a lower level of participation in society as a whole results in a *reduced need* of personal assistance. In other words, a small number of hours with assistance allowance may indicate that the person concerned is living a less active life. Could it be that the differences reflect different notions of what kind of life is possible for people with disabilities?

On the basis of available statistics, however, it is impossible to say whether differences in the severity of disabilities can explain the observed discrepancies in support received by people from different regions of birth. Nevertheless, it is possible to subdivide recipients of assistance allowance according to disability category (see the fact box on page 87) and it then becomes possible to distinguish certain differences in type of disability among persons from different regions of birth. For example, assistance allowance is relatively less common among people from Nordic countries or EU-15 with cognitive disabilities (disability category 1 or 2). Consequently, it is more usual for recipients born in these regions to belong to disability category 3, implying a physical or psychological disability.

The following table shows the average amount per month of disability allowance. Persons born in sub-Saharan Africa receive the highest average amount per month while persons born in South America receive the lowest. However, the differences are small between different regions of birth. The relative outcome for different regions does not vary as much for disability allowance as for assistance allowance. One explanation of this is that disability allowance, as opposed to assistance allowance, has an in-built limit on how much support may be granted. The range is therefore less.

	Average amount per month	Relative outcome, per cent
Sweden	1,476	100
Other Nordic countries	1,441	98
EU-15 excluding Nordic countries	1,458	99
Other European countries	1,391	94
Sub-Saharan Africa	1,506	102
Asia excluding Middle East	1,438	97
MENA INCLUDING TURKEY	1,426	97
South America	1,358	92

Note: Disability allowance refers in the table to persons aged 16 or older, which was the age limit that applied in 2002. The average amount per month has been age-standardized.

SOURCE: SOCIAL INSURANCE AGENCY DATABASE, STORE

Adults with disability allowance – average amounts per month in 2002.

Common to assistance allowance and disability allowance is the fact that people born in Sweden receive a relatively high allowance compared with people born in other regions. Previous studies have shown that large resources are required of persons with disabilities in order to gain access to support from society. It is necessary to be aware of one's rights, to be able to argue one's case and sometimes to appeal prior to receiving an allowance. This may possibly explain the discrepancies that are observed. We will discuss this issue in more detail later in this chapter.

Children with disabilities

In general, children are granted fewer hours of personal assistance than adults. This is because all children need help from their parents with their fundamental needs, regardless of whether they have a disability or not. Satisfying these needs is a part of "normal" parental responsibility. Assistance allowance is intended to cover needs that extend beyond this responsibility. Normal parental responsibility diminishes as the child grows older and comes to an end when the child reaches the age of 18.

Parents' region of birth	Average no. of hours per month	Relative outcome, per cent
Sweden	342	100
Other Nordic countries	(339)	(99)
EU-15 excluding Nordic countries*	–	–
Other European countries	310	91
Sub-Saharan Africa	308	90
Asia excluding Middle East	(431)	(126)
MENA INCLUDING Turkey	355	104
South America	(370)	(108)
Foreign-born parents from different regions	(388)	(113)
One Swedish-born, one foreign-born parent	332	97

Note: The table refers to children with assistance allowance up to the age of 17. The table includes children who have two parents registered in Sweden. The proportion of the population is not age-standardized since the number of children with assistance allowance is low in many regions of birth. Figures within brackets indicate that the number of observations is lower than 30.

*Average number of hours for EU-15 excluding Nordic countries is not reported since the number of observations are too few.

SOURCE: SOCIAL INSURANCE AGENCY DATABASE, STORE

Children with assistance allowance – number of hours per month in 2002.

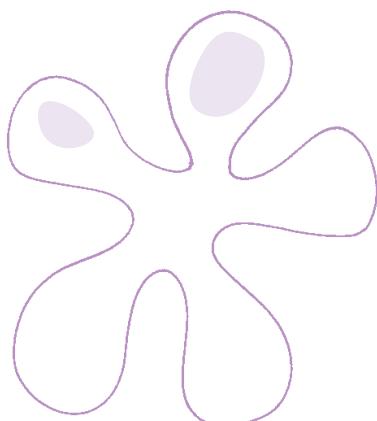
The most extensive support is given to children of parents born in Asia excluding the Middle East while the lowest average allowance is granted to children of parents born in sub-Saharan Africa. However, the above table is based on a small number of observations. Unlike the other tables, results are not age-standardized, so there may be age differences between

children with parents from different regions of origin which explain the differences in the number of hours per month.

So far, average levels of compensation have been relatively high for people born in Sweden or for children of parents born in Sweden. However, this does not hold for children with care allowance, as the following table demonstrates. The table shows that children of Swedish-born parents receive relatively low care allowances. The highest care allowances are granted for children of parents born in Asia excluding the Middle East or Other European countries.

The following table may be compared with the table showing the proportions of children with care allowance in the population (page 94). The regions of birth with a relatively low proportion of children in the population with care allowance have at the same time a relatively high average level of compensation and vice versa. Children of parents born in Asia excluding the Middle East or Other European countries receive a relatively high average level of compensation while the proportion of children receiving care allowance is relatively low compared with other regions. It is not very common for these children to receive care allowance at the one-fourth rate, but the proportion receiving full care allowance is relatively high. On the other hand, it is relatively common for children whose parents were born in Sweden to receive an allowance at the one-fourth rate while at the same time the proportion of children in the population with care allowance is relatively high.

Against this background, one might ask whether children of foreign-born parents must have severer disabilities before they receive care allowance. And if that is the case, does it depend on the practices of the Swedish Social Insurance Agency or on the fact that foreign-born parents do not apply for care allowance for disabilities that are less severe?



Parents' region of birth	Average amount per month	Relative outcome, per cent
Sweden	4 799	100
Other Nordic countries	5 067	106
EU-15 excluding Nordic countries	(4 669)	(97)
Other European countries	5 567	116
Sub-Saharan Africa	5 429	113
Asia excluding Middle East	5 770	120
MENA including Turkey	5 466	114
South America	5 221	109
Foreign-born parents from various regions	5 411	113
One Swedish-born, one foreign-born parent	5 013	104

Note: The table includes children who have two parents registered in Sweden. Care allowance granted for more than one child in the same family has been excluded. The average amount per month has been age-standardized on the basis of the child's age. Figures within brackets indicate that the number of observations is lower than 30.

SOURCE: SOCIAL INSURANCE AGENCY DATABASE, STORE

Children with care allowance – average amounts per month in 2002.

To summarize, we see that in the case of adults with assistance allowance and disability allowance, the general pattern is for foreign-born people to tend to receive lower levels of compensation than people born in Sweden. No such connection is found in the case of children. On the contrary, children of foreign-born parents tend to receive somewhat more extensive support than children of native-born parents. Why is the pattern so different for disabled adults compared with disabled children? One can only speculate in this matter. One conceivable explanation is that children's needs become apparent in the course of the various operations the child comes in contact with, such as the child welfare centre, daycare centre or school. By contrast, adults will perhaps only come into contact with any operation that makes their needs apparent in a similar way if a disability arises as a result of an accident and contact with the medical care services leads on further to the Swedish Social Insurance Agency.

Is the support sufficient?

More interesting than the amount of support granted is the extent to which the support answers individual needs. This question cannot be answered with the help of a database study. On the other hand, the question may be analyzed with the help of a survey of living conditions for people with disabilities that was conducted by the Swedish Social Insurance Board in 2002 (see the following fact box). The survey included questions on attitudes towards society's support for people with disabilities. However, it must be emphasized that the Swedish Social Insurance Agency

is only one among many players when it comes to societal support for people with disabilities.

The RFV Survey of Living Conditions for People with Disabilities

The survey is based on a questionnaire distributed to almost 7,000 persons receiving some form of social insurance benefit earmarked for adults with disabilities (assistance allowance, disability allowance or car allowance). The questionnaire was sent to persons aged 23–64. Of the almost 5,000 who responded to the questionnaire, just over 500 were foreign-born. Of the foreign-born respondents, 216 came from Nordic countries, 144 from other European countries and 141 from outside Europe. In the Swedish Social Insurance Board report, *Analyserar 2003:15*, the selection process and method of approach are described in more detail.

Respondents had to consider a number of statements and grade them on a scale of 1 to 5 according to what extent they agreed with them. The report gives the proportion that agreed "to a great extent" (that is, respondents selected 4 or 5).

The table reveals that people born outside Europe differ in many respects not only from native-born Swedes but also from those born in other Nordic or European countries. It is interesting to note that in statements about their own situation (questions 1–3), a smaller proportion of those born outside Europe say that they receive good support than do those born in Sweden or in other Nordic or European countries. Among those born outside Europe, 39 per cent consider they get the social support they need. The corresponding proportion of Swedish-born persons is 49 per cent. The difference is statistically significant.

By contrast, when it comes to the view of society's support to disabled people generally (questions 4–5), people born outside Europe consider to a greater extent than the others that the public authorities fulfil their responsibilities. This difference is also statistically significant.

	Sweden	Other Nordic countries	Other European countries	Countries outside Europe
(1) "I have access to the support from society that I think I need"	49	50	47	39
(2) "The authorities fulfil their responsibilities as regards my own situation"	36	47	40	29
(3) "I am free to make important decisions on my daily living"	73	79	67	59
(4) "Society acts sufficiently responsibly towards persons with disabilities"	17	19	23	26
(5) "The authorities do their best to help the disabled"	16	16	20	34

SOURCE: RFV STUDY OF LIVING CONDITIONS (2002)

Opinions on society's support to people with disabilities. The proportion agreeing with particular statements. Per cent.

It is interesting that people born outside Europe to a greater extent than others consider that the authorities do their best to help disabled people in general *while at the same time* they consider to a lesser extent that the authorities fulfil their responsibilities as regards their own situation. Possibly, the relatively positive view of public support reflects the possibility for some disabled people to get support in their homeland. However, the question is why people outside Europe to a lower extent consider they receive the support they need. And why do people from the rest of the world experience to a lower extent that they receive adequate support? There are a number of possible explanations for this. In coming sections, we will examine whether the difference in support between various regions can be explained by the fact that people from different regions of birth have been resident in Sweden for different lengths of time.

The longer the time in Sweden, the more support?

In earlier chapters, we saw that the number of years spent in Sweden affects a person's chance of receiving benefits. We know that people with disabilities often experience difficulties in locating relevant information, that it is difficult to know which authority is responsible for which services and that it requires large resources on the part of the individual to submit an application for support and possibly appeal against a decision (for example, Swedish Social Insurance Board 2002e). In all probability, it is even more difficult for a person who has recently immigrated to Sweden. In this section, therefore, we examine whether length of residence in

Sweden is a factor influencing the support provided by the Swedish Social Insurance Agency to people with disabilities.

The time factor per se tells us nothing but it creates a frame within which a language may be learned. Learning a language requires a kind of life where language learning has a place and this may vary greatly between new arrivals. Conditions in the part of the world the person comes from, for example, war and terror, may exert an influence, as may personal factors such as education, work, family relationships, etc (Swedish Social Insurance Board 2004). The quality of induction training for new arrivals and Swedish lessons for immigrants presumably play an important role, too.

Does length of residence in Sweden determine who gets support?

Foreign-born persons who are recipients of disability allowance or assistance allowance have often lived in Sweden for a relatively long period. The average length of residence for people with disability allowance is 25 years, and for assistance allowance it is just under 20 years.

The table shows that recipients of disability allowance or assistance allowance have been resident in Sweden longer than non-recipients of these benefits. This applies to all regions of origin.

Number of years in Sweden	Recipients of assistance allowance	Recipients of disability allowance	Others (non-recipients)
Nordic countries	33	35	31
EU-15 excl. Nordic countries	29	35	25
Other European countries	21	24	19
Sub-Saharan Africa	12	14	11
Asia excluding Middle East	18	20	13
MENA INCLUDING Turkey	14	15	12
South America	18	19	16

SOURCE: SOCIAL INSURANCE AGENCY DATABASE, STORE

Adults with allowances – average length of residence in Sweden in 2002.

The differences in length of residence raise the question of to what extent foreign-born people who have lived in Sweden for a shorter spell of time are aware of their right to apply for these benefits. In other words, time may be an expression of having acquired language skills and a knowledge of Swedish society, making it easier to navigate the support system. The question will be taken up again later on in this chapter.

However, differences in length of residence between beneficiaries and others could stem from other possible differences between these groups. During the statistical analysis, an examination was made as to whether age differences might explain the fact that recipients of the benefits concerned

had been resident in Sweden longer than non-recipients. The results as a whole remain unchanged, even after taking into account differences in age structure between regions of birth. For most regions (except sub-Saharan Africa and Asia), the difference in length of residence between recipients of the benefits under discussion and the rest of the population is still apparent.

For children, there is no clear difference in parents' length of residence between those who receive compensation and those who do not. Perhaps this strengthens the hypothesis presented earlier; that children's need of support is spotted by schools and childcare authorities, while adults' need of support is not noticed to the same extent.

Does length of residence affect the amount of benefit?

In the above, we noted that people receiving one or other of the earmarked disability benefits have lived for a longer period of time in Sweden than other foreign-born people. This applies especially to adults with disabilities. The table also reveals differences in average period of residence between persons from different regions of birth. Here we try to determine whether these differences affect *the amount* of support given. Do people who have lived for a long time in Sweden receive a greater amount of support than people who are relatively new arrivals?

The Swedish Integration Board defines new arrivals as people who have been resident in Sweden for three years or less (Swedish Integration Board 2005). Among recipients of the types of benefit discussed here, too few have resided in Sweden for three years or less for this dividing line to be of any practical use. In order for a sufficiently large number of observations to be included for all groups, the dividing line has instead been drawn at seven years. For the same reason, several regions of birth have been combined and the regions reported are Nordic countries, other European countries and countries outside Europe.

	Average number of hours with assistance allowance		Average amount of disability allowance per month	
	Residence 0–7 years	Residence 8 years +	Residence 0–7 years	Residence 8 years +
Nordic countries	486	379	1,380	1,444
Other European countries	393	387	1,403	1,408
Countries outside Europe	397	370	1,496	1,402

Note: The outcome is age-standardized

SOURCE: SOCIAL INSURANCE AGENCY DATABASE, STORE

Amount of support to adults by length of residence in Sweden in 2002.

There seems to be no support for the hypothesis that a longer period of residence gives more extensive support. As for assistance allowance, it is rather the case that persons who have been in Sweden for a shorter period are granted more hours on average. This is particularly true of persons born in Nordic countries. As for disability allowance, there is no obvious correlation between length of residence and average compensation. However, we see that for persons who have been resident in Sweden for longer than eight years, there are no marked differences between people born in different parts of the world. On the other hand, there is a greater spread in the amount of support according to region of birth for persons who have been resident in Sweden for seven years or less.

	Average number of hours with assistance allowance		Average amount of care allowance per month	
	Residence 0–7 years	Residence 8 years +	Residence 0–7 years	Residence 8 years +
Nordic countries	—	349	4,244	4,730
Other European countries	289	305	5,719	4,948
Countries outside Europe	318	359	4,943	4,989

Note: Length of residence is based on the average number of years spent by parental pairs in Sweden. The table includes children with two parents registered in Sweden who have immigrated from the same region of birth. Care allowances granted for more than one child have been excluded. The outcome is age-standardized according to the child's age.

SOURCE: SOCIAL INSURANCE AGENCY DATABASE, STORE

Amount of support to children by parents' length of residence in Sweden in 2002.

Summing up, we see that persons with one or other of the benefits under discussion have generally resided in Sweden longer than persons without these benefits. There is a risk that persons who have only been resident in Sweden for a short time are unaware of their right to apply for these benefits. This is less clear in the case of parents with disabled children than it is in the case of adults with disabilities.

Length of residence does not appear to have any influence on average levels of compensation. In the case of adults with assistance allowance, it would seem that people who have been in Sweden for a shorter period than seven years receive more support than those who have been in Sweden for a longer period. As regards disability allowance, there is no clear-cut pattern at all. As regards children of foreign-born parents, there is a tendency for support to be more extensive for children whose parents have been resident in Sweden for eight or more years, at least in the case of children with parents from Europe excluding Nordic countries and from countries outside Europe. As for care allowance, there is no obvious connection between levels of compensation and length of residence.

Support on equal terms?

To gain a deeper insight into how foreign-born people with disabilities experience their access to social insurance, the Swedish Social Insurance Agency conducted an interview survey in the spring of 2005.

The survey is based on in-depth interviews of people who have applied for disability allowance. The selection was made from the registers of two social insurance offices. One selection criterion was that respondents should have been resident in Sweden for 5 to 10 years so that interviews could be carried out as far as possible in Swedish. In addition, an attempt was made to achieve a wide spread in regard to age, sex, region of origin and disability.

Eleven people consented to the initial request for an interview, five of whom were women and six men. Since several women at a later stage declined to participate for health reasons, respondents consist of two women and six men. Five people were born in countries outside Europe, two are from Nordic countries and one from another European country. During the interviews, it emerged that four of the respondents had not been granted disability allowance. Several of these had applied a number of times. Among those who had been granted disability allowance, three had applied several times before they were judged to be entitled to the benefit.

During the interviews, an interview guide was used containing questions of both open-ended and more specific character. The questions partly concern the persons' backgrounds but are primarily deal with personal treatment and information at the Swedish Social Insurance Agency. The interviews revealed that respondents, despite their very diverse life histories and the fact of their coming from different parts of the world, had a lot in common. Their experiences and opinions overlap in many respects, such as in their experience of the Swedish Social Insurance Agency.

Lost and without a map

Like earlier studies, the Swedish Social Insurance Agency survey reports that respondents experience great difficulty in finding relevant information about the support to which they are entitled or need (Social Insurance in Sweden 2002, Paulsson and Fasth 1999, Swedish Social Insurance Board 2002c, Swedish Social Insurance Board 2002e). But for foreign-born people, poor language skills and a lack of knowledge of Swedish society can be even greater difficulties than for Swedish-born people (Bohlin, U 2001, Calbucura 2000). Foreign-born persons interviewed by the Swedish Social Insurance Agency had used various channels in their attempt to find out what they were entitled to but for the most part it proved less than easy.

All interview respondents in the Swedish Social Insurance Agency survey consider they have received inadequate information from the Agency concerning disability allowance. For example, they have found it difficult to understand what may be taken up as additional costs and most of them say they have received little help with this. What distinguishes the results in this study from earlier studies is the fact that more people claim they do not really understand what is happening in their particular case or the grounds on which the Swedish Social Insurance Agency bases its decisions. In one interview, the following emerges:

- When you applied for disability allowance, what actually happened? Did you speak to a case worker?
- No, I never met a case worker. The association helped me and I filled in/ got hold of a doctor's certificate saying that I'm disabled, and I've done everything correctly and even so it was thumbs down. I don't understand it. I don't understand what it says, nobody does.

Another example is provided by the following quote:

- I had some mates who were also disabled, so it was through them I got to know about it, and they got disability allowance but not me. It took five years, and they helped me at the Swedish Social Insurance Agency to fill in the forms, but I was turned down again and again, I don't know why. I can't understand the bureaucratic language. Then in the end I did get disability allowance.

The fact that people applying for an allowance do not understand the grounds upon which the decision will be made is a problem. In the event of a refusal, this will presumably reduce the inclination to appeal. This places case workers at the Swedish Social Insurance Agency under a heavy burden of responsibility to motivate their decisions in such a way that insured persons understand. According to the Administrative Procedure Act (1986:223), the authorities are obliged to provide notification, guidance, information, advice and other help to individuals in matters concerning the authorities' fields of activity. The obligation to provide service also includes helping out with application procedures and suchlike.

The language barrier

The Swedish Social Insurance Agency interview survey reveals that language is or has been a barrier for all interview respondents. Knowledge of how society works and a general familiarity with Swedish social policy is only found among the four respondents who have been in Sweden for a long time and who have mastered the language.

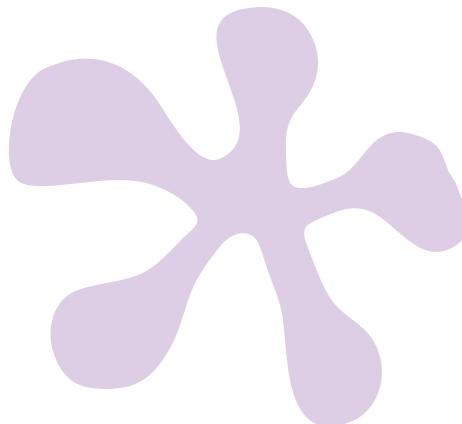
Officialese is perceived as a stumbling block by most people and behind incomprehensible decisions lies incomprehensible legislation. Due to illness and disability, several of the interview respondents have found it difficult to attend Swedish lessons, and as a consequence their difficulties are especially pronounced. There is also an element of guilt feelings. Several people feel they ought to have understood things better and blame themselves at least in part for not having received the support they feel they need. One informant, with an injury that results in special language learning problems, expresses it as follows:

– The language is the worst thing. I can't write down everything I want to. I can't. I want to pronounce Swedish clearly but it's just not possible. I can't write, I can't read, I can't express everything, no, the language is the worst thing. When I was turned down for a benefit, I became so upset that I got up and ran outside. I was both distressed and embarrassed.

Another respondent makes the following reflection on the importance of language:

– A person born here is not like me – it makes a big difference. He's been to school and knows the language and is well-informed and integrated despite being disabled. He is helped by his family. He is a citizen. As humans we are equal, we have equal rights, but if we've come here as refugees our situation is totally different. He understands, he can speak the language and get help automatically. I can't speak the language and there's nobody to show me how to do things

A very concrete difficulty is mentioned by one respondent who has been here for a long time and speaks the language well but nevertheless points out that the following can lead to problems.



– Something I've thought about many times is that it's really stupid with all these automatic machines. When you have to ring up the Swedish Social Insurance Agency, the information takes almost half an hour before you're ready with all the buttons. If you're an immigrant with poor language skills, you have to listen all the way through first to hear whether you have to press button one, two, three, four or five, and then when you've pressed the key, it may be the wrong one anyway.

– So you have to start all over again?

– Yes. And I don't like it.

In this context, it is worth remembering that the people interviewed have been in Sweden for five to ten years. That means new arrivals probably experience the problems as being much greater.

Fighting for your rights

Previous studies have shown that Swedish-born people with disabilities also feel they have to struggle to get the support they need. Officials at the various authorities are sometimes seen as opponents who must be overcome in order for adequate support to be granted (Swedish Social Insurance Board 2002e, Social Insurance in Sweden 2002, Paulsson and Fasth 1999). The Swedish Social Insurance Agency interview survey gives similar results for foreign-born persons.

All respondents in the Swedish Social Insurance Agency survey communicate the message that it is a heavy burden to be sick or disabled and on top of everything else to have to search for help you may be entitled to. Being persistent takes time. It takes time to try and find out what you are entitled to, to search for information and assistance – to say, write and explain the same things over and over again. An example is given in the following quote:

– There shouldn't be so much nitpicking. I'm disabled and my life – what is it? I can't live like other people, that's out of the question, I'm disabled and I have to get help. Society has to help me and others like me, otherwise we can't cope.

Feelings of despair and hopelessness are present among all respondents in varying degrees and among some there is also a fear of not having the strength to go on. One respondent wished they had more energy – the energy to fight for one's rights and the energy to appeal – but one is weakened by one's illness.

– I feel like I haven't the strength to make a fuss. I think I might perhaps win in a court case, over my additional costs for lunches, but I haven't had the strength to appeal. In fact, I

made some calculations and it would have been exciting to see what the result would have been. After all, it's a matter of general interest about how such things are handled within social insurance, about what is really considered to constitute an additional expense.

– Have you asked about it at the Swedish Social Insurance Agency?

– No, I hadn't the energy. I have periods when I really fight, but I only have enough energy for what is absolutely necessary. I always ride out these crises, but then everything else has to lie fallow, so to speak.

Another respondent talks about running out of energy and becoming resigned:

– You know, you have to be healthy to be ill. To have the energy to find out about all these things. I mean, I receive loads of papers and read them and keep them in a binder and so on. Papers here and papers there – they think you are healthy and can manage to do all these things, but everything's complicated. It just gets too complicated.

These problems are confirmed by Calbucura's interview survey with foreign-born people with disabilities. The persons interviewed in this survey formulate the problems in terms of not being believed or taken seriously, frustration at not being able to communicate their experiences to responsible officials and a distrust that, according to Calbucura, has made people feel discriminated (Calbucura 2000). Even though the problem is of a general nature and also applies to native-born persons with disabilities, the problems are aggravated by language difficulties. Handling the language is an additional burden.

Positive or negative discrimination?

None of the respondents themselves raise the subject of special treatment or discrimination, but after being prompted by the interviewer, some people express their views on whether they have been treated differently or not. In one interview, it is expressed as follows:

– Have you ever felt discriminated?

– Yes, I did actually feel ignored on one occasion, like 'he's not important' sort of thing, and when I spoke to the case worker about it, I added something like 'is it because I'm from another country that you treat me like this?'

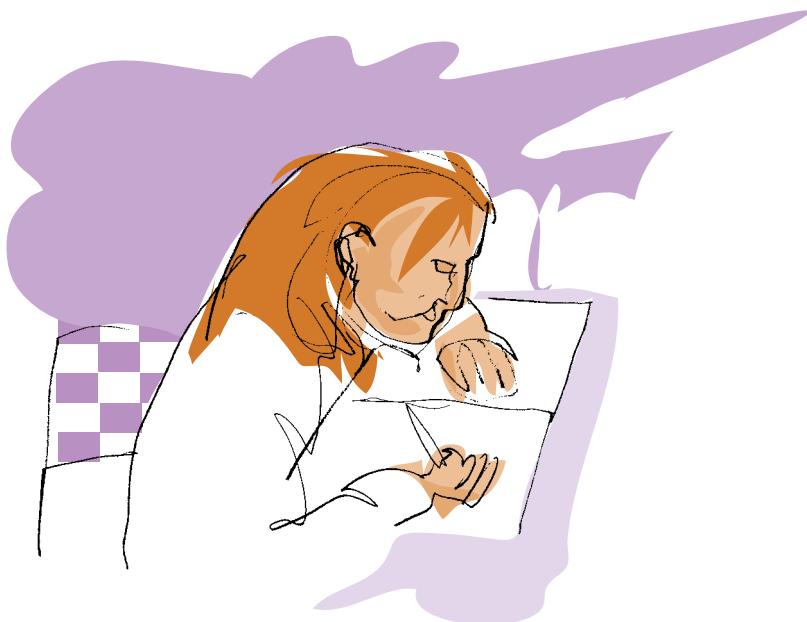
One man wonders whether he gets inadequate help because he is not a Swedish citizen:

– I've not lived here so long, I'm not a Swedish citizen, perhaps that's why I haven't received an allowance. Nobody helps me. I didn't get the help I'm entitled to from the Swedish Social Insurance Agency. I haven't received the help I need, There's some law that says disabled people should get help, but I haven't received any.

A third person, by contrast, initially refuses to acknowledge having experienced any form of discrimination:

– I haven't felt I've been treated differently, absolutely not. At the Swedish Social Insurance Agency, they have naturally asked the things they have to ask, about my background and so on, but it hasn't influenced their decisions, I don't believe that. I hope not.

In interview studies conducted earlier, Sweden-born people also express a feeling of not being trusted and not getting the help they need (for example, Swedish Social Insurance Board 2002e). Therefore, it is not certain that a *feeling* of being treated in a special way indicates that the person concerned has been discriminated due to being foreign. Neither should the fact that several of the respondents have had their application for disability allowance turned down be linked to their foreign origin since it is relatively usual to be turned down when applying for disability allowance. In 2002, 37 per cent of all applicants were turned down (Swedish Social



Insurance Board 2004b). Figures broken down by land of birth are not available and so it is impossible to say whether foreign-born people have their applications turned down more often than native-born people.

Both disabled and foreign-born

This chapter has dealt with the access foreign-born people have to social insurance benefits for people with disabilities.

The statistical survey reveals no clear-cut pattern linked to country of birth, either in regard to the scope or level of the benefits. The proportion of adults in the population who receive assistance allowance is approximately the same, regardless of region of birth. There is a slightly larger variation for disability allowance. In the case of children, the proportion with assistance allowance is lower among children of native-born parents than among children with parents from several of the other regions of birth. For care allowance, on the contrary, the proportion is higher among children of native-born parents than among those with foreign-born parents.

In the survey of average compensation levels, levels seem to be somewhat higher for adults born in Sweden in the case of assistance allowance and disability allowance. However, this is not true of care allowance, where children of foreign-born parents receive rather more comprehensive support than children of native-born parents.

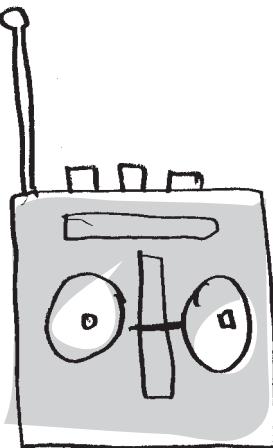
Nevertheless, it is important to point out the difficulty of assessing what is reasonable in regard to the support provided. Perhaps the incidence of disability varies between different regions of birth, in which case it will affect the support provided. But even though the figures are difficult to interpret, they give an important first impression of the kind of support disabled people from different regions receive from the Swedish Social Insurance Agency.

Even more important than compensation levels is whether individual people receive the support they are entitled to and are in need of. The results of a study conducted by the Swedish Social Insurance Board indicate that people born outside Europe to a lesser extent than others perceive that they receive the support from society that they need. The interviews suggest there may be certain inadequacies as regards information. The fact that it is hard to find relevant information is a conclusion also reached by previous studies and applies equally to Swedish-born people. But problems of a general nature may have more serious consequences for people with poor language skills or inadequate knowledge of the social system.

The experiences described by respondents in the interview survey of the Swedish Social Insurance Agency differ in one important respect from previous studies of Swedish-born people with disabilities. Several of the respondents express the opinion that it is difficult to understand on what

grounds decisions are made concerning their own case. Their application has been turned down without an explanation that they can understand. The fact that people do not understand what happens in their own case is a problem. If you do not understand the grounds on which a decision is made, you cannot decide whether the decision seems reasonable or not. That affects your chances of appealing against a possible refusal.

The survey reveals no clear-cut correlation between the number of years spent in Sweden and the average amount of compensation. At best, it seems to indicate that recent arrivals do not receive poorer support than those who have been in Sweden for a longer period. But it may also be the case that people arriving in Sweden at different times have different types of disability.



As the years roll by

The income-based old-age pension is linked to a higher extent than other social insurance schemes to labour market attachment. It is not only gainful employment and the amount of it at a given point in time that determines the amount of compensation. It is also necessary to have worked many years, and to a sufficient degree, in order for the pension to provide sufficiently good compensation relative to the salary earned on retirement.

Your whole life counts

The principle that the whole of your life counts is fundamental to the pension system. The principle of lifetime income means that the value of all paid-up pension contributions – that which is paid in during a working life – corresponds to the amount one is expected to receive as a pensioner in the form of earnings-related pension ('inkomstpension' and premium pension). SEK 1 in contribution gives SEK 1 in pension rights. The contribution to the pension system corresponds to 18.5 per cent of the pension-qualifying income, which is maximized to SEK 324,750 (7.5 income base amounts in 2005). Contributions are supposed to suffice for a pension lasting approximately 19 years. Such is the average length of life of a pensioner at present, calculated as remaining average length of life from the age of 65 in the population. In order to receive a pension corresponding to 55–60 per cent of final salary, more than 40 years of gainful employment are generally required.

Pension contributions are not only paid on gainful employment. Also compensation from unemployment insurance and social insurances – such as sickness cash benefit, sickness compensation and parental cash benefit – are pension-qualifying incomes. Most of these transfers are based on one's current or previous gainful employment.

Since the pension is based on all income earned throughout the whole of one's life, each loss of income below the ceiling results in a lower pension. But there are exceptions. People who have small children, study with the aid of a study grant or do military service receive compensation for this. In such cases, pension rights are calculated on the basis of a fictitious income. However, even here a person must have had some working life attachment in order for pension rights to be converted to pension. One must have had a pension-qualifying income of at least SEK 86,600 (two income base amounts in 2005) for a period of not less than five years.

The lifetime income principle in the general pension system applies in full for people born in 1954 or later, that is, for those who are today aged around 50 or younger. It is being introduced gradually for older people in gainful employment. The majority of today's old-age pensioners have earned the whole of their pension according to earlier regulations. They do not receive income and premium pension but instead supplementary pension, which is calculated according to the ATP rules applying previously. This means that for today's old-age pensioners, 30 years of professional life was sufficient to earn a full pension and the level of pension was determined by the 15 best years of income.

A description of the regulatory system is also found in the section *Social insurance in figures, financial security in old age, etc.*

A short working life – how will that affect my pension?

In previous chapters, it has been noted that foreign-born people in general have a weaker labour market attachment. During the 1960s and 1970s and earlier, labour immigration was intensive and the level of employment in the immigrant population was high. As pensioners, these immigrant groups achieved a financial status well on a par with native-born people (Ekberg 1996).

Over the past few years, the picture has changed radically. Immigration has changed character and large groups of foreign-born people still have a very weak labour market attachment even after 10–15 years in the country. These conditions will naturally be reflected in the size of future earnings-related pensions. This applies not only to earnings-related pensions from the public system but also to the occupational pensions that most gainfully employed people have. But for those aged 65 and older, social insurance provides protection at a basic level. For those with the weakest labour market attachment, this means that in spite of everything their financial situation can be stabilized and they may thus enjoy a certain degree of security "as the years roll by". In the next section, the various elements of this basic protection are briefly described.

Basic protection for the elderly

Pensioners with little or no earnings-related pension receive a topping-up in the form of a guarantee pension. Old-age pensioners' basic security also includes housing supplement and maintenance support for the elderly, both of which are means-tested.

The maximum guarantee pension is reserved for people who receive no income-based pension at all. For the year 2005, the monthly amount was approximately SEK 7,000 (somewhat lower for married pensioners). Since the guarantee pension functions as a topping-up, the amount diminishes for those who have earned a public pension. A foreign pension also reduces the guarantee pension. For example, people who have moved

to Sweden at the age of 40 – 50 have a relatively short working life in this country, even if they establish themselves promptly in the labour market. Their earned pension will therefore be low. On the other hand, they may have a pension based on gainful employment in their former homeland, with the result that they can live comfortably off their combined pension income. In that case, they will not be entitled to a guarantee pension.

However, the guarantee pension is based on a person's length of residence. To qualify for a full guarantee pension, a person must have lived in Sweden for 40 years prior to retirement. This means that late arrivals who have, for example, only lived here 20 years prior to retirement will receive at most a guarantee pension half as large as that of people who have lived here for the whole of their adult lives.

For some groups, there are special rules for calculating time of residence. Refugees with residence permits constitute such a group. They may count years spent in their previous homeland from the age of 25 onwards as time of residence. This means that even those who came here at an adult age may in certain cases be credited with 40 years of residence and thus be entitled to full guarantee pension. However, they must fulfil certain preconditions. There is an age requirement – one must have moved to Sweden prior to the year one reached the age of 65. In order to be able to count all the years in the homeland (or other country that one was temporarily resident in before moving to Sweden), one must have been resident here the whole of the time from arrival to the year one reached the age of 65. Otherwise, an estimate is made of the proportion of the time spent in the homeland. For example, a person who arrived here at the age of 35, but has only resided here for 20 of the 30 possible years up to the age of 65, may be credited with two-thirds of the time spent in the homeland between the age of 25 and 35.

For people who have lived or worked in the EU/EES countries, special rules apply both for how time of residence is calculated and how income-based pensions reduce guarantee pensions.

Guarantee pension for such persons is paid out through the whole of the EU. Otherwise, guarantee pension is only paid out as long as the pensioner is resident in Sweden. Income-based pension, on the other hand, is paid out regardless of place of residence.



The residential rules mean that guarantee pension does not always fulfil its role as a basic protection. People who move to Sweden prior to the age of 65 or after having reached the age of 65 are only entitled to a greatly reduced guarantee pension or, as in the second case, no guarantee pension at all. In 2003, therefore, a new benefit was introduced – maintenance support for the elderly. The idea behind maintenance support for the elderly is that elderly people need not be dependent on social allowance for their living.

Maintenance support for the elderly is means-tested very much like housing supplement and special housing supplement. Thus, the income of a married pensioner's partner is also taken into account when determining the amount of support. The maximum maintenance support for the elderly payable to a single person is SEK 4,250 per month (the so-called reasonable standard of living in 2005). Since maintenance support for the elderly is not taxed, it is not directly comparable with the level of guarantee pension. There is a supplementary allowance for housing costs of at most SEK 5,870 per month (so-called reasonable housing costs), since maintenance support for the elderly does not in itself entitle people to housing supplement.

Housing supplement for people who have old-age pension replaces, at most, 91 per cent of the cost of housing up to SEK 4,670. Housing supplement is paid to married pensioners at the rate of one-half of the amount to each partner. Special housing supplement is an extra benefit for pensioners with housing supplement, the aim of which is to guarantee people with high housing costs and low disposable incomes a reasonable standard of living. The levels for a reasonable standard of living and reasonable cost of accommodation within the special housing supplement are the same as within maintenance support for the elderly.

Old-age pensioners today

Today's old-age pensioners receive a pension consisting for the most part of supplementary pension (ATP pension). Out of a total of 1.6 million old-age pensioners aged 65 and older, approximately 160,000 pensioners do not have any supplementary pension but only receive guarantee pension. The others have earned an individual pension, albeit not always a very large one. Almost half of all pensioners also receive guarantee pension. The youngest pensioners receive a small portion of their income-based pension in the form of income pension and premium pension, but the major part of it has been earned in accordance with the supplementary pension scheme requirement of 30 years of working life for full pension. Of the combined income-based pension, 96 per cent is paid out in the form of supplementary pension. In the following, for the sake of sim-

plicity, we use the term supplementary pension instead of income-based pension.

Housing supplement is paid out to just under 300,000 old-age pensioners. In the case both of housing supplement and guarantee pension, 80 per cent of beneficiaries are women.

Approximately 11,000 people receive maintenance support for the elderly, roughly two-thirds of whom fall in the category of foreign-born people. For approximately half the beneficiaries, maintenance support for the elderly functions as a topping up of, or a supplement to, old-age pension, while the other half only receive maintenance support for the elderly.

Earned pension for foreign-born people

The proportion of old-age pensioners with supplementary pension is greater for men than for women and also varies between pensioners from different countries of birth. In the table below, the term 'pensioners' refers also to persons who only receive maintenance support for the elderly.

Countries	Proportion, %		Numbers	
	Women	Men	Women	Men
Sweden	85	98	688,104	627,548
Nordic countries excl. Sweden	90	98	44,982	29,526
EU-15 excl. Nordic countries	89	98	13,150	11,016
Other European countries	68	84	12,418	12,599
Sub-Saharan Africa	39	82	180	350
Asia excluding Middle East	44	76	1,281	1,931
MENA including Turkey	14	49	454	1,402
North America	81	95	1,446	1,362
South America	58	84	1,006	918

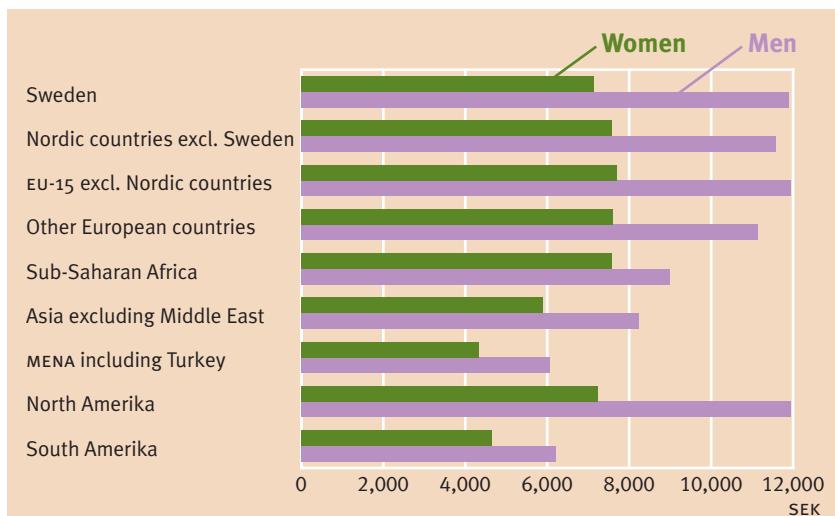
SOURCE: SOCIAL INSURANCE AGENCY DATABASE, STORE

Pensioners with supplementary pension in April 2005.

The table shows what proportion of today's pensioners have had an earlier Swedish labour market attachment. The corresponding table for people of working age has been shown in the chapter *Social insurance and integration policy* (see page 24). The lowest proportion of people with previous gainful employment in Sweden is found in the group with MENA including Turkey as region of birth. The highest proportion is found, apart from among native-born persons, among persons from Nordic countries, the rest of EU and North America. The fact that native-born women have a somewhat lower proportion of supplementary pensioners than women from other EU countries is probably due to the age composition of the group. The group of native-born people includes more older women, who to a greater extent left working life for good when they started a family. Their work-

ing years thus occurred prior to 1960 when supplementary pension (ATP) was introduced.

Of the pensioners with supplementary pension, 134,000 persons, approximately nine per cent, belong to the category of foreign-born people. Supplementary pension is paid out regardless of where one is resident. Any comparison of the size of supplementary pensions of pensioners from different regions of birth thus also includes pensioners who are resident abroad.



SOURCE: SOCIAL INSURANCE AGENCY DATABASE, STORE

Supplementary pension – average paid amount in April 2005. In SEK.

Men have earned higher pensions than women – the pattern is repeated in all reported groups. Pensioners with the lowest supplementary pension come from those regions that also have the lowest proportion of pensioners with supplementary pension. Note that average amounts are calculated only on the basis of those who actually receive supplementary pension.

Women born outside Europe, excluding North America, have on average earned a lower pension than native-born women. This is mainly due to their having worked fewer years in Sweden. The small number of women pensioners from sub-Saharan Africa are an exception. Their average pension – like that of women pensioners from Europe and North America – is on a par with those of native-born women.

Men with non-European origins, excluding North America, have a lower average pension than native-born men. This is due partly to fewer years of earning, partly to smaller incomes. The potential number of earning years is related to the length of residence in the country. Someone who arrived after the age of 35 (and does not belong to a group for which

special rules apply) has not had the opportunity to accumulate the 30 earning years required for a full supplementary pension. Average income may depend partly on the type of work, partly on how much of the year the person has been gainfully employed. We might add that unemployment allowance, etc, is pension-qualifying for supplementary pension in the same way as it is for income pension.

Basic protection equalizes

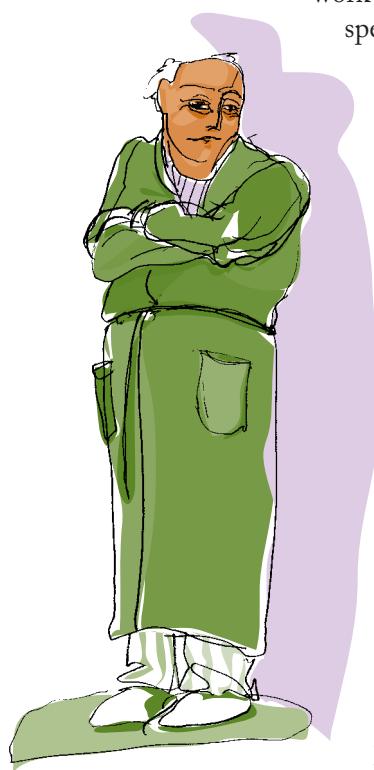
The picture of paid-out supplementary pensions only shows part of the community of pensioners and part of their income. Basic protection tops up their incomes. Housing supplement in particular has a strong equalizing effect on incomes between different groups (Redovisar 2005).

Pensioners' combined compensation from social insurance is shown in the following diagram. The reported total amount includes supplementary pension, guarantee pension, housing supplement and maintenance support for the elderly. The total amount for women also includes widow's pension. Widow's pension is crucial for many women and is taken into account when calculating both guarantee pension and means-tested benefits.

Most pensioners (at least among those who were previously employed) also have a contractual pension and some have a pension from work abroad. Contractual pension has a special significance for persons who have

had incomes above the so-called ceiling in the public pension system. For the year 2005, the ceiling means that parts of income above approximately SEK 29,000 per month do not give pension rights in the public system, but do so in most contractual pension schemes. As for foreign pensions from public systems or contractual pension schemes, the proportion of people with such pensions can be relatively high among at least some groups of foreign-born people. Contractual pension and foreign pension are not included in the reported total amount.

The picture of pensioners' financial situation given here is thus not complete. Among pensioners resident in Sweden, some receive only a low supplementary pension due to their



also having a contractual pension and possibly a foreign pension, which means they are not entitled to the benefits from basic protection. Pensioners living abroad forfeit all right to basic protection benefits with the exception of guarantee pension for those who have moved within the EU. Means-tested housing supplement and maintenance support for the elderly are in addition dependent on the household finances. Whether or not a pensioner with a low pension is entitled to housing supplement thus also depends on the income of the spouse.

The reported total amount is a mixture of gross and net amounts. Pension amounts are given before tax, while housing supplement and maintenance support for the elderly are tax-free amounts. The average has been calculated with respect to persons who are aged 65 or older and receive one or other of these benefits. The method of calculation means, for example, that the average supplementary pension amount has been estimated spread over all pensioners, even those who have not worked and earned any ATP points. This explains why the reported supplementary pension amounts are lower than in the previous diagram. It also explains why not all benefit amounts can be read from the diagram. For example, only a small number of native-born people are entitled to maintenance support for the elderly – paid amounts calculated as an average for all pensioners are therefore not visible in the diagram.

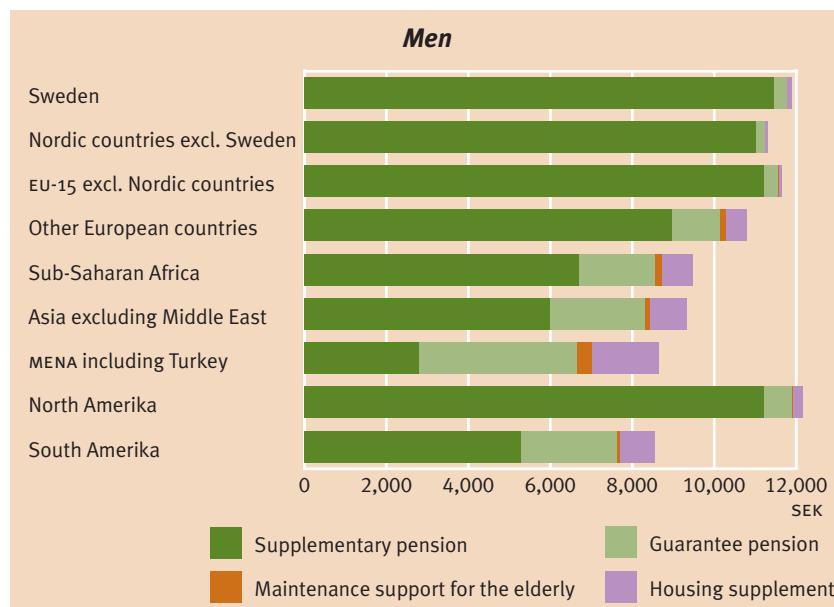


SOURCE: SOCIAL INSURANCE AGENCY DATABASE, STORE

Average amount paid out in April 2005.

The average total amount paid to women pensioners lies between SEK 8,800 and SEK 9,800. What makes up the amount varies between groups. For groups stemming from non-European countries, basic protection benefits predominate. For the rest (including North America), individually earned supplementary pensions account for the major part of the payment, followed by widow's pension and guarantee pension. Seen as a whole, therefore, there is little difference in the size of average pension payments between groups that have had greater or less labour market attachment.

The variation between men with different backgrounds is greater. For men with non-European origins, excluding North America, the average total amount lies between SEK 8,700 and SEK 9,700. The rest have higher amounts, SEK 11,000–12,000 on average. The difference between the groups is, however, significantly less than in comparisons of supplementary pension amounts alone for those receiving such pensions.



SOURCE: SOCIAL INSURANCE AGENCY DATABASE, STORE

Average amount paid out in April 2005.

If contractual pensions were to be included in the picture, the pension amount would increase for most of those with supplementary pension and most of all for those who were previously high-income earners and had incomes above the ceiling in the general system. The differences in average total pension between groups with different countries of birth (and between women and men) would thus increase.

Security in advanced years

The income-based old-age pension is linked to a greater extent than other social insurances to labour market attachment. A long working life is necessary to earn a pension that will last for a long life as a pensioner.

The individual's financial situation as a pensioner is not solely dependent on the individual's own previous gainful employment. Anyone who has reached the age of 65 is entitled to guarantee pension or maintenance support for the elderly, though the latter is means-tested. In addition, there is housing supplement for people with low incomes. Basic protection levels out differences of income between pensioners who have been gainfully employed and had a lasting labour market attachment and pensioners who have had a weaker labour market attachment or have not worked at all. For those who have had a low and insecure income throughout their lives, basic protection means a stabilization of their financial situation after the age of 65.

People who move to Sweden late in life and begin to work here will not have time to earn a very high public pension. If they do not have a pension from their former homeland, they will receive part of the basic protection provided by social insurance.



Ethnicity, society and social insurance

The Social Insurance in Sweden 2005 places the multi-ethnic society in relation to social insurance for the first time. The book examines how different groups of foreign-born and native-born people respectively utilize social insurance and what the reasons for any differences may be. The areas of social insurance that are studied from this perspective are parental cash benefit, sickness insurance, allowances for people with disabilities and pension benefits.

This final chapter starts out with a brief summary of the book's main results. This is followed by a discussion of the role of the labour market for the outcome as well as the role that the Swedish Social Insurance Agency has and ought to have if it is to function well for all residents of the country regardless of country of origin.

More of less – less of more

An important goal of Swedish integration policy is equal rights and opportunities for all, irrespective of ethnic and cultural background. However, the survey and analysis confirm the generally accepted picture of "immigrants" as financially weaker and poorer in resources than others. According to the report *The blue-and-yellow glass house*, Swedish welfare is ethnically divided, because foreign-born people generally earn less, have a lower standard of living and, for example, live in overcrowded conditions (Swedish Government Official Reports 2005:56). The Swedish Social Insurance Agency's analysis reveals that foreign-born people generally receive lower levels of compensation in income-based insurances, but also that wide variations exist even among foreign-born people, both within and between the different regions of birth.

Foreign-born parents receive parental cash benefit at basic level much more often than native-born parents. The reason is the lack of a labour market attachment and that many therefore lack sickness-cash-benefit-qualifying income.

- Two-thirds of mothers born in Africa and MENA including Turkey have received parental cash benefit days only at basic level.
- The fact that foreign-born parents more often have parental cash benefit at basic level results in an average level of compensation lower than that of native-born parents. However, the difference in compensation

between foreign- and native-born parents remains even when only parents at the sickness-cash-benefit-qualifying level are studied.

- The parents' situation has repercussions for the child. Every third child with two foreign-born parents has parents who receive basic-level compensation.
- When foreign-born parents are interviewed about their experiences of parental cash benefit, the majority are satisfied with the information provided by the Swedish Social Insurance Agency.

The labour market situation for foreign-born people is one reason for the differences in sickness absence, where factors such as occupational structure, occupational area and work environment in all probability are of significance.

- A smaller proportion of foreign-born people are entitled to sickness cash benefit than native-born people. Differences in the proportion of people entitled to sickness cash benefit is a direct reflection of the employment situation for different groups.
- Foreign-born people have on average higher sickness absence than native-born people. Foreign-born people are also granted sickness or activity compensation to a greater extent than people born in Sweden. However, there are large variations between different groups of foreign-born people.
- People born in Other European countries, MENA including Turkey and South America have a higher sickness absence than native-born people, while people born in North America and Oceania have a lower sickness absence. There are several possible explanations of this.

In general, it appears that that foreign-born people, in their own view, are also sicklisted because of their work situation to a greater extent than native-born people. The fact that many foreign-born sicklisted people claim that a changed work situation has significance for a return to work suggests that many feel imprisoned in their workplaces and probably also that they are in the wrong occupation.

- Sicklisted people born outside the Nordic countries have a poorer view of their own health than native-born sicklisted people. This is a sad-denying result, and is in line with a number of other studies.
- Exclusion exists and is redistributed. A large proportion of foreign-born people are totally outside the labour market and therefore do not have any access to sickness insurance. This is a problem that society should take seriously and address more actively. The Swedish Social Insurance Agency's survey revealed that approximately 70 per cent of all Somalis lack gainful employment. The exclusion that is created in

the labour market is then reproduced in social insurance and living standards.

The combination of having immigrated to a new country and having a disability can create a situation that is different from being foreign-born or having a disability.

- Certain differences in levels of compensation are associated with region of birth. Foreign-born people often have lower compensation levels than native-born people, especially in regard to disability allowance and assistance allowance for adults. For children with care allowance, on the contrary, it is the children of foreign-born parents who receive higher levels of compensation. This raises the question as to whether children's needs are identified more effectively through the various activities that children come in contact with. However, further research is required before we can draw any conclusions as to what extent native-born and foreign-born disabled people respectively receive the support they are entitled to and need.
- When case worker and insured person do not share a common language, it is easy for a gap in communication to arise. Among the foreign-born interview respondents, there were several people who had not understood the motivation for the decision by the Swedish Social Insurance Agency in their own case. Moreover, the Statistics Sweden Survey on Living Conditions (ULF) shows that foreign-born people to a lesser extent are able to appeal against a decision by an authority. There is thus a risk of foreign-born people not receiving the support they need.
- Disabled persons born outside Europe are less satisfied than those born within Europe regarding the support they receive from society. In the group born outside Europe, there are fewer who consider that the support is adequate or that the authorities take responsibility for their situation.
- Despite the differences that have been pointed out, it is impossible to draw conclusions as to whether there are differences in Swedish Social Insurance Agency assessments in regard to country of birth.

The pension system is based on the principle of lifetime income, which means that a long-term labour market attachment is necessary in order to earn a good pension. However, if the individual does not have access to a pension from his/her former homeland, the income-based pension is supplemented with basic protection – that is, guarantee pension and maintenance support for the elderly.

- For certain groups of foreign-born pensioners, average compensation from social insurance is lower than for native-born pensioners (how-

ever, this only applies to men). Further studies based on the "household" are required.

- Fundamental financial security is greatest for people over 65, thanks to the fact that society's safety net for old people is part of the social insurance system. This means that income is stabilized for those who have had low and insecure incomes during their working years.

The significance of work for social insurance

A fundamental principle in Swedish social insurance is the Work Strategy. The Work Strategy accords work a central significance for individual welfare and the principle of loss of income creates financial security for those periods in life when the opportunity to make a living through one's own work is weakened or lost. For example, it may be a matter of illness, parental leave or old age. In such circumstances, social insurance functions as an insurance against loss of income. But even people who have not been gainfully employed may in certain cases receive compensation, though in that case at a lower so-called guarantee level.

The fact that labour market attachment forms the basis of the insurance is reasonable but also contributes to inequality and unequal opportunities in the labour market being reflected in social insurance. Foreign-born people generally have a weaker labour market attachment, as seen in the fact that they are more frequently employed on temporary contracts, are more frequently laid off and more frequently work in business areas where bankruptcies or redundancies are common. To this, we might add poorer opportunities to build a career and a generally lower income. Since social insurance is mainly based on the principle of income loss, the levels of compensation are generally lower for foreign-born people than for native-born people. Nevertheless, it is important to emphasize that despite compensation levels being generally lower for foreign-born people, the existence of guarantee levels means that some of the income differences that exist in the labour market are reduced. Therefore, the effects of the ethnically segregated labour market are not fully reproduced in the social insurance system.

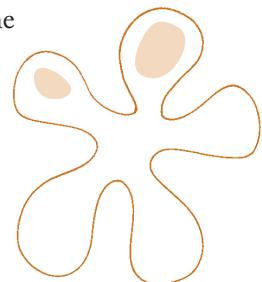
The various chapters have provided many examples of the effect of the labour market on the use of social insurance and on compensation. In the utilization of parental cash benefit, the effects of the labour market are seen in the lower proportions of foreign-born people claiming parental cash benefit. Foreign-born people receive lower average parental cash benefit than native-born people and more often receive days at guarantee level. Parents' financial situation influences the life conditions of children. The proportion of children with parents who have claimed parental cash

benefit days only at basic level is between one and six per cent for children with at least one parent born in Sweden. The corresponding proportion of children with two foreign-born parents is just over 30 per cent. The UN Child Convention clearly states that every child irrespective of ethnicity has the right to a good standard of living. The economic measures "proportion with basic level" and "size of compensation" indicate a financial vulnerability, even though means-tested benefits such as housing allowance even out financial differences between families. Unequal conditions in childhood threaten to have long-term negative consequences which are worth taking seriously.

Large groups of foreign-born people are not entitled to sickness cash benefit. Among foreign-born people who are sicklisted, conditions are tougher than among native-born people since they are also to a greater extent unemployed, work in a poor psychosocial work environment and receive poor social support in the workplace. Even if there are methodological difficulties in empirically proving the existence of discrimination in the labour market, it is widely acknowledged to exist. Structural discrimination means that people are evaluated differently on grounds of gender, sexual orientation, ethnicity or religious affiliation, where the chances of being selected or rejected are determined in advance. This is a democratic problem for the whole of society.

The effects of the segregated labour market are seen most clearly in the old-age pension, which is based not only on lifetime earnings but also on the number of years in Sweden.

Foreign-born people are often not entitled to full old-age pension due to the length-of-residence requirement and pension-earning regulations. Compensation from old-age pension is based to a large extent on labour market attachment, where it is not only gainful employment and the level of employment at a certain point in time that have significance for the size of compensation. It is also necessary for a person to have worked for several years in order for the pension to provide a good compensation relative to the working life one is leaving. If people move to Sweden at a more advanced age or at a late stage in their working life, this will often mean minimum-level compensation – basic protection. One problem is that many foreign-born people even after 10–15 years still have a very weak labour market attachment despite their long period of residence. These circumstances will naturally be reflected in the future income-based pension. However, some of the people who immigrate to Sweden bring with them some form of pension from the homeland. The picture of old-age pension is further complicated in those cases where the rules for old-age pension are not compatible between countries. People who choose to stay at an adult age may, even if they enter the labour market and achieve a high income, may find it difficult in the future to receive





an old-age pension that equates to the standard of living they had during their time of gainful employment.

Not altogether unexpectedly, the greatest differences between foreign-born and native-born people are noticeable among women. One might ask what opportunities women who are at home with parental cash benefit at basic level have to achieve financial independence. Or why so many women in different country-of-birth groups have disability pensions? Norms and individual choices within the family with respect to the distribution of work, and education, influence many women's opportunities to find work. As we have noticed in this theme section, gender and ethnicity dictate how individuals are perceived and evaluated by themselves and others. In some respects, such evaluations may further reduce the ability of foreign-born women to gain a foothold in the labour market, which in turn further undermines their chance of receiving adequate compensation from social insurance.

However, the solution to the above discrepancies does not lie in raising means-tested allowances or basic amounts. The purpose of means-tested allowances and basic amounts is to support persons with low incomes, but such solutions have the disadvantage of possibly contributing to unwanted locking-in mechanisms if the marginal effect is strong enough. The locking-in effect, or marginal effect, means that a high basic level makes increased work effort through gainful employment less desirable or possible. Instead of work, this may lead to greater benefit-dependency and thus also create poverty traps. Work opportunities are still the means by which people may improve their situation.

It gets better later

There are many examples in the Social Insurance in Sweden 2005 indicating that foreign-born people's conditions improve after a longer period of residence in Sweden. The level of employment is significantly higher among people who have lived in Sweden for a longer period than among those who have been in the country four years or less. In the chapter on parental cash benefit, for example, we learn that 87 per cent of mothers

born in Africa who came to Sweden four years before the birth of the child have claimed parental cash benefit at the lowest level (basic level). Among those who came to Sweden eleven years before the birth of the child, only twelve per cent have claimed parental cash benefit at basic level.

In general, residence in the country is considered to be a factor that improves the chances of individuals to enter the labour market. In certain respects, though, this is to attribute greater significance to time as a mechanism than it deserves, since time *per se* does not increase the chances of work. Rather, it is the skills (language, networking, understanding social structures, etc) that the individual has been able to acquire that increase the chances of finding work. Naturally, this does not mean time as a factor should be underestimated. In Sweden, sickness absence is closely linked to the business cycle, and the level of labour market attachment can to a certain extent explain sickness absence among different groups, which means that the time of arrival and the state of the economy at that time is of great importance.

It is also interesting to examine time in other types of case, where results point to "time" as a complicated factor to be explained. In the chapter devoted to people with disabilities, we discovered for example that the time people had been resident in Sweden had no obvious effect on the amount of support they received. For example, among adults with assistance allowance, those who have resided a shorter time in Sweden appear to receive more extensive support. When considering the time factor, the important thing is to ask the follow-up questions: what has influenced the outcome? Can it be that people who have immigrated at different times have different types of disability or is it a question of the business cycle, the way the labour market functions, the assessments of the Swedish Social Insurance Agency or the procedures that were current at the time? Or is it a matter of the individuals themselves and – in that case – is it knowledge of society and the regulations, or a better understanding of their own situation that is needed? In other words, "time" requires more research if it is to be charged with change potential instead of merely being a description of past events.

The role of the Swedish Social Insurance Agency in the multi-ethnic society

The emergence of a multi-ethnic society places new demands on Swedish authorities. The world of Swedish authorities has fallen behind in relation to today's evermore ethnically heterogeneous society (Kamali 2002). The conclusions in the report *The Blue-and-Yellow Glass House* indicate that representatives for Swedish institutions focus exclusively on individuals' knowledge of Swedish or Swedish society instead of asking what compe-

tencies the organization or authority actually requires (Swedish Government Official Reports 2005:56).

So what are the responsibilities of the Swedish Social Insurance Agency in relation to the ethnically heterogeneous society? In this theme section, we have established that inadequate access to the labour market is an important reason why foreign-born people receive lower levels of compensation than native-born people. The inequality that appears in low compensation levels is a reflection of the state of the labour market and is not something that social insurance can or should compensate. On the other hand, it is the responsibility of the Swedish Social Insurance Agency to make fair and uniform assessments for all, regardless of country of birth. The Swedish Social Insurance Agency is also responsible for providing information, offering good service and, when necessary, helping individuals with application procedures. This responsibility also extends to those citizens who speak one of the minority languages, which places new demands on the Swedish Social Insurance Agency.

Uniform assessments?

An over-riding aim of the Swedish Social Insurance Agency is to ensure that assessments are uniform and just. From this, it follows that country of birth or ethnic background should not be allowed to influence the outcome. Previous studies have found that the risk of unfair assessments is highest for those benefits that contain a large element of reasonability assessment (Swedish Social Insurance Board 1998). Reasonability assessment implies that great attention should be paid to the individual's specific situation, making the regulatory system less bureaucratic and more flexible towards individual circumstances. At the same time, this type of assessment allows case workers extensive decision-making powers, with the attendant risk of norms and values concerning Swedes and immigrants, women and men, etc, affecting rulings.

In the Social Insurance in Sweden 2005, the assessments of the Swedish Social Insurance Agency have not been specifically studied in relation to regions of birth. In the chapter on disabilities, certain differences were noted in compensation levels between people from different regions of birth. It was also shown that disabled people born outside Europe are generally less satisfied with the support provided by society than people born in Europe. Similarly, in the chapter on ill health, it was noted that almost 40 per cent of sicklisted people born outside the Nordic countries claim they have not received the help they need in order to return to work, compared with 22 per cent of native-born people. The result is disappointing since many foreign-born people state that help and support from medical care services and the Swedish Social Insurance Agency is of crucial importance for their return to work. Nevertheless, on the strength of the analysis made in this book, it is impossible to determine the cause

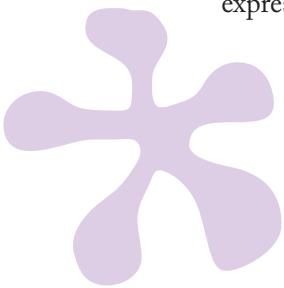
of these differences by reference to country of birth. It may be a question of Swedish Social Insurance Agency assessments but it may just as easily be a question of readiness to take personal initiative and seek support.

Few studies have been made of Swedish Social Insurance Agency assessments from the perspective of ethnicity (Soydan 1995, Jonsson 1997). In 1998, the Swedish Social Insurance Agency made a study of how social-insurance-office case workers' assessments were influenced by gender, ethnicity and class. In the study, the case workers were asked to assess a sicklisted person's chances of returning to work after rehabilitation. Fictitious cases were used as a basis for the assessment, where the only variables that changed were gender, ethnicity and education. In spite of the cases being identical with respect to type of work, family situation and reason for sicklisting, all case workers believed that Lars, born in Sweden, would return to work after rehabilitation. By contrast, only 60 per cent believed that Semira, born in Lebanon, would return to work (Swedish Social Insurance Board 1999). Even though the study in question was based on fictitious cases rather than on real people, it shows that case workers' notions of ethnicity *can* influence their assessments.

In the interview survey in the chapter on disabilities, some respondents wondered whether a rejected application or unpleasant reception might have been due to case workers' notions of their ethnic origin. The interviews in this study provide no evidence that outright discrimination is in any way common. Neither does the Swedish Social Insurance Agency's customer survey in 2004 give any hint of this. The survey found that foreign-born people were more satisfied than native-born people with the Swedish Social Insurance Agency in all five service areas examined – *accessibility, treatment, information, competence and reliability* as well as the *overall impression* of the Swedish Social Insurance Agency. The average mark given by foreign-born people for overall impression was eight per cent higher than that of native-born people. The customer survey says nothing about opinions concerning Swedish Social Insurance Agency decisions but it suggests at any rate that foreign-born people have a relatively positive picture of the Swedish Social Insurance Agency as a whole. Nevertheless, it is essential that further studies are conducted to examine whether the Swedish Social Insurance Agency meets the goal of fair and uniform assessments regardless of country of birth.

Information in different languages

The Swedish Social Insurance Agency has an obligation to provide information in a way that people living in Sweden understand. Work within the Swedish Social Insurance Agency is controlled by the Ordinance (1986:856) on the obligation of state authorities to implement integration policy within its area of responsibility. The ordinance stipulates that authorities must, within the framework of available resources, provide uni-



form service to all people regardless of ethnic or cultural background as well as strive to inform all affected parties of the activities of the authorities. Authorities must also be alert to the fact that this may require special measures for newly-arrived immigrants.

In the chapter on parental cash benefit, we saw that interviewed parents, with one or two exceptions, were noticeably satisfied with both information and treatment. The parents thought that both written and oral information was easy to understand. The interview answers also made it clear that parents themselves largely assume responsibility for finding out how things work and how to claim parental cash benefit. Nobody expressed a wish to have information in their home language. While the general picture was that the spread of information functions well, it appeared that some of the respondents had nevertheless misunderstood the basic regulations for parental cash benefit.

However, the chapter on disabilities presents the opposite view. There, interview respondents are unanimous in their view of the information they received from the Swedish Social Insurance Agency. Respondents felt they had not received the information they needed and the interviews also made it clear that that several people seemed not to have understood the criteria that govern the right to compensation.

Differences of opinion among people with disabilities on the one hand and parents on the other may possibly be due to the fact that parents receive parental cash benefit without completely understanding the regulations. The consequences of possible information gaps are not very serious. People with disabilities must have much more knowledge of the system in order to be able to "speak for themselves" and apply for support. Inadequate information may have much more serious consequences for this group. It is also worth mentioning that information about parental cash benefit and support for people with disabilities is distributed in different ways, which may explain why prospective parents feel the information is much easier to access. All prospective parents have information on parental insurance sent home to them prior to the birth of the child. By contrast, when it concerns benefits for people with disabilities, the individuals themselves must take the initiative and request relevant information. This emphasis on individual initiative is a principle enshrined within disability policy that is sometimes referred to as individualization. The thinking is – when it functions – that the individual should contact the authority first when he or she needs its help rather than the authority intervening when someone is deemed to be in need of help. However, a number of studies show that one of the consequences of this approach is that sometimes it is difficult for people with disabilities to locate the information they need (for example, Social Insurance in Sweden 2002).

The problem has been noted in previous studies and does not only apply to foreign-born people.

On the website of the Swedish Social Insurance Agency, there is nowadays situation-related information in English, Finnish, French, Spanish, German, Bosnian/Serbian/Croatian, Turkish, Arabic and Persian. Even though information is available in several different languages, navigating the site still leaves much to be desired. For example, the insured person must know either Swedish or English to be able to navigate to information in other languages. The information available on the Swedish Social Insurance Agency website provides a good initial overview of regulations and rights. On the other hand, it does not provide any detailed information, thus requiring anyone who wishes to know more to be able to ask the right questions. The problem is that if you are not sure what to ask, it can be difficult to access more detailed information.

When case worker and client have no common language

It is essential that communication functions between the Swedish Social Insurance Agency and insured people even if the case worker and the insured person do not share a common language. As we have seen in this book, primarily in the chapter on disabilities, difficulties can arise in this situation. The main responsibility for making sure it works anyway lies with the Swedish Social Insurance Agency.

For most newly-arrived immigrants, an interpreter is a prerequisite for any meaningful communication between case worker and insured person (Swedish Social Insurance Board 2004). According to the Administrative Procedure Act, authorities should employ an interpreter when case worker and client do not share a common language. However, it is the performance of the interpreter that determines how accessible the Swedish Social Insurance Agency is for the insured person in a case-handling situation (Nyberg 2000). It can also make it more difficult for the case worker to establish a relationship with the insured person (Swedish Social Insurance Agency 2000). Apart from linguistic complications, using an interpreter may be difficult for other reasons, for example, when the interpreter and the individual have different ethnic or religious backgrounds. It is easy for misunderstandings to arise. Therefore it is important that the case worker make sure the client concerned has understood the information that has been given. However, at present there is no collective expertise on how often the Swedish Social Insurance Agency uses interpreters in meetings with foreign-born insured persons (Swedish Social Insurance Board 2004). Neither is there any data on how the use of interpreters is perceived by case workers or insured persons.

According to current minority language legislation, citizens have the right to receive information about their cases in Sami, Finnish or Meänkieli (a Finnish dialect in Northern Sweden), which assumes com-

petence in these languages by the authorities. There is no corresponding right for people who have immigrated to Sweden. But an alternative to an interpreter for foreign-born people would be to prioritize linguistic skills in case workers. If all customer services and receptions and more case workers were proficient in languages other than Swedish, insured persons would receive faster support. In the spirit of fair recruitment, applicants should be scanned for their linguistic skills so that administrative authorities may be able to meet the needs of citizens, insured persons and clients.

Help with submitting an application

The Administrative Procedure Act (1986:223) stipulates that authorities shall provide information, guidance, advice and other help to individuals in questions that pertain to the authorities' areas of activity. The responsibility also includes helping out with application procedures and suchlike.

In the interview study of people with disabilities, it emerged that officialese was often felt to be hard to understand. The difficulties were even greater for foreign-born people interviewed in this study than those noted for respondents in previous studies of native-born people. Among the respondents, several stated they had not understood on what grounds the Swedish Social Insurance Agency had come to a decision in their particular case. They were refused without knowing why. The fact that people do not understand what happens in their own cases and why, is a problem. If people do not understand on what grounds a decision is made, they cannot judge whether the decision is reasonable or not. This influences the chance of appealing against a negative decision that may be wrong.

When applications are turned down, foreign-born persons have fewer opportunities than a native-born persons to plead their case. To appeal against a decision by an authority requires certain resources in the individual. The individual must understand the reason for the rejection and be able to formulate an appeal. The Statistics Sweden Survey of Living conditions (ULF) shows that the chances of appealing vary according to country of birth. In the ULF survey, 74 per cent of the native-born Swedes answered yes to the question if they themselves could write a letter and appeal against the decision of an authority. People born in Nordic countries or central EU countries could make an appeal to roughly the same extent as people born in Sweden. Among people born in the Middle East, the figure was 56 per cent, while 55 per cent of people born in Africa and 40 per cent of people from former Yugoslavia answered yes to the question (Statistics Sweden 2002a). The Swedish Social Insurance Agency has an obligation to inform people how to submit an appeal. Such information is most often included in the letter of rejection, though only in Swedish. Such information is found on the website for the different languages.

Alike or different?

The work methods of the Swedish Social Insurance Agency are of a generalized nature and seldom adapted to a multi-ethnic population. The same methods are intended to function for everyone. An exception is when certain informational brochures are translated to various languages, which is positive. But perhaps the Swedish Social Insurance Agency can do more to meet new demands arising from developments that have taken place. The Social Insurance in Sweden 2005 has shown that the Swedish Social Insurance Agency could do much more than it does today. For example, the chapter on disabilities reveals that several people did not understand the reasons given for decisions received from the Swedish Social Insurance Agency. One person also pointed out that it can be difficult to use touch-tone functions in telephone switches to authorities. For a newly-arrived immigrant, it can be difficult to get through using such a phone contact. Another problem concerns web services, which demand a certain amount of basic knowledge of social insurance.

People request information in varying degrees and have different attitudes towards questioning the motivation for decisions by the Swedish Social Insurance Agency and towards appealing against decisions. Some people are well-informed about social insurance regulations while social insurance is a blind spot in other people's field of vision. One important question is how the Swedish Social Insurance Agency should respond to the fact that people have different needs in their contacts with the authority. Country of origin is a factor that may influence people's needs, especially for new arrivals. But also level of education, social status and gender affiliation may play a role in this context.

The crucial question in this context is whether the case worker should start with the assumption that all people are alike and have similar needs or with the assumption that people and groups of people are basically different, such as in their propensity to request information. If similarity is emphasized, there is a risk of not taking into account different individuals' personal aptitudes. If, on the other hand, the significance of difference is exaggerated, there is a risk of certain groups being regarded as deviant in relation to an established norm, which in turn can result in a hierarchical and prejudiced attitude.

There is an obvious danger in attributing characteristics to people on the basis of a stereotyped picture of the ethnic group they belong to or are assumed to belong to. Being foreign-born may signify a resource deficiency as regards language skills and knowledge of society. But one can also reverse the argument and assert that the authorities, including the Swedish Social Insurance Agency, must adapt in order to meet the conditions that exist in a multi-ethnic society.

The sectorization of society

Society is built up of a number of different sectors, with different authorities each responsible for their own operational areas. This is not in itself a problem. But sometimes problems arise in the interaction between authorities. It might be a matter of overlapping areas of responsibility with the result that the responsibility of each authority is fuzzy. But gaps can also appear, with no authority wishing to take responsibility for a particular issue.

The Swedish Agency for Administrative Development states in its report *Sectorization within public administration* that problems resulting from sectorization arise mainly in connection with cases involving people with complex problems, where the solution requires measures from several sectors. As an example, the report cites rehabilitation of unemployed persons, integration of immigrants, and adult education (the Swedish Agency for Administrative Development 2005).

In a functioning vocational rehabilitation programme, it helps if the sicklisted person has a modicum of motivation to return to work. Motivation in its turn requires knowledge and understanding of one's own situation. Here, different concepts used by the various social institutions can be an aggravating problem, such as "employability" (the employment office) and "fit for work" (the Swedish Social Insurance Agency). Individuals can feel some perplexity over why an illness makes them unemployable in the eyes of the one but fit for work in the eyes of the other. Likewise, it can appear incomprehensible to individuals why the social services should require certain case papers from the Swedish Social Insurance Agency.

It is more common for people born outside the Nordic countries to be both unemployed and sicklisted. Here, the sectorization of society creates a problem. It is also more common for immigrants than Swedish-born people to state they need help and support from the employment office. The chapter on ill health also reveals that many immigrants feel their health problems are not taken seriously by the various actors.

For the citizen, the sectorization of society's services may make it difficult to navigate between the various authorities. This is a general problem but it is probable that the system seems even more inscrutable to people who have recently arrived or do not know the language. One example of an area that is problematical in this respect is support to people with disabilities. The support system for people with disabilities has in previous studies been described as a labyrinth where it is far from certain which authority administers which support (for example, Social Insurance in Sweden 2002). For people who are foreign-born, there is an additional dimension. For example, the social institutions that deal with disability issues are seldom well-informed about integration issues and the institutions responsible for integration issues are seldom well-informed about

disability issues. This creates a risk of immigrants with disabilities ending up in a "no-man's-land" (Fuentes 1999, Roberts 2000).

If a support system is complex and difficult to understand, there is a risk that the consequences will be worse for disabled people born in another country. Perhaps not knowing the language and being ignorant of how society functions will further aggravate the situation (Swedish Government Official Reports 1998:139, the Swedish Social Insurance Agency 2000, Calbucura 2000).

The way forward

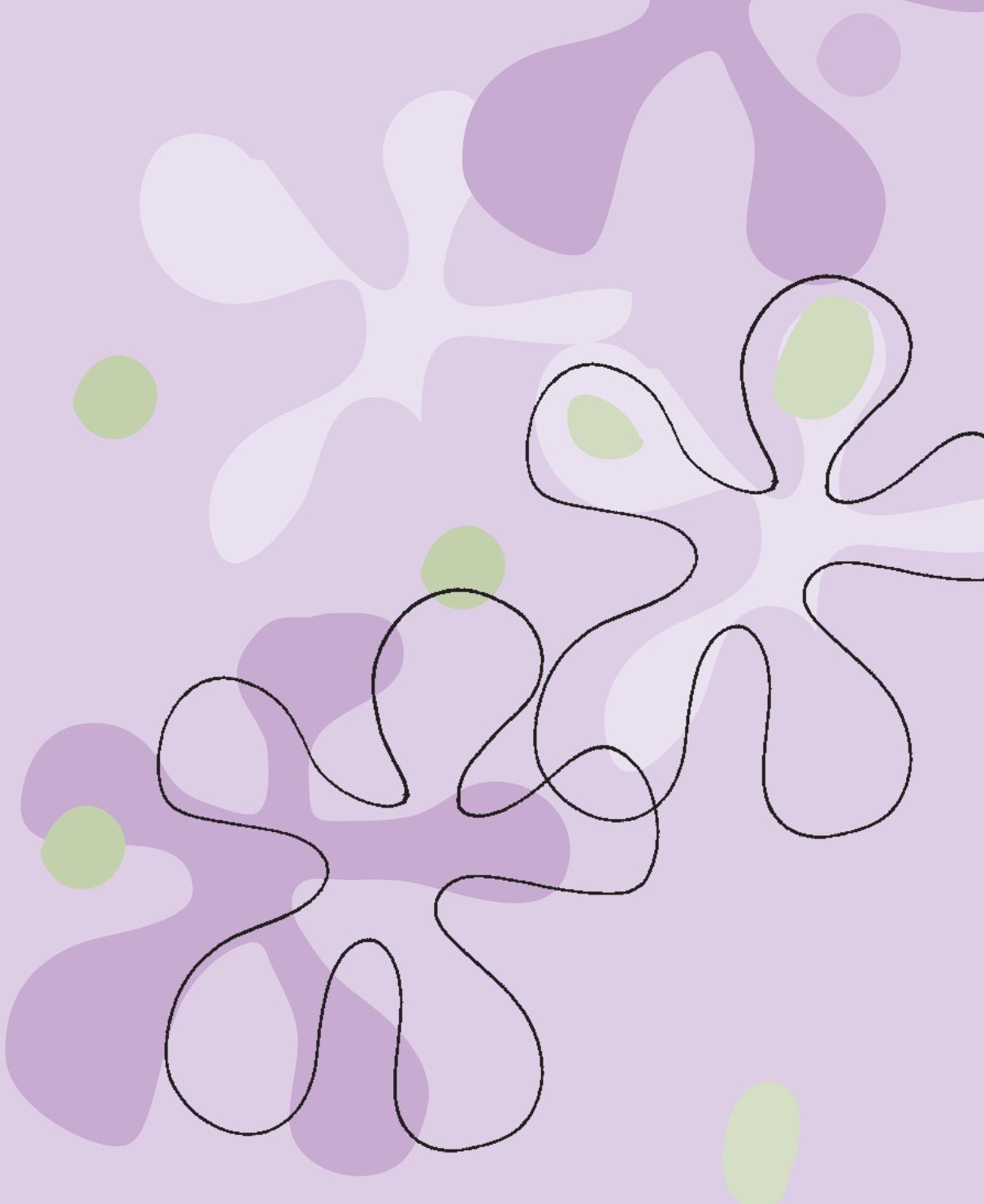
What is the significance of using as a starting-point the grouping by region of birth that has been used in this book? Of the various alternative groupings that might have been used, it is important to remember that none are totally objective or neutral. Any chosen point of departure is charged with values and all groupings become static in the end. This is where a starting-point in the concepts "immigrant" or "foreign-born" becomes problematical. Given the wide range of variations in origin, being born in Sweden but of immigrant parents, or having arrived as an immigrant oneself – either as infant or adult – in itself means a multitude of variations that will not fit easily into simplified groupings. As a means of really getting to "understand" the multi-ethnic society, it seems that all imaginable groupings are flawed. Moreover, people do not only have an ethnic identity but also have different sexes, class affiliations, disabilities, ages, etc. Concepts such as "foreign-born" and "person with a foreign background" involve a simplification of reality but one which is necessary if we are to analyze a condition or situation involving more than one person at a time. The outermost layer in the form of ethnicity is impossible to ignore in this respect, while at the same time in major surveys it cannot be summarized without being simplified out of all recognition.

Facts, knowledge and information are required in order to continuously monitor and understand the multi-ethnic society. Often, the desire for quick information can be too overriding. This theme section shows that such information is not necessarily available. Database studies have here revealed differences among various groups in their utilization of social insurance, and for some of these differences partial explanations can be offered. But there are gaps in our knowledge. In order to further extend the range of our understanding, studies of households with care allowance, based on interviews, etc, would shed more light on the specific circumstances of foreign-born parents. Studies based on database information and focusing on particular regions of origin sorted by arrival in Sweden – for example, those who came as labour migrants and those who clearly arrived as refugees – would no doubt also help clarify the picture even further.

This theme section has not attempted to examine the varying attitudes to either social insurance or particular benefits but this too might prove fertile ground for further research. If the Swedish Social Insurance Agency is to be able to offer a functioning service of uniform quality, further studies are called for in several areas. According to the report, *The Blue-and-Yellow Glass House*, we need critical and detailed programmes on work methods rooted in the assumption that no neutral standpoint exists – not having a point of view amounts to an acceptance of the status quo (Swedish Government Official Reports 2005:56).



Social Insurance in Figures



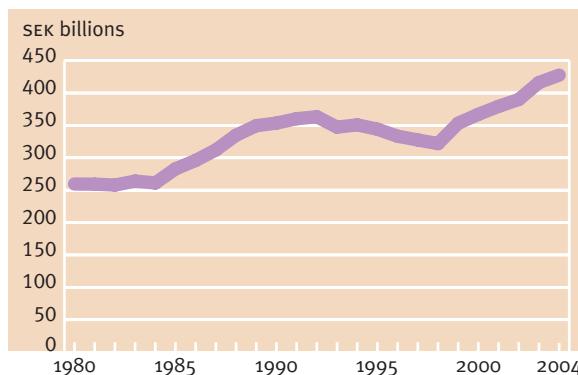
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The Financial Scope of Social Insurance

Social insurance expenditure

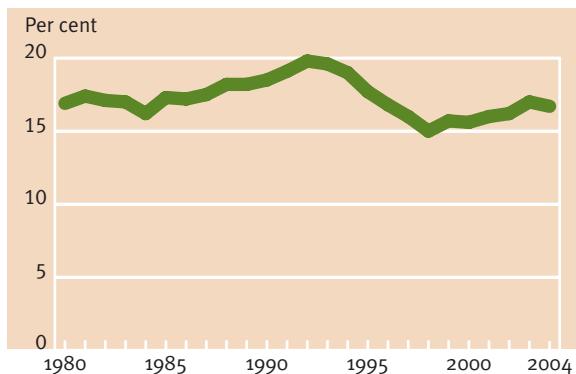
In 2004, social insurance expenditure totalled almost SEK 428 billion, representing one-sixth of the Gross National Product (GNP) and half the expenditure below the expenditure ceiling set by the Swedish Parliament. For every SEK 100 spent on private consumption, SEK 25 come from social insurance. Since 1980, expenditure has risen by 65 per cent expressed in fixed prices. In relation to GNP, however, expenditure is marginally less than in 1980.



Social insurance expenditure in 2004 prices. The long-term trend for social insurance expenditure points upwards, largely due to constantly increasing old-age pension payments.

The second half of the 1980s saw a dramatic increase in expenditure. Subsequently, from 1993 to 1998, total expenditure in fixed prices declined, primarily due to cost-cutting regulatory changes. These included reduced levels of compensation, the introduction of a sick-pay period, a qualifying day in sickness insurance. Greatly increased expenditure from 1999 onwards was mainly due to a sharp rise in the cost of health insurance and ATP (supplementary pension). In 1999, a number of major changes were made to the social insurance system, including the introduction of national old-age pension contributions. Many of the insurance schemes, such as sickness cash benefit and parental cash benefit, rank as pension-qualifying income. In addition, care of young children qualifies for pension rights. Since 1999, the state has paid old-age pension contributions equivalent to the pension

rights for this, amounting to more than SEK 20 billion for social insurance in 2004. The introduction of national old-age pension contributions thus means that a previously hidden item of expenditure is now reported openly and does not represent any additional commitments.



Social insurance expenditure in relation to GNP. In relation to GNP, expenditure has been more cyclical in its development since 1980, without any long-term highs or lows.

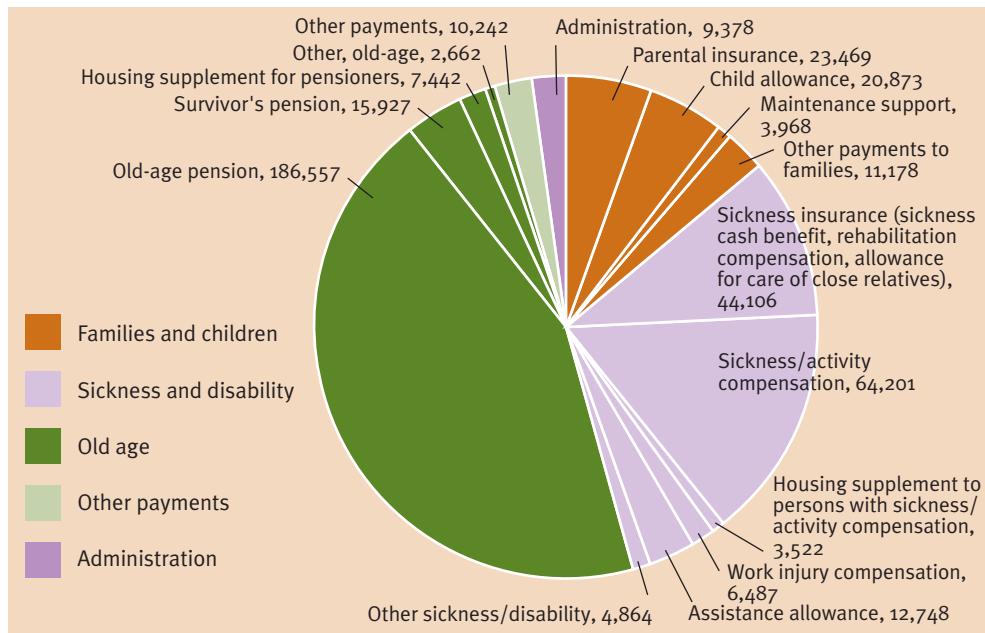
Social insurance payments play a significant role in the national economy. In 2004, they equated to just over 16 per cent of GNP, which is roughly the same level as during the greater part of the 1980s. After rising in a virtually unbroken curve, total social insurance payments reached a peak in 1992 of almost 20 per cent of GNP. During the remainder of the 1990s, social insurance payments in relation to GNP fell even faster than their value in fixed prices.

Seen in a longer perspective, social insurance expenditure in relation to GNP – after the expansive trend of the 1960s and 1970s – has become more cyclical in character since the beginning of the 1980s.



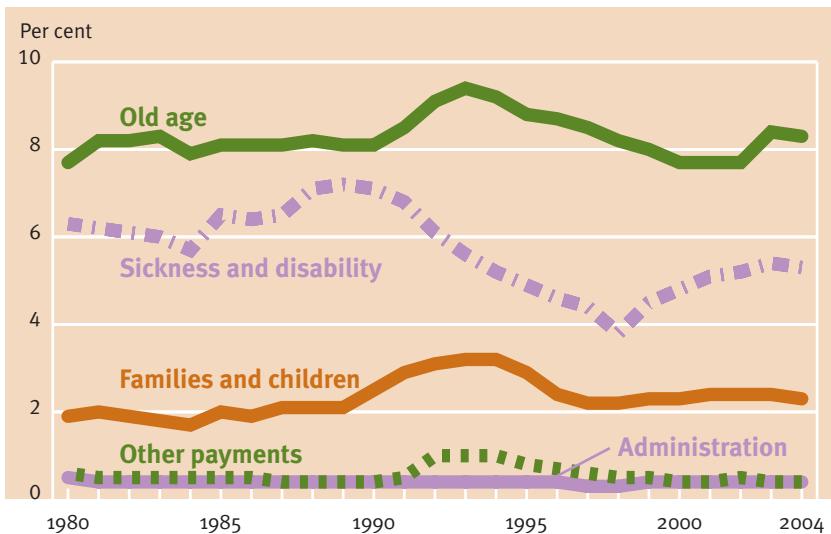
Type of insurance/benefit	2002	2003	2004
Financial security for families and children			
Parental insurance	20,042	21,970	23,469
Child allowance	21,018	20,956	20,873
Housing allowance for families with children and for young people	3,717	3,595	3,614
Care allowance for disabled children	2,110	2,232	2,415
Maintenance support	4,298	4,127	3,968
Child pension, etc	977	1,045	1,060
Pension right for childcare years	3,669	3,831	4,051
Adoption allowance	39	41	38
Subtotal	55,870	57,797	59,489
Financial security in case of sickness and disability			
Sickness insurance	48,395	48,552	44,106
Medical care benefits, etc	1,969	2,829	3,425
Disability pension, sickness/activity compensation	49,917	58,527	64,201
Housing supplement for disability pensioners	3,148	3,370	3,522
Disability allowance	1,177	1,200	1,205
Work injury compensation	7,273	6,371	6,487
Car allowance	212	215	222
Assistance allowance	9,767	11,165	12,748
Other benefits	22	27	11
Subtotal	121,880	132,255	135,928
Financial security in old age, etc			
Old-age pension	161,229	180,046	186,557
Survivor's pension	13,444	15,611	15,927
Housing supplement for pensioners	7,366	7,607	7,442
Maintenance support for the elderly	.	634	587
Part-time pension	182	104	37
Other pensions	65	61	2,038
Subtotal	182,286	204,064	212,588
Other payments			
Activity support	11,093	9,684	10,133
Daily cash benefit to conscripts, etc	5	5	5
Family allowance to conscripts	72	78	67
Other	40	37	38
Subtotal	11,210	9,804	10,242
Administration	9,761	10,565	9,378
Total	381,007	414,485	427,624

Social insurance expenditure from 2002 to 2004 in SEK million, including national old-age pension contributions.



Distribution of expenditure for 2004
in SEK million. Half of social insurance expenditure (50 per cent or SEK 212 billion) went to old-age pensioners and survivors. A little under one-third (32 per cent or SEK 136 billion) went to the sick and disabled. Support for families

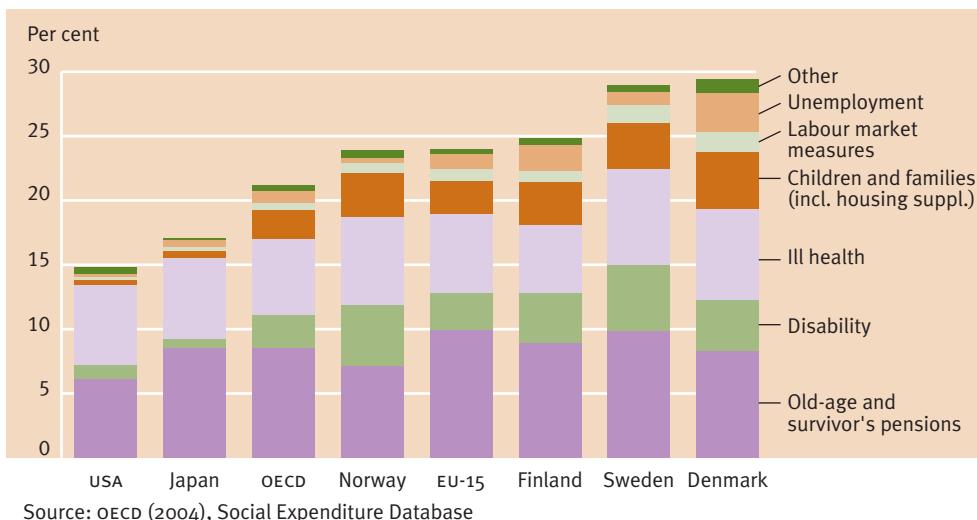
with children amounted to 14 per cent (SEK 59 billion). In addition, there were various other benefits, primarily within the labour market area (SEK 10 billion). The remainder comprised administrative costs (SEK 9 billion).



Payments from the main social insurance categories in relation to GNP.

Expenditure in the area of financial security in old age is relatively stable in relation to GNP and accounts for approximately half of all social insurance expenditure. Expenditure in the area of financial security in case of sickness and disability has shown considerably more variation. After a rapid increase in expenditure for both sick leave and work injury in the second half of the 1980s, expenditure fell sharply from 7.2 per cent of GNP in 1989 to 3.8 per cent in 1998. The drop was the combined result of fewer sick leaves, a new sick-pay period, the reduction of compensation levels and the transfer of responsibility for medicine costs to the county councils. Between 1998 and 2003, expenditure relative to GNP rose as a result of increasing sickness absence. In 2004, expenditure in the area of financial security in case of sickness and disability decreased relative to GNP. The development of expenditure in the area of financial security for families with children primarily reflects the large cohorts of children in the late 1980s and early 1990s.





Source: OECD (2004), Social Expenditure Database

Public social expenditure in relation to GNP in 2001 in Sweden and other OECD countries. Public social expenditure constitutes a larger share of GNP in Sweden than in most other OECD countries, especially in the area of support to families, children and disabled people and in active labour market measures. However, expenditure for unemployment compensation is relatively low.

International comparisons of the scope of social insurance are difficult to make because the needs met in certain countries via transfers to households are met in others via direct services. In the above diagram, therefore, the total so-called social expenditure reported by the Organization for Economic Co-operation and Development, OECD, is shown.

What the level of these expenditures primarily shows is how large a proportion of the needs of the populace in each country is provided from public funds. A smaller proportion, as in the USA and Japan, is a sign that market solutions and/or families play a greater role in providing social security. As regards total public social expenditure, Sweden and Denmark rank high in the EU (EU-15), which in turn ranks significantly higher than Japan and the USA. In Europe as a whole and Sweden in particular, public support for people with disabilities also constitutes a significantly larger share of GNP than in the latter two countries. Public support for children and families is also considerably higher in Western Europe than in the USA and Japan. In this area, Sweden is less of an exception compared to other European countries. The share of GNP that goes to the publicly financed health sector (from sickness cash benefit to hospitals) varies only slightly between OECD countries.

Sweden is also distinguished by its relatively low expenditure on unemployment benefits, especially compared with the large share of GNP, by international standards, that goes to financing active labour market programmes.

How social insurance is financed

Social insurance benefits are financed primarily through social insurance contributions from employers and self-employed people, general pension contributions, national old-age pension contributions, tax revenue and interest earned on funds.

Certain insurance benefits are financed entirely out of national funds. These include child allowance, housing allowance and some other allowances for families with children, certain benefits for people with disabilities, and housing supplement for pensioners and people receiving sickness or activity compensation. Expenditure for maintenance support not covered by payments from parents liable for maintenance is paid out of tax revenue. Assistance allowance is partly financed by the municipalities.

Five categories of insurance are financed wholly or in part by means of general social insurance contributions. These are parental insurance, sickness insurance, work injury insurance, old-age pension and survivor's pension. There is a fundamental difference between the old-age pension system, which has defined contributions, and other insurance categories which have defined benefits. The reformed old-age pension system is financed by various contributions paid by employers, self-employed persons, the state and the individuals themselves. These contributions are fixed and pension payments are adjusted to what is possible using available resources. By contrast, contribution rates for other insurance categories are adjusted, if necessary, to changes in expenditure. Moreover, the proportion to be covered by contributions varies according to the particular insurance category.

A further difference between the old-age pension system and other insurance categories is that the pension system is autonomous from the national budget, contributions being transferred to the AP Funds and the Premium Pension System. Contributions for other benefits are not transferred to a specific fund but go instead into the national budget, from which social insurance benefits are paid out. The link between incoming contributions and the financing of benefits they are intended for is thus relatively tenuous. In the following table, since contributions are intended by statute to finance particular benefits, we report contributions and benefits side by side in the manner of a more autonomous financial system.



Type of insurance	Income, SEK million				Expenditure, SEK million			Surplus/deficit
	Charges	Statu- tory govt. funding	Other	Total	Pay- ments	Admini- stration	Total	
Parental insurance	22,742	118	–	22,860	23,029	826	23,855	–995
Child allowance	–	20,974	–	20,974	20,873	101	20,974	–
Housing allowance to families with children, etc.	–	3,951	–	3,951	3,614	337	3,951	–
Care allowance for disabled children	–	2,566	–	2,566	2,415	150	2,566	–
Maintenance support	–	2,411	1,941	4,352	3,968	384	4,352	–
Pension rights for childcare years	–	4,051	–	4,051	4,051	..	4,051	–
Sickness insurance ¹	113,083	13,309	–	126,392	108,748	3,868	112,616	13,776
Health care benefits	–	3,681	–	3,681	3,425	256	3,681	–
Disability allowance	–	1,293	–	1,293	1,205	87	1,293	–
Activity support	10,133	189	–	10,321	10,133	189	10,321	–
Work injuries	7,246	180	–	7,426	6,487	403	6,889	537
Car allowance	–	250	–	250	222	28	250	–
Assistance allowance	–	10,127	2,726	12,853	12,748	105	12,853	–
Old-age pension								
via AP Fund	171,600	–	65,162	236,762	164,762	2,737	167,499	69,263
via national budget ²	12,462	11,402	–	23,863	23,732	131	23,863	–
Premium Pension Scheme	20,021	–	–	20,021	42	221	263	..
Survivor's pensions	17,577	1,228	–	18,805	16,987	146	17,132	1,673
Housing suppl. (BTP)	–	11,359	–	11,359	10,964	396	11,359	–
Maintenance support for the elderly	–	594	–	594	587	6	594	–
Part-time pension	–	37	–	37	37	1	37	–
Other benefits	46	127	72	245	218	27	245	–
Non-apportioned administration ³	–	–1,021	–	–1,021	–	–1,021	–1,021	–
Total 2004	374,909	86,825	69,902	531,635	418,246	9,379	427,625	..

¹ Including sickness disability pensions, pregnancy cash benefit and allowance for care of close relatives.

² Including administrative costs for social insurance offices.

³ Mainly costs for social insurance offices due to changes in the pension debt.

Social insurance income and expenditure in 2004. Social insurance is primarily financed through social insurance contributions, general pension contributions, national old-age pension contributions, tax revenue and interest earned on funds.

According to statutory financing regulations, costs should be partially covered by social insurance contributions and general pension contributions. However, the actual proportion for any one year is only approximate. The law does not specify for each insurance scheme the extent to which it is to be financed by contributions.

In 2004, income from social insurance contributions, national old-age pension contributions, general pension contributions and exchange rate differences, interest, etc, totalled SEK 445 billion. State funds added SEK 87 billion. In total, this meant that income exceeded expenditure by SEK 104 billion. Also in 2003, income exceeded expenditure by more than SEK 100 billion, while in 2002, income was less than expenditure by approximately SEK 35 billion.

In 2004, the part financed by tax revenue as per statutory regulations was just over 20 per cent of expenditure. Payments from municipalities, parents liable for maintenance, etc, made up one per cent.

Positive developments on the stock exchange meant that exchange rate differences and interest, etc, from the AP Fund gave a plus of SEK 65 billion.

In 2004, of those insurances financed by contributions, sickness and work injury insurance and survivor's pensions produced a combined surplus of SEK 16 billion. After several years when sickness insurance contributions failed to cover expenditure, sickness insurance produced a significant surplus in both 2003 and 2004. Work injury insurance has produced a surplus over a number of years, gradually wiping out previous deficits. In 2004, the surplus was SEK ½ billion. The part of old-age pension financed via the AP Fund gave a surplus of SEK 69 billion.

Since income in the premium pension scheme – SEK 20 billion – is made up of reserve funds, it is impossible to say exactly what proportion of total expenditure for old-age pensions was covered by contributions.

Premium rates in per cent	1999	2000	2001	2002	2003	2004	2005
Old-age pension ¹	6.4	10.21	10.21	10.21	10.21	10.21	10.21
Survivor's pension ¹	1.7	1.7	1.7	1.7	1.7	1.7	1.7
Sickness insurance							
– Employer's contribution	7.5	8.5	8.8	8.8	11.08	11.08	10.15
– Self-employed	8.23	9.23	9.53	9.53	11.81	11.81	11.12
Parental insurance ¹	2.2	2.2	2.2	2.2	2.2	2.2	2.2
Work injury ¹	1.38	1.38	1.38	1.38	0.68	0.68	0.68
Labour market contribution							
– Employer's contribution	5.84	5.84	5.84	5.84	3.7	3.7	4.45
– Self-employed	3.3	3.3	3.3	3.3	1.16	1.16	1.91
General salary contribution ¹	8.04	3.09	2.69	2.69	3.25	3.13	3.07
Total employer's contrib.	33.06	32.92	32.82	32.82	32.82	32.7	32.46
Total contrib. self-employed	31.25	31.11	31.01	31.01	31.01	30.89	30.89

¹ Same premium rate for employers and self-employed.

Statutory contributions to social insurance as a percentage of chargeable income. Social insurance contributions are based on the salaries of employees and self-employed persons. They are paid by employers and self-employed persons respectively.

The general pension contribution is paid by all working persons. It is based on earned income and other income such as sickness cash benefit, parental cash benefit, unemployment insurance, etc, up to a total of 8.07 times the income base amount during one year.

Between 1999 and 2001, contributions were frequently altered. In 1999, contributions for basic pension and part-time pension were discontinued and contributions for parental insurance and survivor's pension were introduced. Contributions for sickness insurance and old-age pension were adjusted. Cuts and increases in contribution rates have been simultaneously compensated by corresponding increases and cuts in the general salary contribution so that the overall premium rate has remained relatively constant.

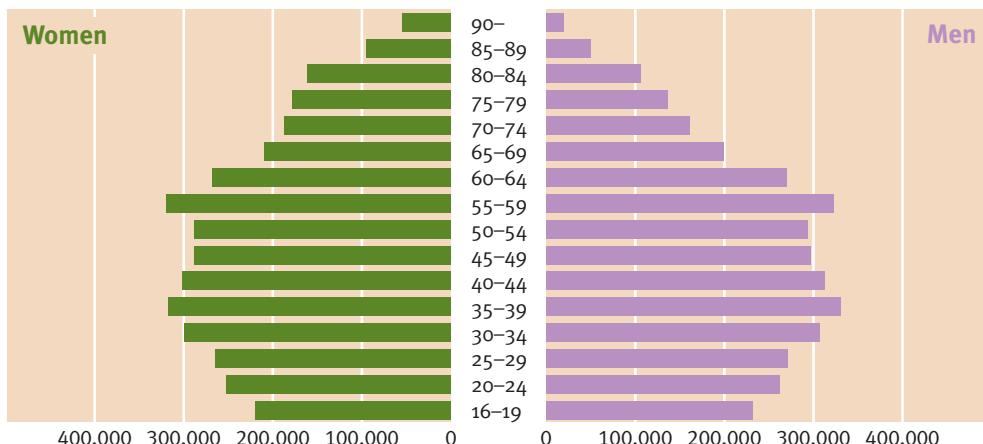
The proportion of social insurance financed by social insurance contributions has varied considerably.

Year	Social insurance	General contributions paid ¹	Paid contributions as contributions a proportion of total social insurance expenditure, per cent ¹
1985	103,936		67
1990	193,512		75
1995	166,672	28,385	65
1996	168,883	37,959	71
1997	165,956	47,261	74
1998	154,996	52,025	72
1999	152,564	59,610	67
2000	209,151	63,734	82
2001	235,039	65,156	85
2002	242,165	67,895	84
2003	263,086	69,957	82
2004	273,230	72,287	83

¹ Excluding payments within the labour market sector and compensation to conscripts. Since 1999, also excluding the premium pension scheme but including national old-age pension contributions.

Contributions received in SEK million. Note that the figures are not wholly comparable over time. This is partly due to the many regulatory changes made, mostly in the late 1990s, partly to the fact that periodization of contributions was implemented differently from year to year.

Registered insured persons



Registered insured persons in 2004.

Swedish citizens and foreign nationals resident in Sweden are insured under the National Insurance Act (AFL).

All insured persons aged 16 and over and resident in Sweden are regis-

tered at the Swedish Social Insurance Agency. Persons leaving Sweden are still considered as residents of Sweden if their stay abroad does not exceed one year.

Regulations
2004

Age	Women	Men	Total
16-19	219,074	231,312	450,386
20-29	516,681	533,756	1,050,437
30-39	616,583	637,310	1,253,893
40-49	589,162	608,987	1,198,149
50-59	607,823	616,353	1,224,176
60-69	477,332	469,785	947,117
70-79	365,803	297,771	663,574
80-89	255,924	155,740	411,664
90-	54,675	19,683	74,358
Total	3,703,057	3,570,697	7,273,754

Registered insured persons in 2004.

Sickness cash benefit insurance covers all registered insured persons whose estimated annual earned income is at least 24 per cent of the base amount. In 2004, this was the

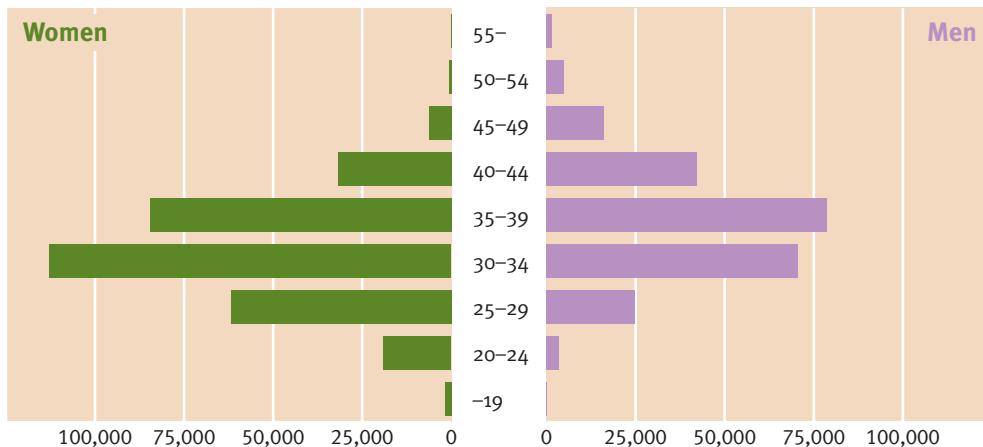
equivalent of SEK 9,500. Income qualifying for sickness cash benefit is at most 7.5 times the price base amount per annum (SEK 294,700 in 2004).

Regulations
2004

Financial security for families and children

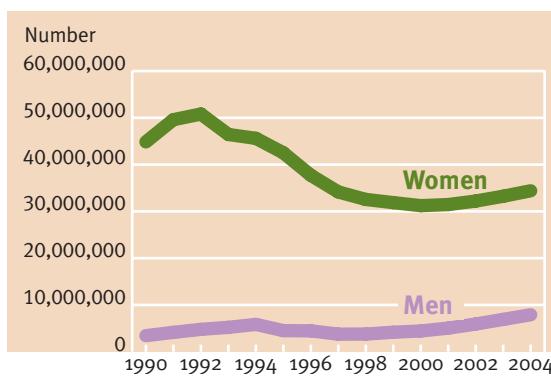
Parental cash benefit for the birth of a child

Parental insurance is intended help both parents combine parenthood with gainful employment.



Persons with parental cash benefit in 2004. Women have consistently used parental insurance to a greater extent than men. 561,000 persons received

parental cash benefit in 2004. Women made up 57 per cent, and men 43 per cent. 39 per cent of women and 59 per cent of men were aged over 35.



Number of days with parental cash benefit. Of 42 million parental cash benefit days paid out in 2004, 81 per cent went to women. The number of days claimed peaked in 1992, subsequently declining in following years as the birth rate fell. However, there has been a noticeable increase in recent years. The number of days claimed by men is greater than ever before. Thus, men have increased their share of days claimed from 10 per cent in 1997 to 19 per cent in 2004.

Regulations 2004

Parental cash benefit for the birth or adoption of a child is available for a total of 480 days per child. For the first 390 days, the benefit is related to parents' loss of income, though the minimum amount payable is SEK 180 per day. For the remaining 90 days, everyone receives the minimum amount of SEK 60 per day.

If the parents have joint custody of the child, each of them is entitled to half the total number of parental cash benefit days. However, one of the parents may transfer the right to parental

cash benefit to the other parent, with the exception of the 60 days known as the "father / mother months".

The benefit is payable for different portions of a day – whole, three-quarters, half, quarter or eighth. Parental cash benefit can normally be claimed up to the child's eighth birthday or the completion of the first year of school. The level of compensation is 80 per cent of the income qualifying for sickness cash benefit. In 2004, the maximum parental cash benefit was SEK 646 per day.



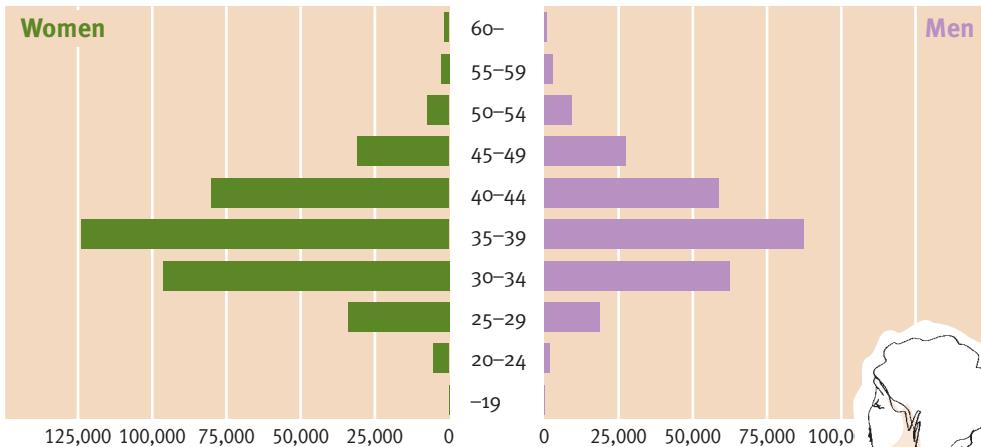
Age	Number of recipients		Average number of days		Average amount, over the year, SEK	
	Women	Men	Women	Men	Women	Men
-19	1,732	64	166	72	28,913	14,249
20–24	19,082	3,505	158	44	44,458	17,465
25–29	61,754	24,725	135	37	50,804	17,387
30–34	112,747	70,671	112	35	47,841	17,450
35–39	84,596	78,653	89	31	37,144	15,157
40–44	31,796	42,260	70	29	26,483	13,384
45–49	6,185	15,999	45	28	14,159	12,435
50–54	567	4,842	40	30	12,350	12,723
55–	21	1,430	101	33	29,187	13,331
Total	318,480	242,572	108	33	42,418	15,536

Parental cash benefit for the birth of a child in 2004. Out of a total of SEK 17.2 billion paid out in parental cash benefit

for the birth of a child in 2004, 78 per cent went to women and 22 per cent to men.

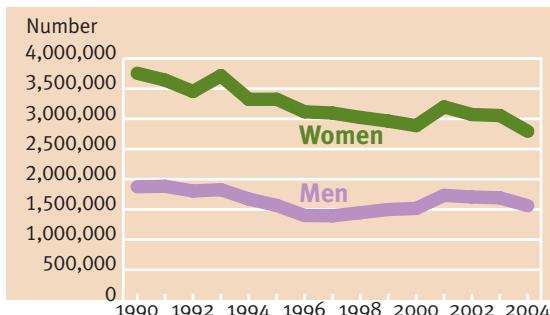
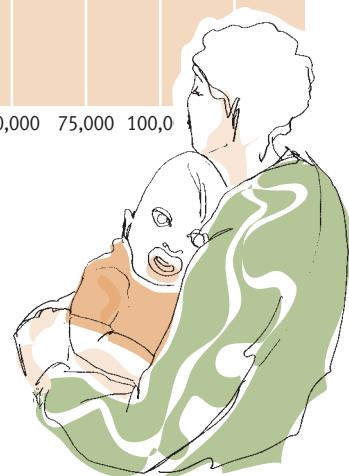
Temporary parental cash benefit

Among other things, temporary parental cash benefit enables parents to stay home from work when their child is sick.



Persons with temporary parental cash benefit for the care of a child in 2004.

In 2004, 652,000 persons received temporary parental cash benefit. The majority were women, who accounted for 59 per cent. Men made up 41 per cent, which is a little less than the proportion of men claiming parental cash benefit for the birth of a child. Distribution according to age and sex for both types of benefit is similar.



Days with temporary parental cash benefit for the care of a child. Out of a total of 4.4 million days paid in 2004, women received 64 per cent. The proportion of payments made to men declined for several years in succession but in recent years has risen slightly, reaching 36 per cent in 2004.

Regulations 2004

If a parent has to give up paid employment because a child is sick or infected, or the child's normal custodian is sick or infected, or a visit must be paid to the community preventive health service, etc., the parent may claim temporary parental cash benefit. This applies to children under 12 and in certain cases up to the age of 16. Normally, compensation is paid for 60 days per child and year. A further 60 days may be claimed if the child is sick or a visit must be paid to the community preventive health service. The right to temporary parental cash benefit may in certain circumstances be transferred to another person who stays at home from work to care for the child in place of the parent.

Parents of children covered by the Swedish Act on Support and Service for Certain Functionally Disabled Persons (Lss) may receive compensation for the care of a sick child aged between 16 and 21 (sometimes older).

In addition, the parent of a child who is under 16 and covered by Lss is also entitled to ten so-called contact days per child and year. These days may be used for parental training courses, settling the child in or visiting the child during pre-school or after-school recreational activities.

The benefit is payable for different portions of a day – whole, three-quarters, half, quarter or eighth. The level of compensation is 80 per cent of the income qualifying for sickness cash benefit.

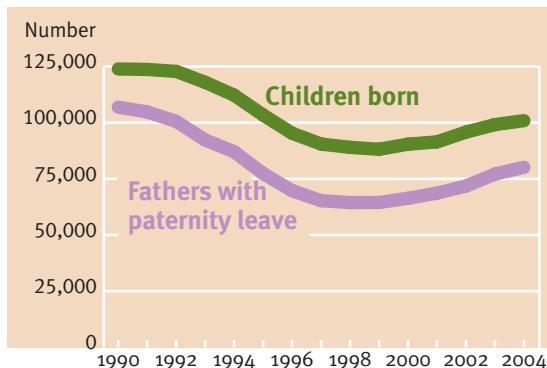
Age	Number of recipients		Average number of days		Average amount, over the year, SEK	
	Women	Men	Women	Men	Women	Men
–19	28	13	10.4	6.5	4,272	3,436
20–24	5,165	2,013	9.1	7.3	4,759	5,131
25–29	34,061	18,729	9.1	7.2	5,403	5,397
30–34	96,383	62,458	8.3	6.4	5,341	5,048
35–39	123,935	87,254	7.3	5.8	4,901	4,587
40–44	79,992	58,737	6.4	5.3	4,345	4,147
45–49	30,888	27,580	5.5	4.9	3,821	3,860
50–54	7,389	9,414	4.9	4.8	3,409	3,669
55–59	2,695	2,939	3.3	4.6	2,300	3,439
60–	1,548	749	2.8	4.1	1,889	3,002
Total	382,084	269,886	7.3	5.8	4,792	4,535

Temporary parental cash benefit for the care of a child in 2004. In 2004, out of a total of approximately SEK 3.1 billion paid out in temporary parental

cash benefit for the care of a child, 60 per cent went to women and 40 per cent to men.

Father days

Father days enable the father to be present at the birth of his child, manage the home and take care of children when a child is born.



Father days. The number of children born and the number of fathers claiming father days peaked in 1990, when approximately 86 per cent of fathers claimed father days. During the greater part of the 1990s, the number of father days declined as fewer children were born and the proportion of new fathers taking advantage of their 10 allowed days dropped to 72 per cent. In 2001, the trend was once again reversed. The number of children born annually is again approximately 100,000, and almost 79 per cent of fathers claimed father days in 2004.

Regulations 2004



In connection with the birth of a child, a father has the right to temporary parental cash benefit for 10 days per child if he takes time off from gainful employment. In certain circumstances, these days may be transferred to someone other than the father. In the

case of adoption, parents are entitled to five days each. The benefit must be claimed within 60 days of the arrival of the child in the home or the assumption of custody of the child by the adoptive parent. The compensation level is 80 per cent of the income qualifying for sickness cash benefit.

Age	Number of recipients		Average number of days		Average amount, over the year, SEK	
	Women	Men	Women	Men	Women	Men
-19	—	34	—	9.4	—	5,479
20–24	9	2,504	5.7	9.6	3,245	6,629
25–29	27	14,800	6.4	9.7	3,956	7,411
30–34	65	30,310	7.6	9.7	6,198	7,840
35–39	95	20,933	7.3	9.6	5,507	7,845
40–44	103	7,861	7.9	9.6	5,957	7,644
45–49	82	2,285	8.5	9.6	6,253	7,443
50–54	70	617	7.1	9.5	5,294	7,272
55–59	65	179	7.0	9.5	5,705	6,934
60–	53	40	6.9	9.7	5,108	6,476
Total	569	79,563	7.4	9.7	5,625	7,684

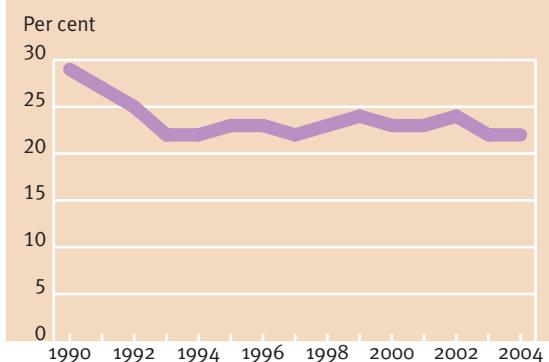
Father days in 2004. During 2004, approximately SEK 615 million was paid out in father days. Just over 3 million of this amount was paid out to women.

Pregnancy cash benefit

Pregnancy cash benefit enables pregnant women who are unable to continue working to take time off to rest.

Number of women with pregnancy cash benefit

cash benefit. During the later stages of pregnancy, many women receive social insurance compensation in the form of pregnancy cash benefit, sickness cash benefit or parental cash benefit. The proportion of women receiving pregnancy cash benefit generally increased throughout the 1980s, reaching a peak of almost 30 per cent in 1990. After a noticeable decline in the early 1990s, the proportion has remained fairly constant at around 22–23 per cent.



A pregnant woman with a physically taxing job may receive pregnancy cash benefit if the employer is unable to provide her with more suitable alternative employment toward the end of her pregnancy. The woman may receive pregnancy cash benefit for a maximum of 50 days during the last two months of pregnancy. If a particular kind of work is prohibited

during pregnancy under the Work Environment Law, a woman is entitled to pregnancy cash benefit for each day that the ban applies.

The compensation level is 80 per cent of the income qualifying for sickness cash benefit. In 2004, the maximum pregnancy cash benefit was SEK 646 per day.

Regulations 2004

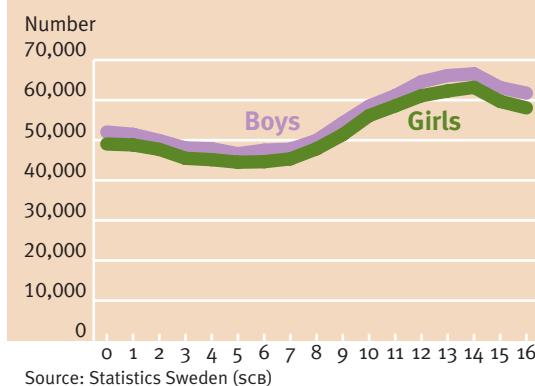
Age	Number of recipients	Average number of days	Average amount over the year, SEK
19	37	39	13,047
20–24	2,584	39	16,060
25–29	7,938	38	17,552
30–34	7,851	38	18,473
35–39	3,292	38	18,106
40–44	705	38	17,903
45–49	22	37	17,872
Total	22,429	38	17,788



Pregnancy cash benefit in 2004. In 2004, SEK 398 million was paid out in pregnancy cash benefit to just over 22,000 women.

Child allowance

Child allowance is designed to even out financial disparities between families with and without children and over the life cycle.



Number of children in 2004. At the end of 2004, there were 889,000 girls and 937,000 boys in the 0–16 age group. The very large cohorts of children born around 1990 had reached the age of thirteen or fourteen by 2004. Since the peak year of 1990, the number of births has gradually diminished, but a slight upturn is currently discernible. The number of children born in 2004 (zero years in the figure) was 20 per cent lower than the number born in 1990.

Regulations 2004

Child allowance includes basic child allowance, extended child allowance and large-family supplement.

All parents are entitled to basic child allowance for children resident in Sweden, up to the quarter when the child reaches the age of 16. After that, the parent may receive so-called extended child allowance for as long as the child attends compulsory school or the equivalent.

A parent who receives basic child allowance, extended child allowance or study grants for three or more children also receives a large-family supplement. Child allowance is tax-exempt.

Child allowance is SEK 950 per child and month. Large-family supplement is SEK 254 per month for the third child, SEK 760 for the fourth child and SEK 950 for the fifth and each additional child.

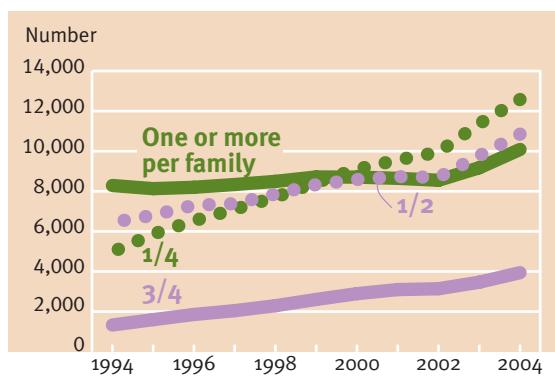
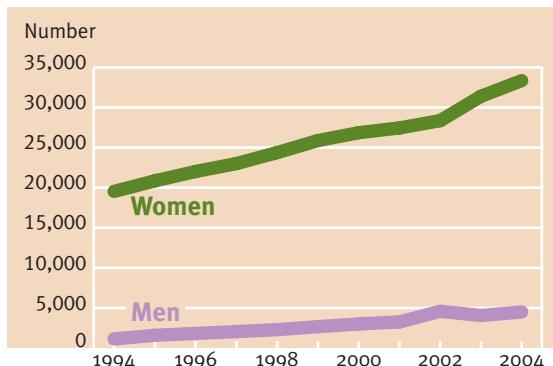
	Monthly amount, SEK Child allowance	Large-family supplement	Total	Yearly amount, SEK
1 child	950	—	950	11,400
2 children	1,900	—	1,900	22,800
3 children	2,850	254	3,104	37,248
4 children	3,800	1,014	4,814	57,768
5 children	4,750	1,964	6,714	80,568
For each additional child	950	950	1,900	22,800

Amounts for child allowance in 2004. SEK 20.9 billion was paid in child allowance in 2004.

Care allowance

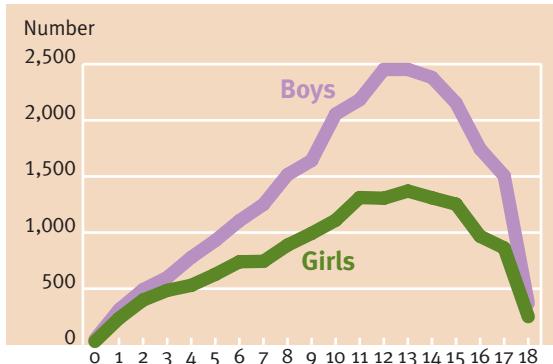
Care allowance helps parents give a sick or functionally disabled child the care, attention and support necessary for it to develop optimally.

Recipients of care allowance. The number of parents with care allowance has increased by more than 80 per cent since the mid-1990s. Primarily children with psychological diagnoses account for the increase. The increase may partially be due to the increased number of persons sharing the allowance. From 2003, care allowance may be granted for children up to the age of 19, which also helps explain the increased number of care allowance recipients. The proportion of fathers among recipients is small but has nevertheless risen from just over 5 per cent to almost 12 per cent.



Care allowance according to level. In 1988, one-fourth compensation was introduced and in 1992 three-quarters compensation was added. More people could now be granted care allowance

than previously, and today the lowest level has become the most common. Psychological diagnoses have increased and there has been a shift from younger to older children.



Children with care allowances in December 2004. Among children receiving care allowance in December 2004, girls accounted for approximately 37 per cent and boys 63 per cent. Boys dominated in all age groups. The proportion of girls was highest in the lower age groups, accounting for 40–45 per cent.

Regulations 2004

Parents may receive care allowance for their child if the child is in need of special supervision or care for a period of at least six months or at most up to and including the month of June in the year the child reaches 19. The need for special supervision or care must be the result of illness, learning difficulties or other functional disabilities. The parent may also receive care allowance if the child's sickness or functional disability results in increased expenses (additional costs).

If the parent takes care of several sick or functionally disabled children in the specified age group, the right to care allowance is based on their total need of supervision and care and on the extent of increased expenses.

Care allowance is payable at 100, 75, 50 or 25 per cent of the full benefit rate. Full care allowance is 2.5 times the price base amount per annum, which in 2004 amounted to SEK 8,188 per month. Care allowance is taxable and qualifies for pension. However, care allowance for increased expenses is exempt from tax.

Under certain circumstances, compensation for additional costs may be paid out on top of the normal amount for full benefit. A care allowance may be granted even if there is only a need of compensation for additional expenses. In such cases, care allowance is 36 or 62.5 per cent of the price base amount per annum depending on the size of the additional expenses.

Age	All children		Children in families with care allowance for one child	
	Girls	Boys	Girls	Boys
0–2	665	852	592	745
3–5	1,643	2,307	1,278	1,835
6–8	2,372	3,872	1,797	3,006
9–11	3,415	5,881	2,537	4,571
12–15	5,239	9,442	4,058	7,507
16–19	2,081	3,622	1,670	2,948
Total	15,433	25,980	11,949	20,616

Children with care allowance in December 2004. Just over one fifth of the children were in families receiving care allowance for more than one child.

Approximately 14 per cent of both girls and boys with care allowance were aged 16–19, the age group added by the new rules in 2003.

Care allowance in December 2004.

A total of SEK 2.2 billion in care allowance was paid out during 2004, of which 90 per cent went to women and 10 per cent to men.



Age	Number of recipients (parents)		Average amount per month, SEK	
	Women	Men	Women	Men
-24	186	4	5,301	2,303
25–29	1,285	57	4,774	4,225
30–34	5,067	372	4,714	4,253
35–39	9,725	1,036	4,634	4,038
40–44	9,234	1,229	4,602	3,859
45–49	5,334	1,020	4,591	3,905
50–54	2,011	483	4,624	4,203
55–	511	297	4,719	4,232
Total	33,353	4,498	4,640	4,008

Child pension and surviving children's allowance

A child is entitled to a child pension and surviving children's allowance if one or both of its parents are deceased.

Children under 18 are entitled to receive a child pension. A child who is studying and is entitled to extended child allowance or a study grant (in principle, for basic or high school studies) may continue to receive the pension up to the end of June in the year the child turns 20.

The size of child pension depends

primarily on the parent's income and the number of children in the family. As a supplement to or replacement of child pension, the child can in certain circumstances receive surviving children's allowance. This amounts to 40 per cent of the price base amount for each deceased parent, equivalent to SEK 1,310 per month during 2004.

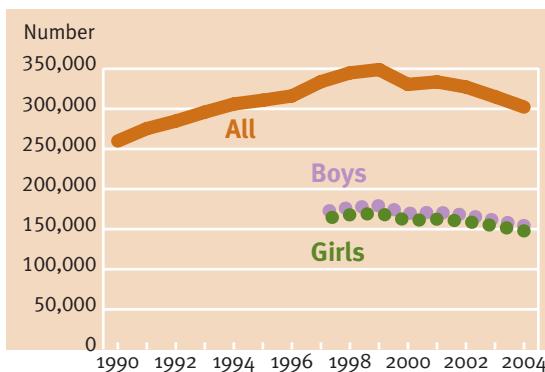
**Regu-
lations
2004**

Age	Number of recipients		Average amount per month, SEK	
	Girls	Boys	Girls	Boys
0–4	405	440	2,389	2,371
5–9	1,950	1,999	2,422	2,415
10–14	5,466	5,752	2,573	2,563
15–19	7,662	8,253	2,676	2,690
Total	15,483	16,444	2,600	2,604

Child pensions in December 2004. Out of a total of SEK 1.1 billion paid out in child pension and surviving children's allowance in 2004, around 48 per cent went to girls and 52 per cent to boys.

Maintenance support

Through maintenance support society guarantees that children of separated parents receive a certain amount of maintenance even when parents responsible for paying maintenance default on their obligations.



Children with maintenance support or maintenance advance. In December 2004, the Swedish Social Insurance Agency paid maintenance support to approximately 302,000 children

and young people up to the age of 20. This was a little over 13 per cent of all children in this age group. The increased number of children receiving maintenance support or maintenance advance during the 1990s was due both to an overall increase in the number of children and to a larger proportion receiving these benefits. Moreover, extended maintenance support was introduced in 1997. The higher proportion was a consequence of the national economic crisis and a greater number of divorces. Since 2000, both numbers and proportion have diminished. The birth rate has fallen, parents' ability to pay has improved and the frequency of separations is lower than before.

Regulations 2004

Parents have a maintenance obligation towards their children until the child turns 18, or longer if the child continues in school. When a child lives permanently with only one of the parents, the other parent must contribute towards the child's upkeep by paying maintenance support. The level of maintenance is determined by agreement or by a court of law, based on the child's needs and the parents' combined financial means.

A child is entitled to maintenance support from the Swedish Social Insurance Agency if:

- the parent liable for maintenance support fails to pay or pays less than SEK 1,173 a month
- paternity has not been established
- the child has been adopted by only one parent.

Maximum maintenance support is SEK 1,173 per month and child. Extended maintenance support can be paid for a child pursuing studies which qualify for extended child allowance or a study grant, but no longer than June in the year the child turns 20.

Maintenance support may be granted in the form of full maintenance support or supplementary support. When full maintenance support is paid, the parent liable for maintenance must repay, either in full or in part, the costs borne by society for the maintenance support paid to the other parent. The repayment liability is set at a percentage of the income he/she had in his/her latest tax return.

Children with maintenance support in December 2004. In each reported age group, it is almost equally common for girls to receive maintenance support as boys. Numbers are highest for those aged 12–17.



Maintenance support in December 2004. In 2004, SEK 4 billion was paid in maintenance support, of which 85 per cent went to women and 15 per cent to men.

Age			Proportion of each age group, per cent	
	Girls	Boys	Girls	Boys
0–2	5,773	6,028	4.0	3.9
3–5	12,550	13,113	9.3	9.2
6–8	17,945	18,879	13.0	13.0
9–11	27,442	28,459	16.5	16.4
12–14	37,075	38,291	19.9	19.4
15–17	36,844	38,381	21.3	21.0
18–	10,179	11,275	6.5	6.8
Total	147,808	154,426	13.4	13.3

Age	Number of recipients		Average amount, in December, SEK	
	Women	Men	Women	Men
–24*	14,917	10,604	1,155	1,132
25–29	13,000	743	1,561	1,407
30–34	27,655	2,230	1,788	1,552
35–39	43,657	5,417	1,917	1,640
40–44	38,803	6,791	1,803	1,638
45–49	22,099	4,711	1,589	1,581
50–54	8,508	2,393	1,416	1,516
55–59	2,024	991	1,266	1,464
60–	223	445	1,219	1,480
Total	170,886	34,325	1,704	1,448

* Including recipients of extended maintenance support.

Age	Number of parents liable to pay		Number with debts		Average debt* in December, SEK	
	Women	Men	Women	Men	Women	Men
–24	829	2,518	34	525	6,051	7,787
25–29	2,462	7,481	405	3,088	9,196	15,558
30–34	6,339	16,975	1,647	8,051	15,431	26,026
35–39	10,892	33,772	3,590	16,580	18,919	31,168
40–44	10,270	40,886	4,290	21,249	19,236	39,014
45–49	5,474	33,523	2,795	18,518	19,726	36,827
50–54	2,087	20,866	1,229	12,304	23,499	31,631
55–59	533	10,652	330	6,439	15,621	28,380
60–	86	5,271	69	3,232	8,779	25,200
Total	38,972	171,944	14,389	89,986	17,969	33,395

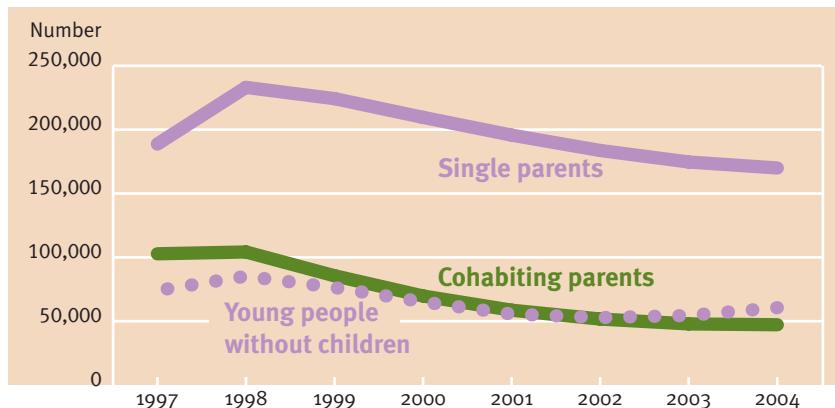
* The average debt is calculated on the basis of those parents liable for maintenance who have debts.

Parents liable for maintenance in December 2004. Of the 211,000 parents liable for maintenance in December 2004, 18 per cent were women and 82 per cent men. 37 per cent of the women were in debt to the Swedish Social

Insurance Agency as opposed to 52 per cent of the men. Out of the total debt of SEK 3.3 billion at the end of 2004, women accounted for 8 per cent and men 92 per cent.

Housing allowance

Housing allowance is designed to enable financially weak households to live in good-quality and sufficiently spacious accommodation.



Households with housing allowance during the year. The number of households receiving housing allowance has decreased over the past few years as

a result of changes in the regulations. There has been a slight increase in the number of households consisting of young persons without children.

Regulations 2004

Families with children and young households without children (aged 28 and younger) may receive a housing allowance.

The amount of allowance depends on the composition of the household, cost of accommodation, size of dwelling and size of income.

Those applying for a housing allowance are required to estimate their income for the calendar year or years for which they are applying. On the basis of this information, a preliminary housing allowance is calculated. After notice of final taxation for the year of the allowance, final housing allowance is determined. The decision on final housing allowance for 2004 will be announced in 2006. Households receiving too large a preliminary allowance must repay the difference.

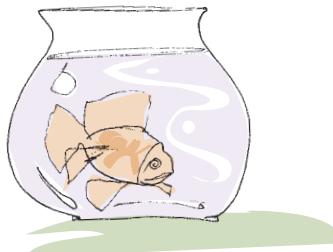
If the difference exceeds SEK 2,500, an additional fee is charged. On the other hand, if a household has received too little preliminary allowance, the difference is made up with interest.

For married or cohabiting couples with children, the housing allowance is means-tested individually. The benefit is reduced for either partner if their individual annual income exceeds SEK 58,500

For a single parent, the housing allowance is reduced if annual income exceeds SEK 117,000.

For young households without children, the allowance is reduced if the annual income of single persons exceeds SEK 41,000 or if the combined income of couples exceeds SEK 58,000.

	Max. housing allowance per month, SEK	Max. living area, m²	Income limit above which the allowance is reduced, SEK per year	Single-persons	Married/cohabiting couples	Regulations 2004
<i>Families with children</i>						
Number of children						
1	2,500	80	117,000	58,500	/ applicant	
2	3,100	100	117,000	58,500	/ applicant	
3	3,900	120	117,000	58,500	/ applicant	
4	3,900	140	117,000	58,500	/ applicant	
5 or more	3,900	160	117,000	58,500	/ applicant	
<i>Households without children</i>						
18–28 years	1,100	60	41,000	58,000		



Age	Number of households by type			Average amount per month and household, SEK		
	Single persons		Couples	Single persons		Couples
	Women	Men		Women	Men	
–24	20,621	14,352	3,096	913	671	1,093
25–29	14,653	6,276	4,720	1,466	757	1,324
30–34	18,376	2,039	5,678	1,777	1,162	1,578
35–39	28,434	3,939	7,477	1,730	1,189	1,707
40–44	28,445	5,139	7,493	1,603	1,218	1,726
45–49	17,938	4,301	5,697	1,444	1,197	1,807
50–54	7,677	2,687	3,517	1,418	1,213	1,764
55–59	2,174	1,410	1,786	1,447	1,234	1,736
60–	357	812	1,190	1,554	1,265	1,708
Total	138,675	40,955	40,654	1,502	949	1,621

Housing allowance in December 2004.

Housing allowance is mainly paid to

single parents, most often women.

In December 2004, a total of around 220,000 households received a preliminary housing allowance.

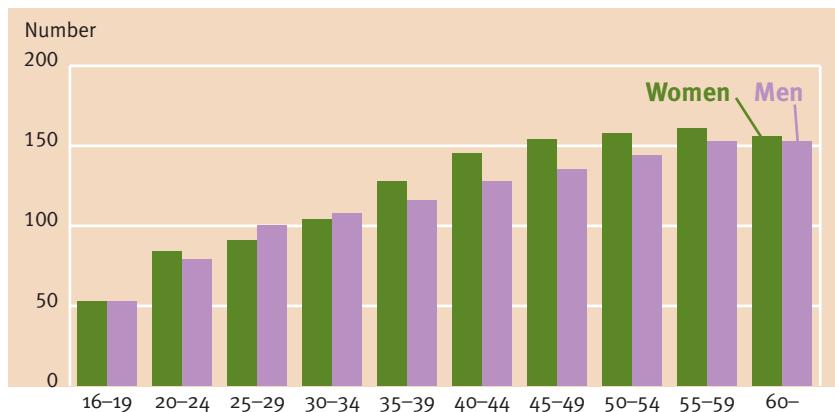
In 2004, a total of SEK 3.7 billion was paid in housing allowances to about

277,000 households. About SEK 2.5 billion went to the approximately 62 per cent of households where a woman was the sole breadwinner. Households where a man was the sole breadwinner amounted to approximately 20 per cent and received SEK 0.4 billion.

Financial security in case of sickness and disability

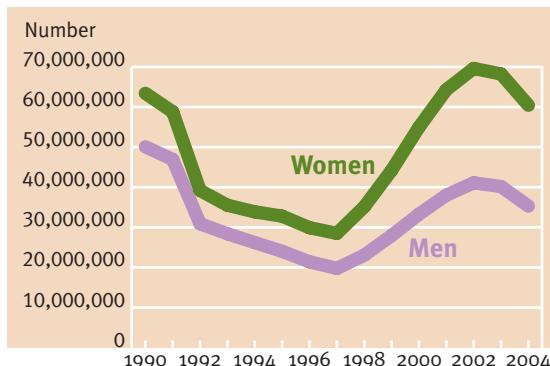
Sickness cash benefit

Sickness cash benefit provides financial security during periods of reduced working capacity due to sickness.



Sickness cash benefit days per recipient in 2004. The number of sickness cash benefit days increases with advancing age for both women and men. This might be interpreted to mean that medical risks increase with age. It may

also mean that the pressures of working life increase or that persons who have been professionally active over a long period have also been subjected to greater overall strain.



Paid sickness cash benefit days.

After a dramatic increase in sickness absence during the period 1997–2002, the number of sick days paid by social insurance in 2004 dropped below the

1990 level. The causes of the increase in sick leave were many and complex. Some of the explanations that have been offered include public sector cutbacks in the mid-1990s, a deteriorating psycho-social working environment, changes in the age structure of the population and an ever more stressful private life. Women account for an increasing proportion of sick leave absences. The number of paid sickness cash benefit days peaked in 2002. The subsequent decrease resulted partly from a stricter interpretation of the rules and, in all probability, to changed attitudes in society. Long-term recipients of sickness cash benefit have been more promptly transferred to sickness compensation than was earlier the case.

Regulations 2004

In the event of loss of income due to medical reasons, a person may receive 100, 75, 50 or 25 per cent of sickness cash benefit, depending on the degree to which the person's work capacity is impaired.

It is also possible to receive sickness cash benefit for medical treatment or medical rehabilitation aimed at preventing sickness or reducing the sickness period.

During the first 21 days of a sickness period, an employed person receives sick pay from the employer excluding the first day which is a qualifying day. If reduced working capacity due to sickness persists after the end of the sick pay period, the employee may receive sickness cash benefit from the Swedish Social Insurance Agency. The qualifying period for

self-employed persons is between 3 and 30 days.

There is no official limit to how long a person may receive sickness cash benefit but the Swedish Social Insurance Agency must investigate within one year of the day sickness was first reported whether the person should instead receive sickness compensation, or, in the case of those under 30, activity compensation.

Full sickness cash benefit is 80 per cent of the income qualifying for sickness cash benefit multiplied by 0.97 for all days in the sickness period except the qualifying day. The maximum sickness cash benefit for one day was SEK 627 in 2004. Special rules apply to unemployed persons, and for these the maximum daily compensation was SEK 521.

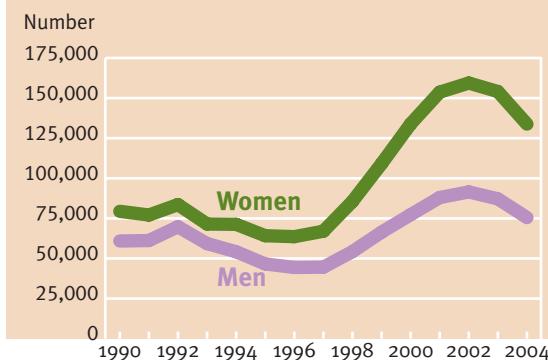


Age	Number of recipients		Average number of days		Average amount over the year, SEK	
	Woman	Men	Women	Men	Women	Men
16–19	571	524	53	53	13,905	17,203
20–24	16,781	10,526	84	79	28,016	31,473
25–29	36,349	16,195	91	100	32,993	43,001
30–34	56,144	23,067	104	108	38,883	47,279
35–39	59,514	29,984	128	116	46,423	50,405
40–44	54,393	33,000	145	128	51,464	54,617
45–49	52,444	33,544	154	135	53,474	56,740
50–54	54,729	36,006	158	144	53,985	59,790
55–59	61,496	43,994	161	153	54,069	62,925
60–	50,076	40,522	156	153	52,062	63,298
Total	442,497	267,362	137	132	47,714	55,469

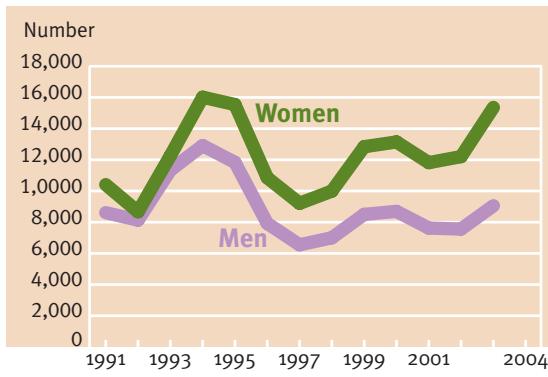
Sickness cash benefit in 2004. Out of a total of approximately SEK 36 billion paid out in sickness cash benefit in 2004, 59 per cent went to women and 41 per cent to men.

Vocational rehabilitation

Various rehabilitation programmes exist to help the long-term sick to return to work.



Long-term sickness. Long-term sickness here refers to cases of sickness lasting at least 60 days. Between 2003 and 2004, the number of persons on long-term sick leave fell from 241,000 to 209,000. This happened after a dramatic increase from 108,000 in 1996. The greatest increase has been among women. The proportion of women among the long-term sick rose from 59 to 64 per cent during the period 1996–2004.



Purchase of rehabilitation services. The number of purchases for women has consistently remained at a significantly higher level than for men, which is explained by the fact that the majority of cases of long-term sickness are also found among women. The purchase of rehabilitation services is dependent on the allocation of resources and thus the development of the number of purchases does not follow the curve for the number of cases of long-term sickness.

¹ Data not available.

Regulations 2004

Trial work experience, work training, assessment by the Labour Market Institute (AMI) and further education courses are examples of programmes offered by vocational rehabilitation.

In connection with vocational rehabilitation, an individual may receive rehabilitation cash benefit to compensate loss of income and a special allowance to cover certain so-called additional costs arising from rehabilitation activities (e.g. travelling

expenses). In addition, the Swedish Social Insurance Agency may offer allowances for work aids and provide compensation for travel to and from work instead of sickness cash benefit.

Rehabilitation cash benefit is payable at 100, 75, 50 or 25 per cent of the full rate. Full rehabilitation cash benefit is 80 per cent of the income qualifying for sickness cash benefit. In 2004, the maximum rehabilitation cash benefit per day was SEK 646.

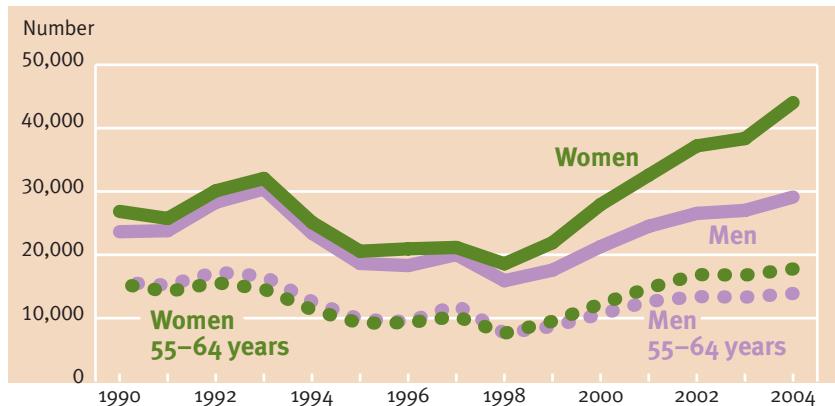


Age	Number of recipients		Average number of days		Average amount over the year, SEK	
	Women	Men	Women	Men	Women	Men
16–19	4	3	91	92	28,468	32,350
20–24	710	459	96	108	35,382	45,531
25–29	1,966	1,101	99	104	39,808	48,362
30–34	4,153	1,933	101	103	42,310	50,514
35–39	6,246	2,708	102	105	42,581	51,338
40–44	6,376	2,966	99	101	41,044	49,319
45–49	6,126	2,669	95	98	39,714	47,382
50–54	5,687	2,647	92	94	38,810	45,256
55–59	4,966	2,409	83	88	34,908	42,732
60–	2,009	927	71	77	29,613	37,980
Total	38,243	17,822	94	98	39,320	47,222

Rehabilitation cash benefit in 2004. Out of a total of SEK 2.3 billion for rehabilitation cash benefit in 2004, 64 per cent went to women and 36 per cent to men.

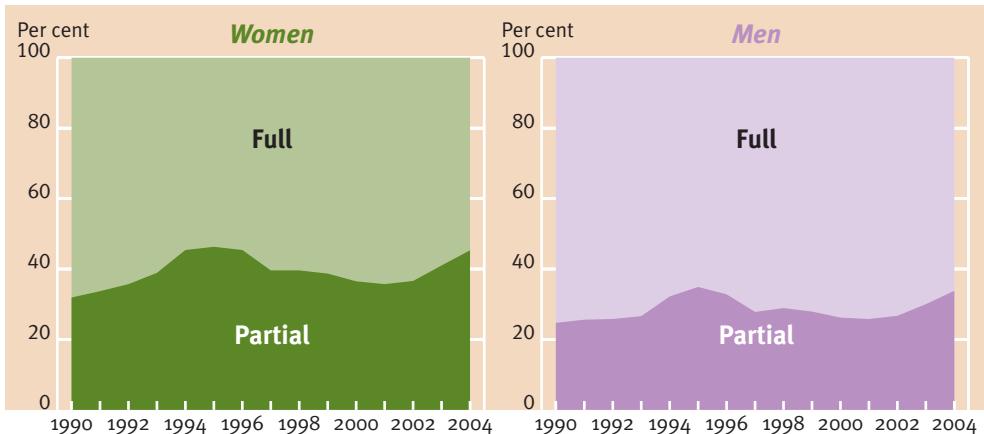
Sickness compensation and activity compensation

Sickness compensation and activity compensation provide financial security in cases of long-term reduction in work capacity.



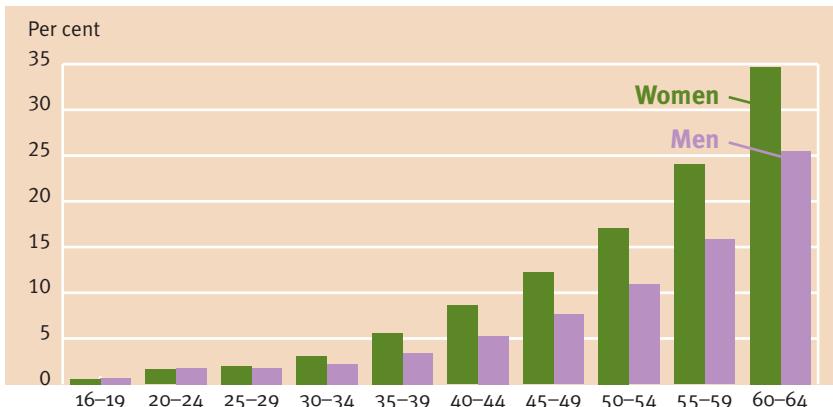
Newly granted sickness and activity compensation (permanent and temporary disability pensions prior to 2003). Cases of long-term sickness increased dramatically between 1996 and 2002. This led to the granting of a record number of new disability pensions in recent years, particularly in 2004, when there were over 73,000. The age distribution has undergone

a strong shift from older to younger people. The average age of those with newly granted compensation has fallen from just under 55 in the late 1980s to approximately 50 today. As of 2003, no further compensation is granted to those under 19 years of age, causing the average age to move slightly in the opposite direction.



Newly-granted sickness and activity compensation according to level (permanent and temporary disability pensions prior to 2003). Partial compensation is more common among women than men. The proportion of partial benefits rose steadily during the second half of the 1980s and the first half of the 1990s. In 1995, a peak

was reached, when 46 per cent of the women and 35 per cent of the men were granted partial compensation. The levels were almost equally high in 2004, when cases of partial sickness cash benefit increased, and the tendency has been for sickness compensation and activity compensation to follow suit.



Proportion of the population with sickness and activity compensation in 2004. In December 2004, there were almost 540,000 persons with sickness or activity compensation – 319,000 women and 221,000 men. This means that almost 9 per cent of the population of working age have for health reasons

wholly or partially left working life with sickness or activity compensation, and the proportion rises with increasing age. In all age groups over 25, more women than men have compensation. In the age groups 60–64, the proportion receiving sickness compensation is as high as 30 per cent.

Regulations 2004

Sickness or activity compensation may be granted to those aged 19–64 who for medical reasons have a working capacity reduced by at least 25 per cent for a period of at least one year. There are four levels of compensation: 100, 75, 50 or 25 per cent of the full rate.

Activity compensation is granted to persons aged 19–29. It is always granted for a limited time only. Activity compensation may be combined with participation in various activities aimed at utilizing the individual's potential for development and work during youth. Young people who have not yet completed their basic or secondary education due to func-

tional disability are entitled to activity compensation for the duration of their studies.

Sickness compensation is granted to persons aged 30–64. The compensation may be limited in time for cases of long-term but non-permanent reduction in working capacity.

Sickness or activity compensation may be paid in the form of income-based compensation and guarantee compensation. Income-based compensation is tied to earned income. Guarantee compensation is granted to persons with low earnings. It is at most 2.4 of the price base amount, which was equivalent to SEK 7,860 per month in 2004.

Most recipients of sickness compensation are people who have been forced by ill health to leave the labour market after a long working life. This group receives compensation proportional to previously earned income.

The overwhelming majority of those receiving compensation at very young ages have severe congenital disabilities

or disabilities contracted early on in life. The majority have had no opportunity via gainful employment to build up their own insurance protection in the pension system and therefore receive basic level compensation. 71 per cent of those with activity compensation received only guarantee compensation in 2004.



Age	Number of recipients		Average amount per month, SEK		Proportion of population, %	
	Women	Men	Women	Men	Women	Men
16–19	857	1,204	7,900	7,912	0.4	0.5
20–24	1,404	1,849	7,776	7,846	0.5	0.7
25–29	2,199	2,588	7,494	7,716	0.8	0.9
30–34	9,433	6,876	7,409	7,963	3.1	2.2
35–39	17,941	11,288	7,504	8,428	5.6	3.4
40–44	26,054	16,627	7,548	8,581	8.6	5.3
45–49	35,376	22,614	7,637	8,759	12.2	7.6
50–54	49,563	32,095	7,762	9,009	17.1	10.9
55–59	76,649	51,066	7,975	9,428	24.0	15.8
60–64	92,794	68,930	8,315	10,170	34.7	25.5
Total	312,270	215,137	7,920	9,325	11.0	7.4

Sickness compensation in December

2004. Pensions for people receiving permanent or temporary disability pensions prior to 2003 were recalculated as sickness compensation regardless of age. But the number of people receiving sickness compensation in

the age group 16–29 decreased from approximately 16,000 in 2003 to 10,000 in 2004. At the same time, the number of those receiving activity compensation increased from just under 6,000 to 12,000.

Age	Number of recipients		Average amount per month, SEK		Proportion of population, %	
	Women	Men	Women	Men	Women	Men
19	370	506	6,819	6,851	0.7	0.9
20–24	2,752	2,945	6,863	6,956	1.1	1.1
25–29	3,262	2,400	7,192	7,734	1.2	0.9
Total	6,384	5,851	7,028	7,266	1.1	1.0

Activity compensation in December

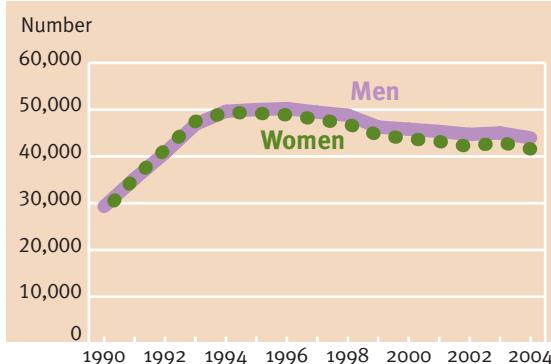
2004. Out of a total of SEK 54 billion in sickness compensation and activity compensation in 2004, 55 per cent went to women and 45 per cent to men.

SEK 44.5 billion was paid out as income-based compensation. Women

made up 60 per cent of those with income-based compensation and received 55 per cent of the total paid out, while men made up 40 per cent of those with income-based compensation and received 45 per cent of the total.

Work injury compensation

Work injury compensation provides financial security when a person's working capacity is reduced due to a work injury



Number of individual life annuities according to the work injury insurance in December. At the end of the 1980s and beginning of the 1990s, the number of work injury claims assessed by the regional social insurance offices increased sharply. At the same time, the number of cases where actual work injury was confirmed also increased. The decline after 1993 was due to the introduction of much stricter criteria for approval of a work injury.

Regulations 2004

All persons with gainful employment in Sweden are insured against work injury. The term work injury refers to injury resulting from accidents or harmful influences at work. Compensation may be paid for loss of income, cost of dental care, cost of medical care abroad, sickness cash benefit in certain cases, and costs for special aids. There is also compensation for survivors and for help with funerals. The largest form of compensation paid out from work injury insurance is an annuity. This is only payable if an approved work injury has caused a lasting reduction in a person's earning ability. While still suffering from the immediate effects of an injury, employees receive regular sick pay or sickness cash benefit. People with injuries that appeared on 1 January

2003 or later receive compensation for qualifying days when granted an annuity.

If a person's earning capacity is permanently reduced due to work injury, he or she has the right to a so-called work injury annuity. The annuity is designed to compensate the recipient for all permanent loss of income. In order to calculate the size of the annuity, the income the person would have been likely to earn if the accident had not occurred is compared with the income the person is likely to receive after the accident. The annuity provides compensation for the entire difference, but may not exceed 7.5 times the price base amount per year, which was equivalent to roughly SEK 24,600 per month in 2004.

Work injury annuities in December

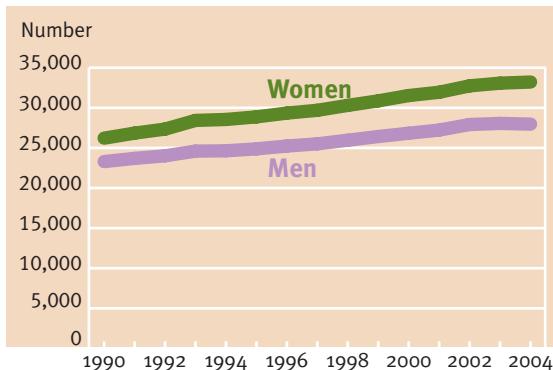
2004. Out of a total of SEK 5.1 billion in work injury annuities in 2004, women received 41 per cent and men 59 per cent.

Age	Number of recipients, individual annuities		Average amount per month, SEK	
	Women	Men	Women	Men
20–24	8	24	8,563	12,163
25–29	75	151	7,669	8,789
30–34	277	516	6,872	7,721
35–39	1,012	1,544	5,517	6,467
40–44	1,736	2,742	4,968	6,006
45–49	2,814	3,886	4,556	5,602
50–54	4,772	5,643	4,286	5,469
55–59	8,851	9,258	4,154	5,587
60–64	11,761	12,425	4,228	5,785
65–	10,286	7,772	1,022	941
Total	41,592	43,961	3,535	4,904

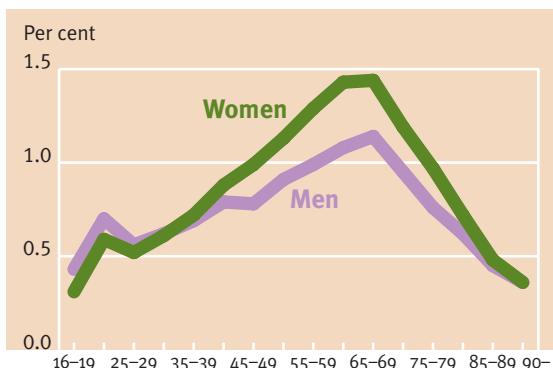


Disability allowance

Disability allowance provides financial security for people with functional disabilities who need the help of another person and/or have additional costs due to their disability.



Persons with disability allowances. The numbers have increased steadily since the beginning of the 1990s and in 2004 there were 24 per cent more people receiving disability allowance.



Proportion of persons in the population with disability allowances in 2004. Generally, disability allowances are more common among women than men. The proportion is greatest in the age group 60–69.

Regulations 2004

Persons who suffer from reduced functional ability over a significant period of time and thus need time-consuming help from other persons in order to cope with life at home or at work are entitled to disability allowance. It is also possible for them to receive a disability allowance if they have significant additional costs due to their functional disability. Persons who have become functionally disabled between the ages of 19–65 may

receive a disability allowance.

There are three compensation levels: 36, 53 and 69 per cent of the base amount per year, depending on the assistance required and the size of the additional costs. In 2004, these three levels corresponded to SEK 1,179, SEK 1,736 and SEK 2,260 per month. The blind and the deaf always receive allowances if their disability arose before the age of 65.

Disability allowance in December

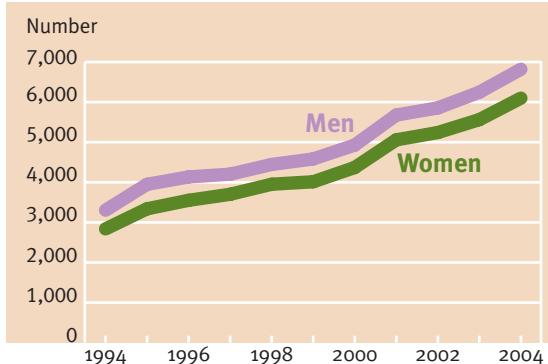
2004. Out of a total of SEK 1.2 billion in disability allowance in 2004, 54 per cent went to women and 46 per cent to men.

Age	Number of recipients		Average amount per month, SEK	
	Women	Men	Women	Men
16–19	674	996	1,545	1,529
20–29	2,904	3,418	1,498	1,517
30–39	4,119	4,207	1,533	1,565
40–49	5,512	4,785	1,538	1,567
50–59	7,398	5,861	1,534	1,586
60–69	6,856	5,187	1,492	1,527
70–79	3,955	2,571	1,446	1,445
80–89	1,608	876	1,352	1,342
90–	192	69	1,290	1,258
Total	33,218	27,970	1,502	1,537



Assistance allowance

Being able to employ personal assistants gives functionally disabled people an opportunity to live normal lives.



Persons with assistance allowance.

Assistance allowance was introduced in 1994. Over the following eleven years, the numbers of recipients increased steadily. Male recipients have always outnumbered women.

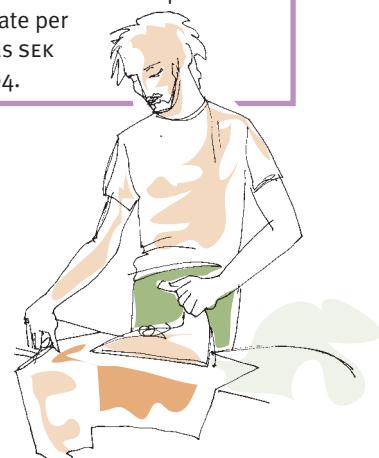
Regulations 2004

Assistance allowance is available to persons suffering from autism, learning difficulties, significant functional disabilities after brain damage or other major and lasting functional disabilities not due to normal ageing. However, persons living in sheltered group accommodation are not entitled to assistance allowance. If there are reasonable grounds, the allowance may be paid for a brief spell while the person is in hospital.

The allowance from the Swedish

Social Insurance Agency to the functionally disabled is to be used for the employment of personal assistants (carers) who can help them in their daily living. Functionally disabled persons may themselves employ one or more assistants directly or use those available from the municipality or other agencies.

Assistance allowance is paid at a standard rate per hour. It was SEK 205 in 2004.



Age	Number of recipients		Average number of hours per month	
	Women	Men	Women	Men
0–14	775	951	344	354
15–19	397	570	379	403
20–24	379	529	481	494
25–29	380	496	502	506
30–34	375	460	474	510
35–39	386	465	447	483
40–44	392	484	464	478
45–49	454	436	434	481
50–54	552	525	438	455
55–59	715	664	416	428
60–64	740	719	407	414
65–	554	521	351	353
Total	6,099	6,820	419	437

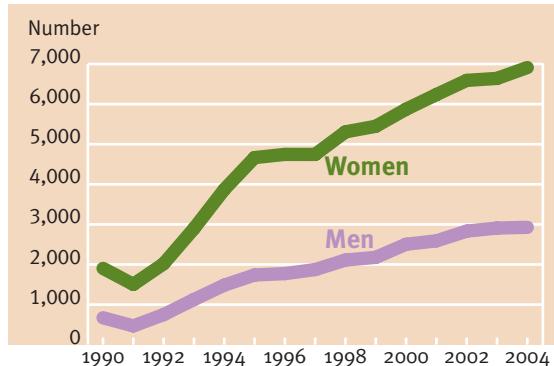
Assistance allowance in December

2004. Out of a total of SEK 12.7 billion in assistance allowance in 2004, approximately 46 per cent went to women and 54 per cent to men. The municipalities provided SEK 2.7 billion.

Allowance for care of close relatives

The allowance for care of close relatives enables a person to stay home from work to look after a seriously ill member of the family.

Persons with an allowance for care of close relatives. The allowance for care of close relatives was introduced in mid-1989. In 1991, the level of compensation was lowered, which may explain the decrease in the number of people receiving the allowance that year. The following year, the rules were changed so that also a person looking after a seriously ill relative in hospital or other institution (i.e. not only in the home) was entitled to receive the allowance. The steady increase since 1991 can partly be attributed to increased public awareness of the existence of such an allowance but the most important factor is the ageing population. Women



look after relatives to a far greater extent than men do. Among those receiving care, however, the sexes are evenly represented.

Persons staying home from work to look after a seriously ill person in the home or in a care institution are entitled to receive an allowance for care of close relatives. Generally, the allowance is payable for a maximum of 60 days for each person cared for.

The allowance is payable at 100, 50 or 25 per cent of the full rate. The full compensation rate is 80 per cent of the income qualifying for sickness cash benefit.

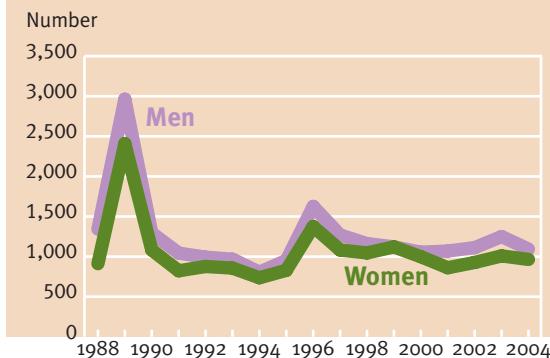
**Regulations
2004**

Age	Number of recipients		Average number of days		Average amount over the year, SEK	
	Women	Men	Women	Men	Women	Men
-24	71	39	11	13	6,395	9,082
25-29	181	124	10	11	6,622	7,284
30-34	420	258	11	9	6,799	6,461
35-39	763	429	10	9	6,250	6,430
40-44	1,033	459	9	9	5,926	6,515
45-49	1,288	467	10	10	6,261	6,787
50-54	1,279	444	10	11	6,676	7,716
55-59	1,200	453	11	15	7,329	9,883
60-	677	254	15	16	9,049	11,007
Total	6,912	2,927	11	11	6,789	7,701

Allowance for care of close relatives in 2004. Out of a total of approximately SEK 69 million in allowance for care of close relatives in 2004, 68 per cent went to women and 32 per cent to men.

Car allowance

Car allowance is to help people with permanent functional disabilities who have difficulty moving around from place to place.



Granted car allowances. Car allowances were introduced in October 1988, and the majority were granted when the benefit was new. Since it is possible to get a new car allowance every seventh year, there was a new peak in 1996. Somewhat fewer women than men have received this benefit. Means-tested allowance for the purchase of a car have mainly gone to women. On the other hand, costs for adapting cars have been higher for men.

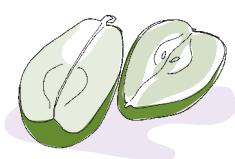
Regulations 2004

Car allowance for the purchase of a car may be granted every seventh year. Car allowance may also be granted for adapting a vehicle and in certain cases for driving lessons. Car allowance is granted mainly for cars but also for other vehicles such as motorbikes and mopeds. The basic prerequisite for receiving a car allowance is that the individual has a permanent functional disability that presents significant difficulties in getting around or in using public transport. The following groups are entitled to a car allowance providing they meet the basic requisites:

- A person under 65 who is reliant on a motor vehicle for work purposes or for rehabilitation/training.
- A person under 65 who has been granted a car allowance according to the rules for the preceding group, but who has subsequently received sickness or activity compensation.
- Another person aged between 18 and 49 who will be the actual driver of the vehicle.
- A parent with children under 18.
- Parents whose children fulfil the basic requisites.

Age	Number of recipients		Average amount, SEK	
	Women	Men	Women	Men
0–15	148	195	73,317	70,303
16–19	37	44	95,733	105,337
20–24	34	39	118,621	162,230
25–29	36	54	131,558	122,023
30–34	56	62	147,207	148,851
35–39	89	88	113,202	147,661
40–44	102	97	127,360	149,898
45–49	115	129	123,950	102,886
50–54	96	123	141,136	149,592
55–59	109	81	116,587	124,897
60–	85	81	120,679	125,901
Total	907	993	116,031	120,856

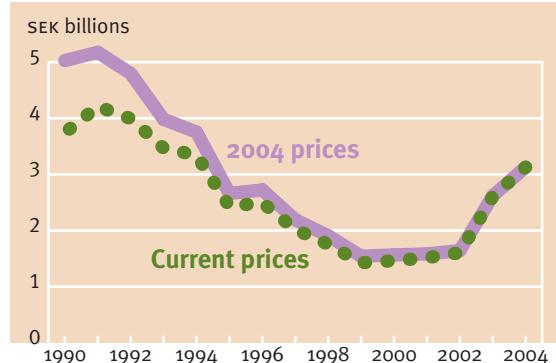
Car allowances granted in 2004. Out of a total of SEK 222 million in car allowances in 2004, 47 per cent went to women and 53 per cent to men.



Dental care

The aim of dental care insurance is to ensure a high level of dental health irrespective of personal incomes.

Amount paid for dental care. Compensation regulations have been progressively revised, obliging patients to pay an ever larger share. Costs for dental care insurance thus decreased between 1992 and 1999, but regulatory changes during 2002 led to a steep rise in costs.



Dental care for children under 20 is free of charge.

All adults receive financial support for everyday health-promoting dental care, that is, basic dental care. This includes preventive treatment, fillings, root treatment and suchlike.

For crowns, braces and suchlike, as well as for orthodontic treatment, there is high-cost protection for patients in acute need of treatment.

As of July 2002, special compensation rules apply to all insured persons aged 65 and over.

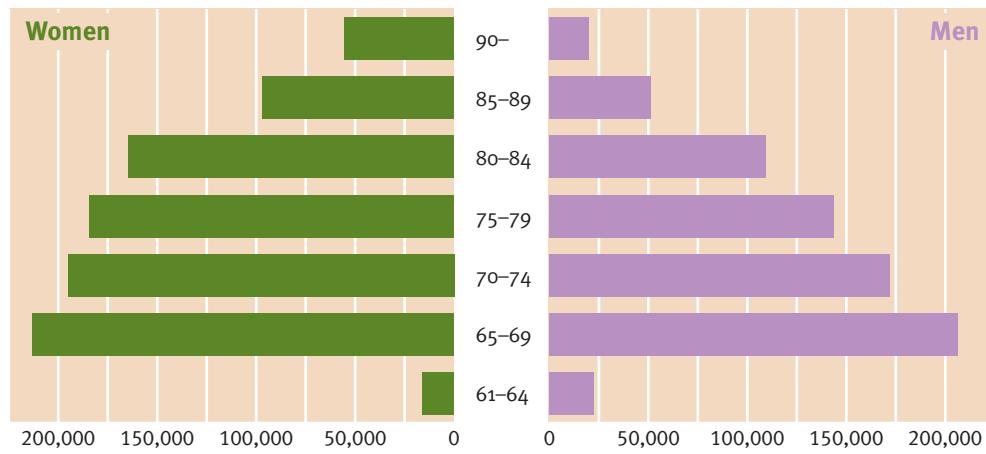
**Regulations
2004**



Financial security in old age, etc.

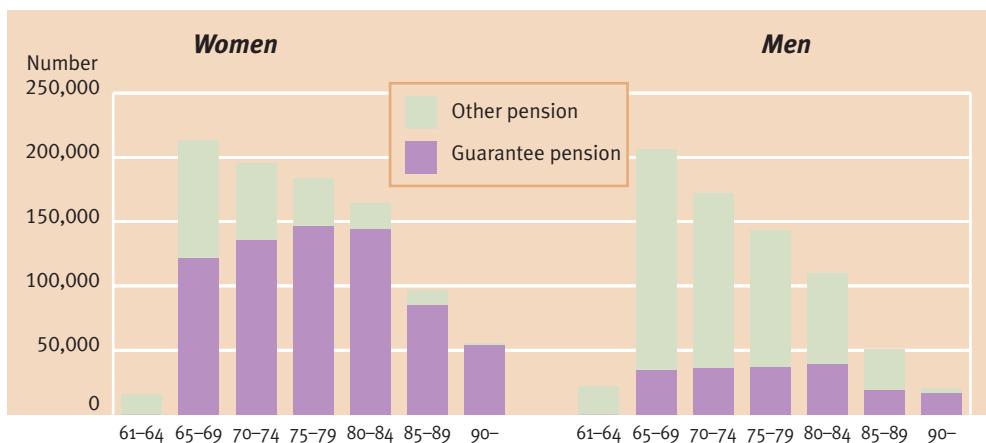
Old-age pension

Old-age pension provides security in old age. It consists of income pension, premium pension and guarantee pension.



Old-age pensioners in 2004. Among old-age pensioners there are significantly more women than men, since

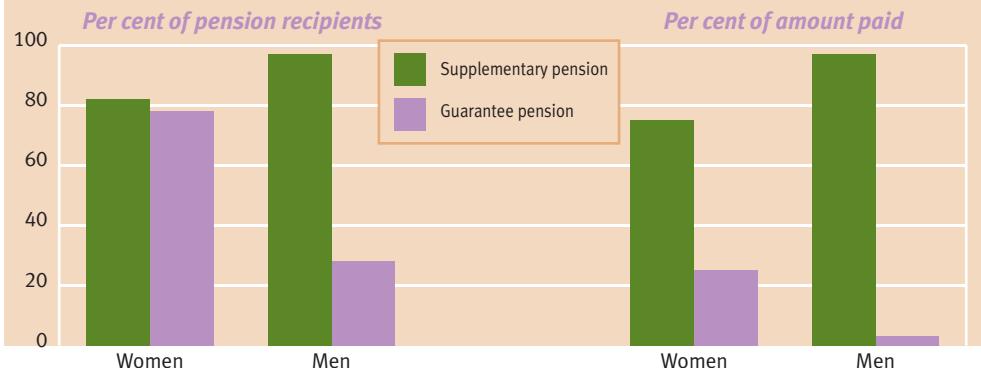
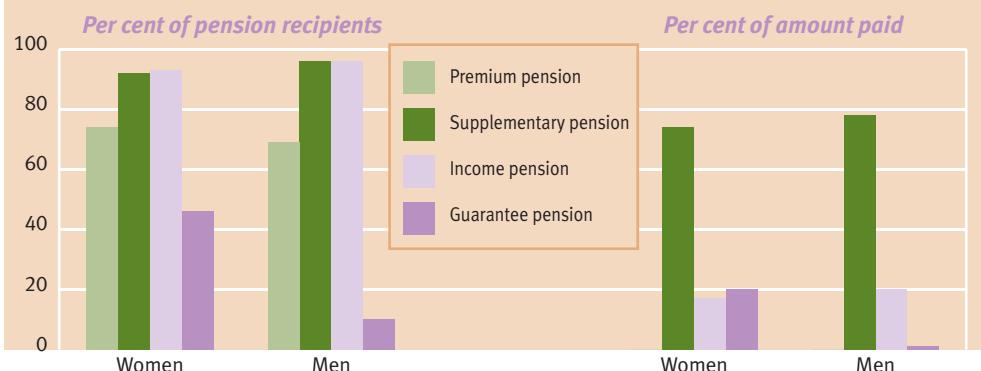
women as a group live longer than men. Only among pensioners in the age group 61–64 do men outnumber women.



'Guarantee pension' means that the recipient receives guarantee pension alone or in combination with one or more of the other types of pension. 'Other pension' indicates that the recipient does not receive guarantee pension but one or more of the other types of pension.

Old-age pensioners with and without guarantee pension in 2004. The increased participation of women in working life during the latter part of the twentieth century is clearly illustrated. The proportion with guarantee pension

increases progressively with increased age, from 59 per cent to virtually 100 per cent for women. Similar patterns are discernible for men but at a much lower level.

Born in 1937 or earlier*Born in 1938 or later*

The different types of pension in 2004. Persons aged 67 and over (that is, those born in 1937 or earlier) can only receive guarantee pension and supplementary pension. 78 per cent of the women and 28 per cent of the men received guarantee pension. Out of a total of 822,000 women, 148,000 received guarantee pension alone, while out of a total of 617,000 men only 19,000 received guarantee pension alone. This reflects the different earning patterns of men and women for these generations. In December 2004, only

211,000 pensioners were covered by the new income pension scheme. On top of guarantee pension and supplementary pension, these could also receive income pension and premium pension. 74 per cent of the women and 69 per cent of the men had premium pension but the amounts involved so far are insignificant. 46 per cent of the women and 10 per cent of the men received guarantee pension, while just under 3 per cent of women and 1 per cent of men received guarantee pension alone.

Regulations 2004

Old-age pension must be applied for, though not before the age of 61. People may postpone claiming old-age pension as long as they like and the pension increases in value the longer a person waits. Old-age pension is payable as a full, three-quarters, one-half or one-quarter benefit. As of January 2003, pensions are taxed in the same way as earned income.

The right to old-age pension is earned primarily through gainful employment. Earned income – together with certain so-called pensionable amounts – forms the basis of the individual pension. People accumulate pensionable amounts, for example, while receiving sickness or activity compensation or parenting small children. The pension right amounts to 18.5 per cent of the pension base.

The earned parts of the pension are paid out in the form of income

pension and premium pension. The pension right for the income pension is 16 per cent of the base while the remaining 2.5 per cent is placed in funds for the premium pension. If earned pension falls below a certain basic security level, it is supplemented with a guarantee pension.

The general old-age pension has recently been reformed and applies to all those born in 1938 or later. Persons born earlier receive their old-age pension in the form of supplementary pension and, possibly, guarantee pension. Supplementary pension largely equates to the earlier basic pension and general supplementary pension (ATP) based on pension points in the old scheme. Persons born in the period 1938–1953 also receive their earned pension to varying degrees in the form of supplementary pension.

Age	Number of recipients		Average amount per month, SEK	
	Women	Men	Women	Men
61–64	16,101	22,256	4,678	7,750
65–69	213,038	206,145	8,972	11,901
70–74	195,141	172,121	8,393	11,907
75–79	184,090	143,562	7,756	11,821
80–84	164,683	109,468	7,140	11,626
85–89	96,774	51,067	6,772	11,410
90–	55,353	20,073	6,374	10,016
Total	925,180	724,692	7,822	11,631

Old-age pensions in December 2004. SEK 186.5 billion was paid out in old-age pension in 2004, approximately 46 per cent to women and 54 per cent to men.

Supplementary pension accounted for SEK 159.2 billion of the total

amount. Women made up 52 per cent of old-age pensioners with supplementary pension, but only 41 per cent of the amount went to women. Men made up 48 per cent of this group and received 59 per cent of the amount.

Maintenance support for the elderly

Maintenance support for the elderly allows persons with a low old-age pension or no pension at all the chance to support themselves.

Maintenance support for the elderly is payable to persons resident in Sweden who have reached the age of 65. The benefit is means-tested and its aim, like that of the special housing supplement to pensioners, is to guarantee the individual a reasonable standard of living. The standard of living level corresponds to a set financial minimum level and the cost of reasonable accommodation. In 2004,

reasonable cost of accommodation was up to SEK 5,700 kronor per month for single persons and SEK 2,850 for couples. The reasonable standard of living level was approximately SEK 4,200 per month for single persons and approximately SEK 3,500 for married couples. The benefit is granted for a maximum of twelve months at a time.

**Regulations
2004**



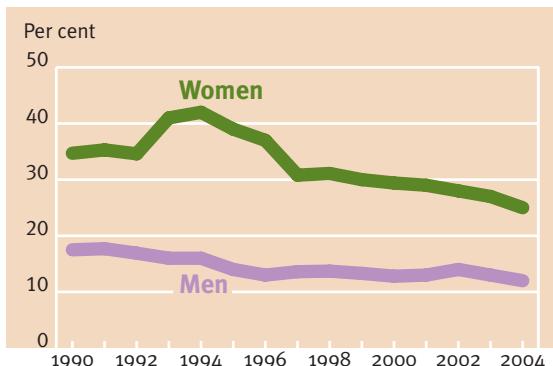
Age	Number of recipients		Average amount per month, SEK	
	Women	Men	Women	Men
65–69	2,439	2,068	3,372	2,323
70–74	1,561	1,374	5,562	3,239
75–79	1,169	842	6,078	3,545
80–84	704	411	4,219	2,845
85–89	351	148	3,079	2,596
90–	169	66	3,468	3,965
Total	6,393	4,909	4,481	2,863

Maintenance support for the elderly in December 2004. In 2004, SEK 587 million was paid out in maintenance

support for the elderly, of which approximately 67 per cent went to women and 33 per cent to men.

Housing supplements for pensioners, etc.

The housing supplements enable pensioners and certain other low-income groups to live in good-quality accommodation without sacrificing their standard of living in other ways



Proportion of persons with housing supplement. Women have lower pensions than men on average and have a lower financial standard also in other respects. The proportion of women with housing supplement is twice that of men.

Regulations 2004

The housing supplement consists of

- housing supplement for pensioners (**BTP**)
- special housing supplement for pensioners (**sBTP**).

BTP may be granted to persons with full old-age pension, widows' pension, special survivor's pension, wives' supplement, sickness compensation, activity compensation or EU pension equating to Swedish benefits. **BTP** is not granted for old age pension taken out before the age of 65 (early withdrawal).

The size of the housing supplement depends on the cost of the accommodation and the income and assets of the individual. In 2004, the maximum **BTP** was 91 per cent of accommodation costs up to SEK 4,500 per month, giving a maximum of SEK

4,095. **BTP** is a tax-free form of support which the individual must apply for.

sBTP is a form of support designed to guarantee individual pensioners a reasonable standard of living, corresponding in principle to a fixed minimum financial level and the cost of adequate accommodation. The highest acceptable cost of accommodation is SEK 5,700 per month. To qualify for **sBTP**, a person must already have been granted **BTP**. In addition, the person's income after deductions for reasonable housing costs must fall below a certain fixed minimum level. The supplement is paid in the form of a supplementary amount bringing the income level up to the minimum income level.

Age	Number of recipients		Average amount¹ per month, SEK	
	Women	Men	Women	Men
16–19	351	465	2,662	2,009
20–24	2,189	2,513	2,661	2,596
25–29	3,048	3,078	2,710	2,739
30–34	3,945	3,821	2,512	2,600
35–39	6,084	5,104	2,220	2,406
40–44	8,043	6,793	2,135	2,259
45–49	9,866	7,869	2,126	2,189
50–54	12,022	9,036	2,160	2,142
55–59	14,776	9,649	2,181	2,063
60–64	14,944	8,670	2,089	1,991
65–69	26,840	10,945	1,838	1,754
70–74	34,221	10,084	1,835	1,633
75–79	44,953	10,596	1,908	1,508
80–84	58,175	10,588	2,030	1,433
85–89	45,802	6,564	2,190	1,442
90–	34,795	5,171	2,445	1,711
Total	320,054	110,946	2,084	1,914

¹ The average amount includes both BTP and SBTP.

Housing supplement in December 2004. In 2004, SEK 10.9 billion was paid out in housing supplement. Approximately 76 per cent of this was paid to women and 24 per cent to men.



Age	Number of recipients		Average amount¹ per month, SEK	
	Women	Men	Women	Men
65–69	26,815	10,934	1,838	1,755
70–74	34,191	10,066	1,835	1,632
75–79	44,919	10,584	1,908	1,507
80–84	58,131	10,579	2,030	1,432
85–89	45,772	6,560	2,190	1,441
90–	34,776	5,168	2,445	1,710
Total	244,604	53,891	2,048	1,578

¹ The average amount includes both BTP and SBTP.

Housing supplement for old-age pensioners in December 2004. Housing supplement for old-age pensioners was approximately SEK 7.4 billion in 2004, of which 85 per cent went to women and 15 per cent to men.

Age	Number of recipients		Average amount¹ per month, SEK	
	Women	Men	Women	Men
16–19	351	465	1,935	2,009
20–24	2,187	2,513	2,661	2,596
25–29	3,044	3,076	2,711	2,739
30–34	3,939	3,819	2,512	2,601
35–39	6,062	5,096	2,222	2,407
40–44	7,997	6,782	2,133	2,258
45–49	9,770	7,855	2,126	2,190
50–54	11,884	9,019	2,155	2,141
55–59	14,506	9,631	2,175	2,063
60–64	14,260	8,653	2,070	1,990
Total	74,000	56,909	2,198	2,232

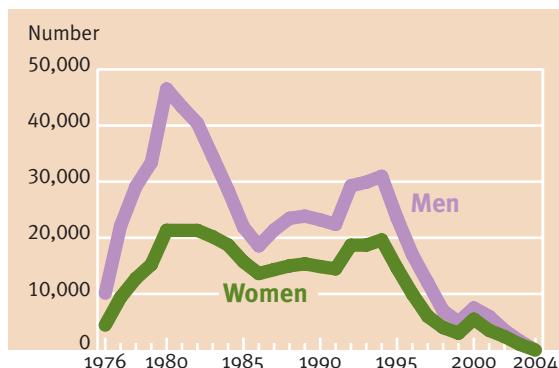
¹ The average amount includes both BTP and SBTP.

Housing supplement for persons with sickness compensation or activity compensation in December 2004. Housing supplement for persons with sickness or activity compensation was approximately SEK 3.5 billion. Of this, 56 per cent was paid to women and 44 per cent to men.

Part-time pension

Up to the year 2000, gainfully employed persons wishing to reduce their working hours a few years before retirement could claim part-time pension.

The development of the part-time pension. Part-time pension was introduced in 1976, and the last payment was made in 2004.



Since 2000, it has no longer been possible to apply for a part-time pension. The part-time pension has thus come to an end as of 2005.

Gainfully employed persons in the age group 61–64 who wished to reduce their working hours could receive part-time pensions. The part-time pension is 55 per cent of the

difference between before and after the reduction in working hours. After reducing their working hours, persons with part-time pensions must work between 17 and 35 hours a week on average. It is possible to receive compensation for a reduction in working hours of up to 10 hours per week at most.

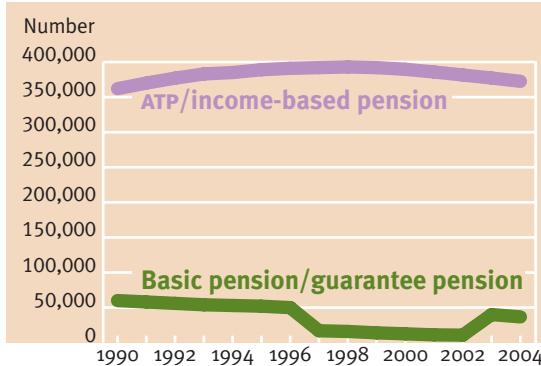
**Regulations
2004**

Out of a total of SEK 25 million in part-time pensions in 2004, approximately one third went to women and two thirds to men.

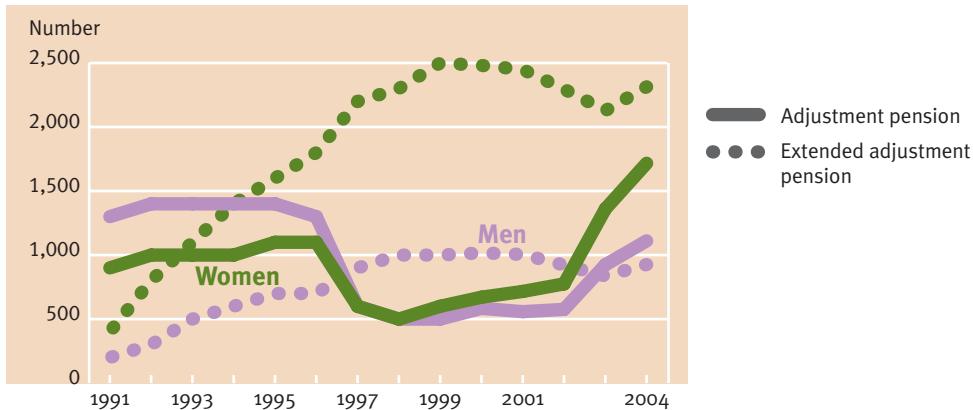


Survivor's pension for adults

Survivor's pension provides financial security to persons whose close relatives have died.



Women with widow's pensions. The widow's pension was abolished in 1990 but due to transitional regulations the number of women receiving widows' pensions from the ATP scheme actually increased for a while. However, the number receiving basic pensions fell dramatically due to the introduction of means-testing in April 1997. Means-testing has been abolished in the new pension scheme and the number of widows with guarantee pensions is almost on a par with the number of basic pensioners in 1996 (that is, before means-testing was introduced).



Adjustment pensions and extended adjustment pensions. The period for which an adjustment pension is payable was reduced from one year to six months in 1997, which meant the number of persons receiving the benefit at any one time was halved. At the same time, there was an increase in the

number of persons receiving extended adjustment pensions. As of 2003, the period for which an adjustment pension is payable has once again been increased, as reflected in the statistics. More than twice as many women as men receive extended adjustment pensions.

Regulations 2004

The survivor's pension for adults includes

- adjustment pension
- extended adjustment pension
- special survivor's pension (no longer granted after 2002)
- widow's pension.

These benefits are paid as a form of income-based pension, determined by the previous income of the deceased. As a supplement to or instead of the income-based pension, it is possible under certain circumstances to receive guarantee pension. It is 2.13 times the price base amount, which was SEK 6,976 per month in 2004. As of January 2003, pensions are taxed in the same way as earned income.

The surviving spouse (or equivalent) may receive an **adjustment pension** if he/she is younger than 65 and

- was at the time of the death permanently cohabiting with children under 18, or
- had cohabited continuously with the deceased for a period of at least five years prior to the time of the death.

The adjustment pension is payable for ten months and its size is based on the deceased person's accumulated income pension or pension points for supplementary pension. The adjustment pension is payable concurrently with a person's own pension.

If the survivor has custody of children under 18 years of age, he/she receives an extended adjustment pension for 12 months or until the youngest child reaches the age of twelve. The right to **extended adjustment pension** ceases to apply if the survivor remarries.

The right to **widow's pension** and the size of widow's pension depends on the age of the woman, on whether the couple were married or in an equivalent relationship at the close of 1989 and on the husband's years with pension points (ATP points). The pension is coordinated with sickness compensation, activity compensation and old-age pension. Widow's pension is no longer payable if the widow remarries.

Widow's pensions in December 2004.

The majority of women receiving a widow's pension are themselves old-age pensioners, but approximately 12 per cent are still of working age. In 2004, just under four out of ten female old-age pensioners also received widows' pension. Since 2003, a so-called basic pension supplement has been included in the average amount up to the age of 65, which accounts for the high amounts for these age groups.

Out of a total of SEK 15.4 billion in widow's pensions in 2004, 78 per cent went to widows who were 65 or older.

Age	Number of recipients Women	Average amount per month, SEK Women
-39	185	2,688
40-49	3,337	4,021
50-59	18,078	6,017
60-64	21,988	7,288
65-69	28,103	2,653
70-74	45,877	3,092
75-79	69,741	3,421
80-89	150,497	3,037
90-	37,880	2,023
Total	375,686	3,385

Age	Number of recipients		Average amount per month, SEK	
	Women	Men	Women	Men
-29	26	4	6,831	6,976
30–34	46	15	6,673	6,767
35–39	80	35	6,672	6,534
40–44	121	54	6,518	6,914
45–49	220	84	6,727	6,614
50–54	365	186	6,901	6,862
55–59	770	323	7,037	6,814
60–64	89	410	6,320	6,884
Total	1,717	1,111	6,865	6,829

Adjustment pensions in December

2004. As a result of transitional regulations, the majority of women over 60 receive widow's pensions instead of

adjustment pensions. Out of a total of SEK 294 million in adjustment pensions in 2004, 61 per cent went to women and 39 per cent to men.



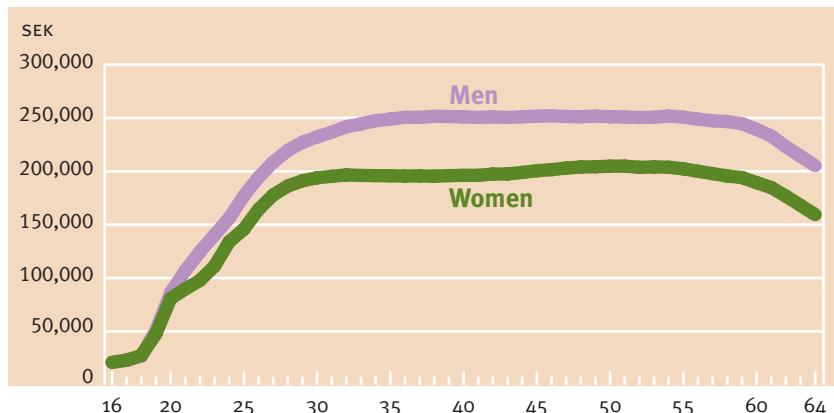
Age	Number of recipients		Average amount per month, SEK	
	Women	Men	Women	Men
-29	112	12	6,873	6,389
30–34	250	49	6,700	6,783
35–39	575	162	6,817	6,858
40–44	630	260	6,853	6,812
45–49	494	237	6,734	6,721
50–54	211	126	6,833	6,828
55–59	41	57	6,476	6,249
60–64	1	23	6,976	6,772
Total	2,314	926	6,794	6,756

Extended adjustment pensions in December 2004. Out of a total of SEK 259 million in extended adjustment

pensions in 2004, 72 per cent went to women and 28 per cent to men.

Earned pension base

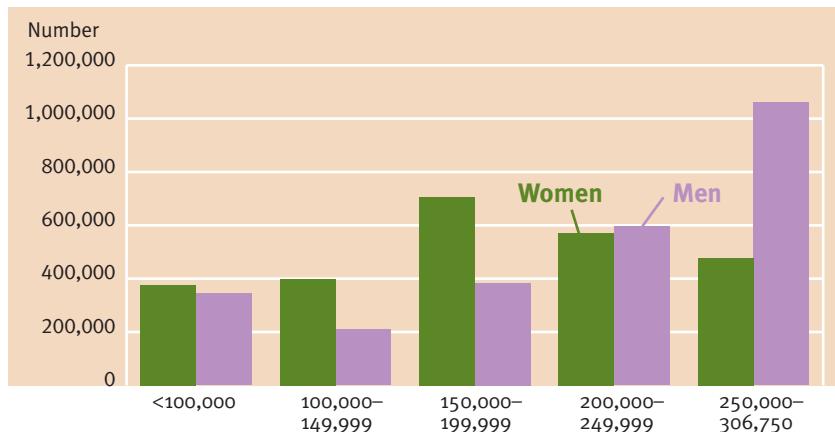
The earned pension base according to the reformed pension system rules is shown here for persons aged 16–64.



The median pension base in 2003 may be seen as a picture of the expected average lifetime-income profile for each yearly cohort. The differences in income between men and women are considerable. The earned pension base for women is approximately 80 per cent of that for men. The disparity is largely explained by wage differences between the sexes and shorter working hours for women in paid employment. Approximately half the younger women receive

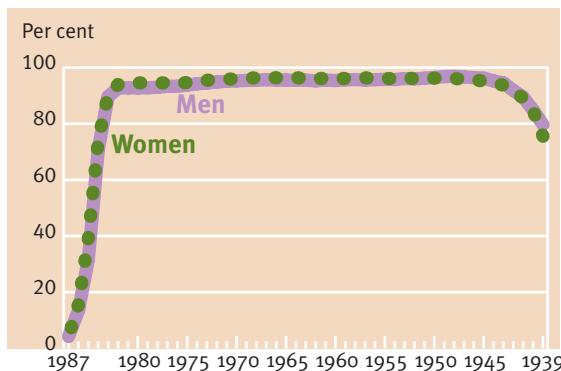
pensionable amounts for childcare years. The pension base increases with age. For men, however, the level remains almost constant between the ages 35 and 55. In higher age groups, the pension base diminishes as working hours are reduced. A greater incidence of long-term sick leave and retirement with disability pension further lowers the median for the pension base at more advanced ages.





Number of persons by earned pension base in 2003. The income differences between men and women are clearly

seen. Women are over-represented in the lower income brackets as are men in the higher ones.



Proportion of the population with a pension base in 2003. Almost 95 per cent of the population in the ages 21–60 have earned a pension base. The high proportion is explained by the fact that the pension base is calculated on the basis of not only salary but also

sickness or activity compensation, sickness cash benefit, parental cash benefit and unemployment benefit.

For the oldest groups, the proportion of individuals with a pension base is lower, primarily due to early retirement.

Regulations 2004

The pension base is the sum of pensionable income and pensionable amounts up to 7.5 income base amounts. Pensionable income includes income from employment, income from self-employment and social insurance payments (sickness cash benefit, parental cash benefit, unemployment benefit, etc).

Pensionable amounts are calculated for sickness compensation and activity compensation (disability pension), compulsory service, studies

and childcare years. Pension rights are then calculated as 18.5 per cent of the pension base. The pension right for income pension is 16 per cent and the pension right for premium pension is 2.5 per cent of the pension base for persons born in 1954 or later. For those born between 1938 and 1953, a lower percentage is allocated to income pension and premium pension depending on the number of twentieths in the reformed pension scheme.

Age	Number of persons with pension base		Proportion of population, %		Pension base median, SEK	
	Women	Men	Women	Men	Women	Men
16–19	68 331	65,190	32.4	29.3	34,400	37,000
20–24	238,730	244,342	93.6	92.2	100,100	117,200
25–29	258,448	264,748	94.7	93.6	175,200	207,500
30–34	287,022	294,391	95.9	95.1	195,500	240,500
35–39	313,606	325,509	96.4	95.6	195,700	250,500
40–44	280,644	290,783	96.1	95.5	197,300	250,800
45–49	277,477	283,780	96.2	95.7	202,700	251,500
50–54	283,785	289,368	96.3	96.3	204,200	251,000
55–59	306,989	314,731	95.5	96.3	198,000	247,600
60–64	220,781	224,834	87.5	88.6	177,200	224,500
Total	2,535,813	2,597,676	90.1	89.5	185,400	230,000

Earned pension base in 2003. The proportion of women who had earned a pension base was 90.1 per cent and the proportion of men was 89.5 per cent.

Half the women had a pension base higher than SEK 185,400 and half the men had a pension base higher than SEK 230,000.



More statistics

Additional statistical details are available on the Swedish Social Insurance Agency's homepage (address: statistik.forsakringskassan.se).

You may also address questions about statistics directly to the Swedish Social Insurance Agency by contacting the following people:

The scope of the social insurance schemes:

Jon Dutrieux, tel: +46 8 786 98 28, e-mail: jon.dutrieux@forsakringskassan.se

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