

Das Familienzulageamt.

TDV ISAM
Kütüphanesi Arşivi
No 058-130/1

Geschäftsstelle, Vasagatan 23-25.

Organisation
und Arbeitsauf-
gaben.

Wehrpflichtige, die zum Wehrdienst eingezogen worden sind, haben während desselben im Rahmen des vorliegenden Bedarfs Anrecht auf eine Familienzulage, die nicht den Charakter einer Wohlfahrtsunterstützung hat, sondern eher als Gehalt anzusehen ist und auch als solches wie sonstiges Einkommen zu versteuern ist. Für die Bearbeitung von Fragen der Familienzulage für in Stockholm ansässige Personen besteht seit April 1940 ein besonderes Gemeindeorgan, das Familienzulageamt der Stadt Stockholm. Das Amt besteht aus einem Ausschuss von fünf Mitgliedern nebst der entsprechenden Zahl von Stellvertretern, die von der Stadtverordnetenversammlung jeweils auf vier Jahre gewählt werden. Das Amt wählt jährlich aus dem Kreise seiner Mitglieder den Vorsitzenden und stellvertretenden

Vorsitzenden.

Durch ein besonderes Organ, die Sozialstelle der Wehrmacht, übt der Staat eine gewisse Aufsicht über die Tätigkeit der Familienzulageämter aus.

Verschiedene
Arten des
Wehrdienstes.

Nach dem Wehrpflichtgesetz haben alle Wehrpflichtigen in der Regel ausser der eigentlichen Wehrdienstausbildung an einer oder zwei Wiederholungsübungen - je nach der Art der Waffe - und an einer Nachausbildungsübung teilzunehmen. Bestimmte Wehrpflichtige, die der Flotte zugeteilt sind, können statt dessen den gesamten Wehrdienst auf einmal abmachen. Wehrpflichtige, die als dafür geeignet angesehen werden, können zu einer längeren Dienstzeit zum Zwecke der Offiziers- oder Unteroffiziersausbildung verpflichtet werden. Desgleichen können Wehrpflichtige mit bestimmter Fachausbildung zu einer längeren Dienstzeit verpflichtet werden.

Falls es zur Verstärkung der Kriegsbereitschaft notwendig sein sollte, hat der König das Recht, die Wehrpflichtigen zu einer oder mehreren Bereitschaftsübungen einzuziehen. Die Verpflichtung zur Teilnahme an derartigen Bereitschaftsübungen entfällt anderthalb Jahre nach Beendigung der eigentlichen Wehrdienstausbildung bzw. der oben erwähnten durchgehenden oder verlängerten Wehrdienstzeit.

Falls die Verteidigung oder sonst die Sicherheit des Reichs es erheischt - also bei Mobilisierung oder verschärfter Verteidigungsbereitschaft -, kann der König nach Anhörung der Regierung sämtliche Wehrpflichtigen zum Wehrdienst einziehen.

Die Familienzulage hat die Form der Familienbeihilfe, Mietbeihilfe, Gewerbebeihilfe, Krankenbeihilfe und Beerdigungsbeihilfe. Ausser der Familienzulage wird bei bestimmtem Militärdienst noch sog. Heimatsgehalt gezahlt, d.h. Offiziersgehalt und Dauerzeitgehalt. Das Heimatsgehalt wird im Gegensatz zur Familienzulage ohne Bedarfsprüfung gezahlt.

Verschiedene
Formen der
Familienzulage.

Der Umstand, dass ein Wehrpflichtiger oder einer seiner Familienangehörigen irgendwelches Einkommen besitzt, schliesst nicht an und für sich das Anrecht auf die Familienzulage aus, aber bei der Bedarfsprüfung ist in bestimmter Weise auf das gesamte Einkommen der Familie Rücksicht zu nehmen. Allgemein kann man sagen, dass die Regeln für die Bedarfsprüfung so abgefasst sind, dass es für die Familie des Wehrpflichtigen stets von Vorteil ist, wenn die Familienangehörigen ihre Arbeit behalten, statt ausschliesslich auf die Familienzulage angewiesen zu sein.

Die Familienbeihilfe wird für jeden Familienangehörigen besonders festgesetzt und beträgt in Stockholm pro Tag ~~3 Kronen~~ ^{4.60} 25 Öre für die Ehefrau des Wehrpflichtigen, ~~1 Krone~~ ^{2.20} 90 Öre für jeden sonstigen Familienangehörigen über 16 Jahre und ~~1 Krone~~ ^{1.85} 30 Öre für jeden Familienangehörigen unter 16 Jahre.

Neben der Familienbeihilfe kann auch eine Mietbeihilfe gezahlt werden. Diese entspricht in der Regel der wirklichen Miete einschliesslich Heizkosten.

Wehrpflichtige, die ein Gewerbe betreiben, können statt Familienbeihilfe und Mietbeihilfe eine sog. Gewerbebeihilfe in Höhe von höchstens 10 Kronen pro Tag erhalten. Der Zweck dieser Beihilfe ist der, dass der Wehrpflichtige dadurch instandgesetzt werden soll, an seiner Stelle eine andere Arbeitskraft anzustellen und dadurch den Betrieb für die Dauer der Dienstzeit in Gang zu halten. Falls ein Wehrpflichtiger gezwungen ist, seinen Betrieb während der Wehrzeit einzustellen, kann er einen Zuschuss zur Miete für die Geschäftsräume in Höhe von höchstens 100 Kronen im Monat erhalten.

Für Wehrpflichtige, die ihre eigentliche Wehrdienstausbildung oder den durchgehenden Wehrdienst durchmachen, gelten etwas eingeschränkte Vorschriften bezüglich der Bewilligung von Miet- und Gewerbebeihilfen. Die Bestimmungen bezüglich dieser Gruppe von

Wehrpflichtigen besagen hauptsächlich, dass die Mietbeihilfe höchstens in Höhe der Kosten für ein Zimmer und Küche gewährt werden darf und dass Wehrpflichtige, die nicht mit Familienangehörigen zusammenwohnen, eine Mietbeihilfe nur mit Zustimmung der staatlichen Aufsichtsbehörde erhalten dürfen und auch eine Gewerbebeihilfe nur nach Zustimmung dieser Behörde erhalten dürfen. Wehrpflichtige, die aus dem genannten Grunde keine Mietbeihilfe erhalten, können jedoch Ersatz für die Kosten der Lagerverwahrung von Möbeln und des Transports zum Lagerraum erhalten.

Bei Erkrankung eines Familienangehörigen kann zum Bestreiten der Kosten für die erforderliche Behandlung, die Beförderung zum und vom Arzt oder Krankenhaus sowie für Arzneimittel eine Krankenbeihilfe im Höchstbetrage der tatsächlichen Kosten gewährt werden. Auch für bestimmte zahnärztliche

Behandlungen kann Krankenbeihilfe gezahlt werden.

Falls die Ehefrau eines Wehrpflichtigen, der nicht ehelich getrennt lebt, oder ein Kind oder Adoptivkind unter 16 Jahren, für das ihm die Sorge zusteht, stirbt, während er Anrecht auf Familienbeihilfe oder auf Gewerbebeihilfe für fortgesetzten Betrieb hat, erhält er eine Beerdigungshilfe in Höhe von 250 Kronen für die Ehefrau und 150 Kronen für das Kind bzw. Adoptivkind.

Heimatsgehalt.

Heimatsgehalt wird nur bei Mobilisierung und verschärfter Verteidigungsbereitschaft gezahlt. Der König hat jedoch das Recht zu bestimmen, dass das Dauerzeitgehalt auch während einer Bereitschaftsübung gezahlt werden soll. Die Höhe des Offiziersgehalts wechselt je nach dem militärischen Dienstgrad des Wehrpflichtigen, und beträgt mindestens 50 Öre pro Tag (für Gefreite und Gleichgestellte) und höchstens 3 Kronen 50 Öre pro Tag (für Majore und Gleichgestellte).

Das Dauerzeitgehalt wird unabhängig vom mili-

tärischen Dienstgrad nach einer Dienstzeit von 90 Tagen in Höhe von 1 Krone pro Tag gezahlt, nach einer Dienstzeit von 360 Tagen in Höhe von 1 Krone 50 Öre und nach einer Dienstzeit von 540 Tagen in Höhe von 2 Kronen.

Wehrpflichtige, die sich während des Militärdienstes eine Körperverletzung zugezogen haben, können ausser dem Krankengeld und der Lebensrente von der Reichsversicherungsanstalt in gewissen Fällen auch noch eine Familienzulage erhalten. Eine Lebensrente und daneben noch eine Familienzulage können auch bestimmte Hinterbliebene von im Wehrdienst verletzten Wehrpflichtigen erhalten.

Sämtliche Familienzulagen und Heimatsgehälter werden von den Familienzulageämtern gezahlt, aber die Gemeinde erhalten vom Staat Erstattung, und zwar für Familienbeihilfen an Ehefrauen, mit denen der Wehr-

pflichtige zusammenlebt, seine minderjährigen Kinder und Adoptivkinder, für die ihm die Sorge zusteht, für Beerdigungsbeihilfe und Heimatsgehälter in voller Höhe der ausgezahlten Beträge, für Gewerbebeihilfen für forgesetzte Betriebe 95 %, für Mietbeihilfen 90 % und für Familienbeihilfen an andere als die obengenannten Familienangehörigen, Gewerbebeihilfen für eingestellte Betriebe und Krankenbeihilfen 80 %.

Das Familienzulageamt hat schliesslich noch Angelegenheiten bezüglich von Anträgen auf Darlehen für Wehrpflichtige, auf Zuschüsse aus dem sog. Königsfonds und auf Steueraufschub zu bearbeiten.

Stockholm, Geschäftsstelle des Familienzulageamts,
den 30. Juni 1948.

Ture Henriksson

Einar Melldahl.

Committee

The Board for Housewives' Holidays.

TDV İSAM
Kütüphanesi Arşivi

No 059-130/2

Offices, Vasagatan 23-25.

Organisation
and Duties.

The State authorities in recent years have made grants for measures to provide recreation and rest for mothers and children. These measures at the outset were largely of a provisional nature, but have now been laid down in three Royal proclamations of 31st May, 1946, providing for Housewives Holidays Boards, for State allowances for the running of holiday homes for housewives etc., and free journeys for children and housewives etc. The Royal Social Welfare Board acts as a central State authority for this branch of social activity, the Boards for Housewives Holidays functioning as local institutions, their main duties being as follows: to arrange recreation for housewives in the form of visits to holiday homes or private homes; to make reports on applications for grants to cover the running expenses of holiday homes; to pay out such running costs as are allocated to the board by the Social Welfare Board; to distribute funds placed at the Board's disposal by the

State for grants with which to facilitate holidays for housewives; in certain cases to examine applications for free journeys; and in general to take such measures as are considered necessary for the further development of this branch of activity.

As far as Stockholm is concerned, the City Council resolved on 15th December 1946 to establish a special Board for Housewives Holidays for the City of Stockholm. This board consists of five members, including a chairman, together with a like number of deputies. Members and deputies are appointed by the City Council for four-year terms of office.

Holidays in
Private Homes

Housewives residing in Stockholm may be granted free journeys for holidays in private homes provided they have at least two children at home neither of whom attains the age of 15 or more during the year the journey is made, and provided the joint taxable income of man and wife does not exceed Kr.2,500 at the latest declaration or that their

total taxable property does not exceed Kr.20,000. Free journeys may be granted, however, irrespective of property, in those cases in which the taxable amount does not exceed Kr.500. Housewives who, on account of a heavy burden of work or poor health, can be judged to be in special need of rest and recreation, may be granted free journeys regardless of the number of children at home. One return journey may be granted each calendar year, and as a general rule the holiday must last at least ten days. Free journeys are granted only if the travelling expenses exceed Kr.3, and in the normal way only for distances to a maximum of 375 miles.

Holidays at
Holiday Homes

No regulations have been laid down regarding the maximum amount of income and property under which persons may be eligible for holidays at holiday homes subsidised by State or municipal authorities; but consideration is given to the financial position and need of recreation of each individual applicant. Should a holiday be granted at a holiday home, the recipient is automatically granted free journeys to and from the home, provided the travelling

expenses exceed Kr.3.

Holiday
Allowances

The Boards for Housewives Holidays are empowered to grant State holiday allowances to housewives for the purchase of clothing required for the holiday, and to persons in charge of children and home in the absence of the housewife, etc. The number of allowances is limited, and the maximum allowance is Kr.50.

The Board's
own Holiday
Homes

The Board for Housewives Holidays has established three holiday homes of its own. One of them - Lindormsnäs - is situated on the shores of Lake Mälaren about 25 miles from Stockholm and is capable of accommodating about 30 housewives. This holiday home is open all the year round. The other two holiday homes - Lidö Manor and Ro Grange - are situated in the northern Skerries, and for the time being are open only during the summer months. Lidö is capable of accommodating about 40 guests, and Ro roughly half that number. In the normal way, a holiday of fourteen days is granted at these homes, but if the need of rest is

particularly great, this period can be prolonged. The charge is Kr.3:50 per day.

Other Holiday
Homes

The Board for Housewives Holidays has concluded agreements with several organisers of private holiday homes, thereby securing accommodation for about six hundred mothers. The charges at these holiday homes, which are situated in different parts of the country, range between Kr.3:50 and Kr.6 per day.

State & Municipal
Allowances for
Maintenance Costs

Organisations, associations or others, who run or intend to run holiday homes for housewives, may obtain State contributions to the maintenance costs of such homes, these amounting to Kr.2 per guest per day provided that municipal grants are made of at least Kr.1 per guest per day. As far as Stockholm is concerned, the City Council has commissioned the Board for Housewives Holidays to grant municipal allowances. Through the Board for Housewives Holidays, such allowances are at present being paid to nine holiday homes.

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The chief aim of the whole of this new branch of social activity is to ensure for housewives relaxation, undisturbed rest and recreation. Hence it has not been considered advisable to permit children to accompany their mothers to holiday homes; and this in turn has confronted many housewives with the problem of making arrangements for their husbands and children during their absence. In view of the present situation such arrangements are exceedingly difficult, and the Boards for Housewives Holidays will probably find it necessary to arrange for home help, board and lodging for children, etc. The City of Stockholm Board for Housewives Holidays has given due consideration to this question, and intends to draw up proposals for the solution of this and allied problems; and likewise to seek a satisfactory means of arranging holidays for entire families.

Offices of the Board for Housewives Holidays,
Stockholm, 30th June 1948.

Ture Henriksson

Einar Melldahl

L'Office de Chômage.

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Bureaux: Vasagatan 23-25, Stockholm.

Organisation de
l'activité.

L'activité d'assistance en cas de chômage involontaire est placée sous la direction d'un organe central de l'Etat, la Direction Générale du Travail, et est exercée sur les lieux par des organes communaux, généralement des offices de chômage. En principe les subventions de l'Etat sont versées aux communes selon les frais de chômage approuvés d'avance par la Direction Générale du Travail pour une année à la fois. C'est ce que l'on appelle les subventions annuelles aux frais. Dans certains cas exceptionnels il n'est versé que des allocations de travail et lorsqu'il s'agit de certaines formes d'assistance, les subventions de l'Etat sont allouées selon des principes particuliers. Les subventions de l'Etat aux frais sont établies de la sorte qu'il y est tenu compte de l'importance des frais de chômage par unité d'impôt au cours de l'année. Le règlement définitif des subventions de l'Etat ne peut ainsi avoir lieu qu'à la

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fin de l'année, lorsque les frais additionnés forment la base de ces subventions. Pour ce qui est de Stockholm, les subventions annuelles aux frais pour l'année 1946 avaient formé 20% des dépenses totales de chômage.

Les mesures locales en relation avec l'activité d'assistance aux personnes aptes au travail et involontairement en chômage, subventionnée par l'Etat, sont à Stockholm entre les mains de l'office de chômage de la ville de Stockholm. Les chômeurs inaptes au travail ont à s'adresser soit aux bureaux sociaux de l'assistance publique, soit à une organisation commune pour l'office de chômage et l'assistance publique, dont le chef est le directeur de l'office de chômage. Ils peuvent alors recevoir les secours nécessaires sous forme d'assistance publique. Si l'organisation commune trouve que le besoin d'assistance sera de longue durée, la personne intéressée est priée de s'adresser au bureau social compétent. La commission de chômage est constituée par un président

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désigné par le préfet de Stockholm ainsi qu'un suppléant et huit membres nommés par le conseil municipal avec un nombre correspondant de suppléants. L'office est divisé en chancellerie, section sociale, section administrative, section technique et école-atelier.

Les chômeurs en quête d'assistance doivent d'abord s'adresser au bureau public de placement où ils reçoivent une carte d'inscription. S'il ne peut leur être trouvé du travail sur le marché libre, ils doivent remettre leur demande d'allocation de chômage au bureau des chômeurs de la section sociale ou, s'ils sont domiciliés dans les paroisses de Kungsholm, St. Göran ou Bromma, au bureau social V, qui est un bureau d'essai commun à l'assistance publique, au conseil de surveillance de l'enfance et à l'office de chômage. Ils doivent y présenter leur carte d'inscription délivrée par le bureau de placement. Les demandes sont enregistrées à la chancellerie et de là envoyées au registre social, où le cas échéant un extrait du registre social est établi. Cet acte contient les actes

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personnels établis en commun par l'office de chômage et l'assistance publique ainsi que, le cas échéant, le document délivré par le conseil de surveillance de l'enfance. Tous les renseignements concernant l'intéressé, qui sont communiqués au registre social, y sont groupés.

Du registre social l'extrait du registre est envoyé ensemble avec la demande d'assistance à la section sociale, où il est procédé à une enquête avant qu'une décision ne soit prise. Si l'allocation de chômage est accordée sous une forme ou une autre, l'intéressé doit se présenter au bureau public de placement à intervalles réguliers. Si le bureau peut lui trouver du travail sur le marché libre, la section sociale en est immédiatement avertie. Afin de faciliter les communications du bureau de placement à la section sociale, le numéro du registre social est porté sur la carte d'inscription.

5.

Différentes formes de l'activité d'assistance.

L'activité d'assistance s'exerce sous trois formes principales à savoir la recherche de travail de différentes espèces (où est suivi le principe du travail), l'assistance sous forme d'allocations (où est suivi le principe du soutien économique) et l'activité d'enseignement (Principe de l'enseignement).

Principe du travail.

Les travaux, auxquels hommes et femmes en quête de travail sont affectés, sont soit sous la régie de l'Etat, qui dans la règle a charge de tous les frais, soit sous la régie des communes - travaux communs de l'Etat et des communes - l'Etat subventionnant ces travaux comme cité plus haut. Les employés de bureaux et personnes y comparables sont affectés à des travaux d'archives, qui en général consistent à classer des documents, de dresser des registres de cartes, de dessins etc. dans des institutions de l'Etat ou des communes. Le salaire est de ~~84~~ 4/5 couronnes par semaine. Pour compléter cette activité, il a été mis sur pied une assistance spéciale aux musiciens, chanteurs et acteurs, l'aide aux artistes et musiciens. Les artistes en chômage ont ainsi pu être employés comme

6. instrumentistes, professeurs, instructeurs, chefs d'orchestre etc. dans des orchestres d'amateurs, des cercles de musique ou d'autres associations analogues, qui ne pratiquent pas la musique d'une façon professionnelle, ainsi que dans des associations d'amateurs de chant et de théâtre. Cette activité est exercée exclusivement sous la régie de l'Etat et le même salaire est versé que celui que reçoivent les chômeurs affectés aux travaux d'archives.

Les autres chômeurs peuvent être affectés à des travaux dits préparatoires. Ces travaux doivent être utiles et même nécessaires. D'habitude l'on choisit ces travaux parmi ceux, qui selon les plans établis ne devraient être effectués que plus tard. Ces travaux préparatoires sont exécutés aux conditions en vigueur sur le marché libre et, pour ce qui est de Stockholm, l'on applique les stipulations de la convention générale sur le travail des ouvriers communaux ainsi que quelques règlements spé-

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ciaux. Pour les chômeurs affectés aux travaux préparatoires de l'Etat les communes doivent verser à la Direction Générale du Travail une redevance journalière équivalant à l'allocation journalière qu'elles eussent été obligées de verser à un chômeur célibataire ou marié mais sans enfants.

Principe du soutien économique.

Les allocations peuvent être classées en trois catégories, les allocations journalières, les allocations de logement et les secours en vue de l'obtention de travail.

Les allocations journalières sont versées pour 6 jours par semaine et 6 jours à partir du moment où la demande en a été présentée. Elles sont actuellement de 3 ⁴/₅ couronnes par jour pour les personnes seules, ~~4,50~~ ^{5,25} couronnes par jour pour soutien de famille, ayant le devoir de subvenir aux besoins d'une épouse, de parents ou de parents adoptifs, ~~1,25~~ couronne par jour pour chacun des ~~3 premiers~~ enfants mineurs, ~~0,80~~ couronne par jour pour chacun des 4^e, 5^e et 6^e enfants. Pour les enfants de 16 ans révolus mais au-dessous de 18 ans, les allocations sont de 2 couronnes par jour.

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Les allocations journalières peuvent être accordées également aux élèves prenant part aux cours pour chômeurs et cours d'adaptation professionnelle organisés par l'office de chômage.

Aux chômeurs recevant des allocations journalières il peut le cas échéant être accordé des allocations de logement, ces allocations étant versées à raison de ~~60~~ 75 couronnes par mois pour les personnes seules et ~~120~~ 150 couronnes par mois pour soutiens de familles.

Les secours en vue de l'obtention de travail peuvent être accordés sous forme de contributions à l'achat de vêtements et des outils nécessaires dans le cas d'un travail particulier assigné aux intéressés, sous forme de contribution aux frais de voyage pour chercher du travail ainsi que sous forme de contribution à la subsistance des membres de famille si le chômeur a trouvé du travail dans une autre localité et ses revenus peuvent être considérés insuffisants pour subvenir aux besoins de la fa-

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mille et d'autre part le travail est de si courte durée qu'un ravitaillement en commun ne peut être arrangé.

Etant donné que les allocations en espèces se sont avérées trop réduites par suite du coût croissant de la vie, une proposition de les augmenter d'une façon générale a été soumise au gouvernement, mais n'a pas encore été adoptée.

Principe de l'enseignement.

La direction centrale de l'activité d'enseignement et d'adaptation professionnelle exercée dans l'école-atelier de l'office est entre les mains de la Direction Supérieure de l'Enseignement Professionnel. Des cours de préparation aux métiers de soudeur à l'arc, soudeur au gaz, ouvriers des forges, mécanicien, mécanicien de précision, réparateur de T.S.F. et mécanicien d'automobiles sont organisés. La longueur des cours varie entre 2 et 11 mois. Après la fin des cours la recherche du travail sur le marché libre est facilitée aux élèves. Aux élèves de ces cours communaux pour chômeurs il est versé un salaire de 50 öre par heure pour les chômeurs de moins de 25 ans et 75 öre par

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heure pour ceux qui ont 25 ans révolus. Les allocations journalières et celles de logement peuvent également être accordées selon le besoin.

En plus de ces cours pour chômeurs il a été mis sur pied à l'école-atelier des cours pour l'enseignement professionnel des invalides du service militaire, des réfugiés, la jeunesse norvégienne etc.

L'admission et la sortie des élèves est placée sous le contrôle d'une commission de cours spéciale, comprenant 4 personnes nommées par l'office de chômage, la commission du travail, le syndicat des ouvriers de l'industrie métallurgique et l'union des ateliers.

En plus des missions citées plus haut l'office du chômage devra probablement comme organe central à Stockholm, traiter les questions concernant le travail des personnes à capacité de travail réduite. Les lignes de

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conduite pour une telle activité sont à l'étude au sein d'un comité nommé par le conseil municipal. A ces lignes de conduite travaille également un comité de l'Etat. Les résultats de ces travaux de comités sont attendus dans un avenir prochain.

Stockholm, au bureau de l'Office de Chômage.

le 30 juin 1948

Ture Henriksson

Einar Melldahl

August 1951

A Brief Survey of Social Policy

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SOCIAL SECURITY AND WELFARE IN SWEDEN

by

KONRAD PERSSON

Director-General of the Royal Pensions Board

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SOCIAL SECURITY AND WELFARE IN SWEDEN

A Brief Summary

by

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Foreword.

The 1930's and the 1940's were characterized in Sweden by a vigorous expansion of social security and social welfare. New laws have been adopted or existing regulations revised in practically every field of social policy.

This presentation includes a survey of some aspects of social policy. In addition to an introduction to the social security system, there is a brief summary of certain other aspects of social policy deemed important in this connection, housing policy, family welfare, child and youth welfare, health and medical care, labor and employment policies, vacation legislation, public assistance, and the homes for the aged.

Chapter I.

SOCIAL SECURITY.

1. National Pensions.

A. The Pension Scheme.

Introduction.

A program of national pensions was introduced in Sweden in 1913. It was soon found, however, that the payments were too small, and although they were successively increased they continued to be inadequate. The National Pensions Act of June 29, 1946, which took effect on January 1, 1948, is intended to remedy the deficiency. The basic idea underlying the new legislation is that the

national pension must normally afford a bare livelihood without recourse to public assistance.

Eligibility.

In principle, only Swedish citizens officially resident in Sweden are eligible for pensions. Under the terms of an agreement with the governments concerned, citizens of Denmark, Finland, Iceland, and Norway resident in Sweden for at least five years are eligible for old-age pensions in Sweden.

Benefits.

The national pension is of four types: old-age pension, invalidity (disability) pension, sickness allowance, and widow's pension.

Old-age pensions are payable from the age of 67, while invalidity pension, sickness allowance, and widow's pension are payable before that age. These benefits differ not only in the eligibility requirements but in size.

Old-age pensions are paid at the rate of 800 kronor^x to a married recipient if the spouse has a pension or a so called "wife's allowance" (explained below), and at the rate of 1,000 kr. to other eligible persons. These payments are irrespective of income from other sources.

Invalidity pensions are payable to any person aged 16-66, who is - because of bodily or mental disease, imbecility, disablement, or other infirmity - incapable of earning a living by performing work in keeping with his powers and talents, provided the reduction of working capacity is deemed permanent. Invalidity in the legal sense is generally deemed to exist when working capacity is presumed to be reduced permanently by at least two-thirds, that is to one third or less of normal.

Invalidity pensions consist of a basic payment of 200 kr. per annum without regard to the recipient's income, and of supplementary pensions up to a maximum of 600 kr. per annum to a married recipient or a maximum of 800 kr. to an unmarried recipient. The size of the supplementary pension is subject to an income test and based on need.

Sickness allowances have been introduced to provide relief

^x One U.S. dollar equals 5.18 Swedish kr. (Aug., 1951). The purchasing power of 5.18 kr. is, however, greater in Sweden than that of one dollar in the U.S. £1/0/0 equals 14.50 kr.

under the national pensions scheme for persons not eligible for invalidity pensions because their disablement is presumed to be temporary.

The sickness allowance is granted to any person who has suffered uninterruptedly for at least one year^x from the degree of disablement required for the receipt of an invalidity pension if, without being permanent, it may be assumed to continue for some time. The allowance is payable for a definite period fixed in advance. Size of payments is determined exactly as for invalidity pensions.

The widow's pension is granted to a woman widowed at the age of 55 or older - under special circumstances somewhat earlier - provided she has been married for at least 5 years. The size of payments is based on an income test, with a maximum of 600 kr. per year.^{xx}

Under certain circumstances a widow or a widower with children under 10 years of age may receive a widow's or widower's allowance, corresponding in size to the widow's pension.

For the distribution of disability by causes see diagrams pp. 4 and 5.

Supplements to Pension Benefits.

The benefits described above are sometimes increased by supplements, also regarded as national pension payments. Such supplements are: housing supplement, special housing supplement, wife's allowance, and extra allowance for blindness.

In view of the varying housing and fuel costs, the municipalities belong to five housing-cost groups. The size of the housing supplement depends on the group in which the pensioner resides. The housing supplements are dependent on other sources of income and vary in size between 100 and 600 kr. for a single person, between 200 and 800 kr. for a husband and wife both receiving pensions.

The special housing supplement is subject to the will of the municipal authorities. Its size depends on the principles laid down

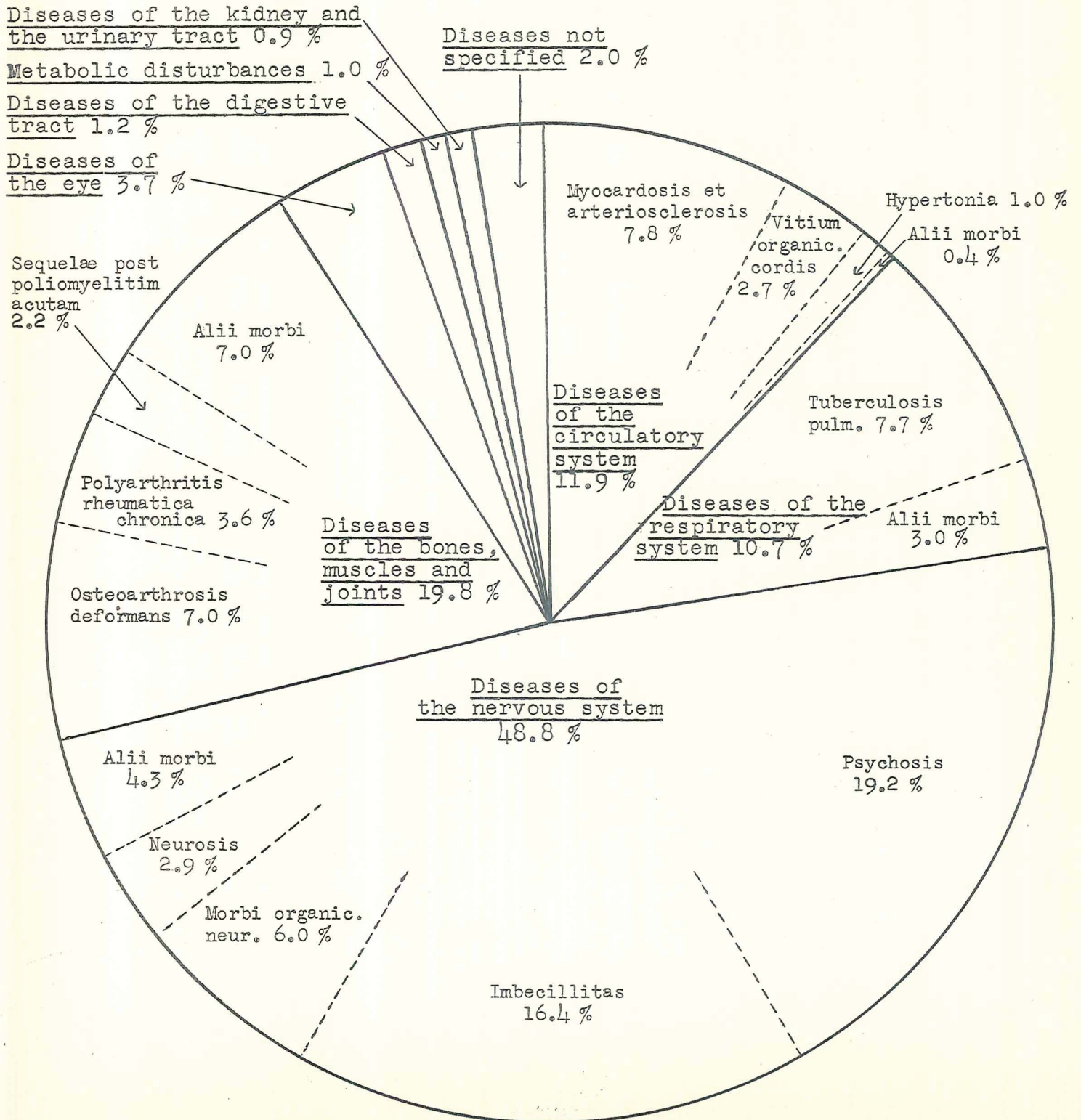
^x Discontinuation of the one year waiting period was proposed in a motion in the 1951 Parliament. The appropriate committee recommends that it be shortened. The question is being investigated.

^{xx} Regulations for the widow's pension are being revised.

National Pension Recipients as of January, 1949. Men.

Type of Pension	No.	Per Cent
Old Age	269 381	80.1
Invalidity	64 684	19.2
Sickness Allowance	2 217	0.7
Total	336 282	100.0

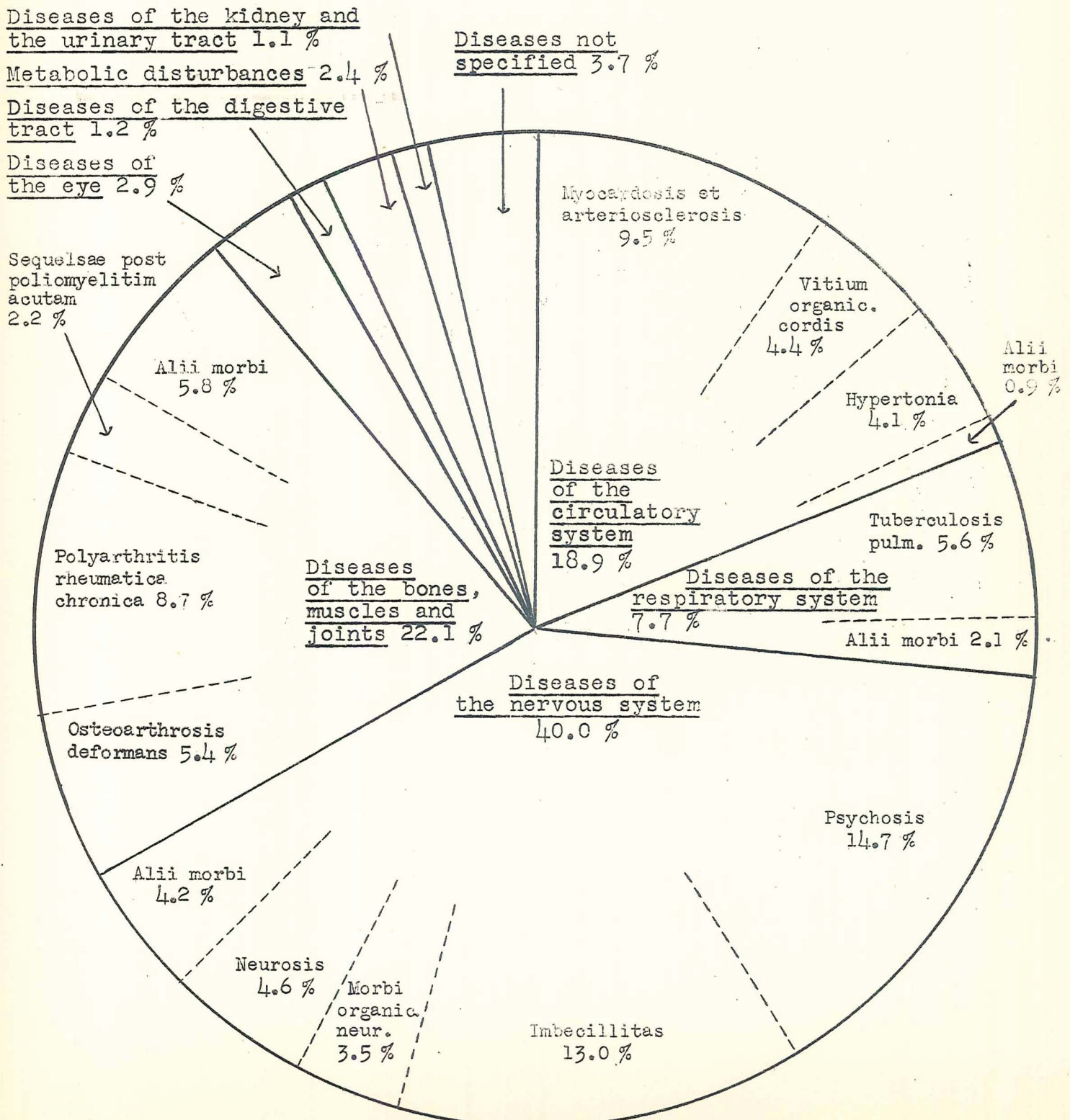
Percentage Distribution of Causes of Invalidity for Pensions and Sickness Allowances in force as of January, 1949.



National Pension Recipients as of January, 1949. Women.

Type of Pension	No.	Per Cent
Old Age	311 931	73.3
Invalidity	80 802	19.0
Sickness Allowance	2 207	0.5
Widow's	12 600	3.0
Wife's Supplement	18 110	4.2
Total	425 650	100.0

Percentage Distribution of Causes of Invalidity
for Pensions and Sickness Allowances in force as of January, 1949.



by the municipalities. Generally speaking, the principle is applied that the supplement shall cover a reasonable rent insofar as it may not be covered by any other form of income, pension or otherwise^x.

The wife's allowance is payable to a woman whose husband is eligible for a pension, provided the wife has attained the age of 60 but not 67 (when she becomes entitled to an old-age pension) and the couple have been married for at least five years. If the husband is eligible for an old-age pension and under special circumstances, the wife may be entitled to such an allowance before the age of 60. The wife's allowance consists of a supplementary pension and housing supplement, equal to the amount she would receive in such benefits if she were entitled to an invalidity pension.

Extra Allowance for Blindness

amounts to 700 kr. per annum irrespective of the size of other income. It is in addition to the national pension and payable to persons who have become blind before reaching the age of 60. All blind are also entitled to the basic invalidity pension of 200 kr.

Cost-of-Living Supplement.

The old-age pension, the supplementary pension, the widow's pension and the widow's or widower's allowance are raised by a cost-of-living supplement. The amount of this supplement shall be determined four times a year after a comparison between the actual cost-of-living and the cost-of-living in June, 1946 (date of the new National Pensions Act). It is paid monthly with the pension proper. Every unit increase in the index brings an increase in the annual pension, varying from 30-50 kr. with the recipient's civil status and other factors. In June, 1951, the increase in the pension was 120-200 kr. annually (reflecting four successive unit increases in the index).

The Income Test.

Outside income up to 400 kr. per year for a person living alone and joint income up to 600 kr. for man and wife does not affect the size of benefits dependent on the income test. Should

^x Standard regulations for these special housing supplements are being considered by government officials.

the outside income of a person living alone exceed 400 kr., these benefits are reduced by 1/2 of the amount in excess of the stated figure. If a husband's and wife's combined annual outside income exceeds 600 kr., the benefits are reduced for each spouse by 1/4 of the excess amount of income^x.

Administration.

Administration of the old-age and widow's pensions rests as a rule ultimately with the municipal pension committees. The others are examined by both the local committees and the central authority, the Pensions Board.

As of the beginning of 1948, all pensions are paid out directly from the Pensions Board in the form of national pension money orders. More than 700,000 such postal orders are sent out every month.

Pension fees.

The pension fee is 1 % ($\frac{1}{2}$ % for each spouse of a married couple) of the income exceeding 1200 kr., with a maximum of 100 kr. per annum, and - with some exceptions - all persons between 18 and 66 years of age are subject to a fee. These payments, however, have no bearing on the eventual right to a pension. The fees are levied in conjunction with other taxes. Only a small proportion of the cost of the national pensions program (about 18 %) is covered by fees. The bulk of the costs are met by the national government out of other funds.

Voluntary Pensions.

It should be mentioned that the Pensions Board also conducts a voluntary pension insurance business. Any person wanting to increase his national pension benefits may participate.

B. The Program of the Pensions Board for Preventing Disability.

The Board of Pensions began to supplement its pensions program as early as 1915 with measures aimed at preventing invalidity and at eliminating disabilities which had already occurred. The program is now very extensive. Applications for assistance examined by the Pensions Board in 1950 totalled 10,366, of which 8,688 were approved.

^x The income test is being revised.

Sick-Care.

The most extensive part of the program for preventing disability aims at providing care of the sick, principally of persons suffering from rheumatoid arthritis, psycho-neurosis, asthma, neuralgia, and the like. Of the persons discharged in 1949, 60.8 % had been treated for rheumatoid arthritis and 20.9 % for neurosis. Care is provided either in special hospitals, three in number, owned by the National Pensions Fund, or in special departments at a number of larger hospitals. These departments have been created by cooperation between the Pensions Board and some of the provincial councils or cities independent of the provincial council. Most of them are intended for rheumatic complaints. Both rheumatic and neurotic patients are treated at the three special hospitals and at some of the hospital departments.

The term of care is usually two months but can be extended. Repeated care is approved in many cases. The immediate results of treatment have been very good. Thus, of a total of 6,458 patients discharged in 1950, 2,981 had been pronounced recovered or sufficiently improved to support themselves in full or in major part by working. An additional 2,244 were discharged as improved but in need of subsequent care.

Assistance is usually not given for the care of persons much over the age of 60 years when it comes to rheumatoid arthritis, and 55 years for other illnesses.

The fee for treatment at the hospitals and the hospital departments of the Pensions Board is generally 2.30 kr. a day.

The Pensions Board also grants contributions toward some special clinical treatment, including defects of speech and of the palate.

Vocational Training, Machines Etc.

This phase of the activities of the Board of Pensions is intended to provide persons who are crippled or afflicted with a disability or who suffer from chronic illness with training for a suitable vocation, thus making it possible for them to work for a living. The most common disabilities arise from inadequacies in the motor system and the organs of support, surgical tuberculosis, rheumatoid arthritis, heart disease, asthma, and stationary pulmonary tuberculosis.

It is desirable that the age of the trainees is not substan-

tially greater than the usual age for training in the particular vocation. If possible, vocations with comparatively short training periods, supplementary courses of instruction, and the like are chosen for older persons. Of 405 persons who completed their training in 1950, about 50 were more than 35 years of age.

A free choice of vocations is permitted in the greatest possible degree. At the turn of the year 1949-50, the people undergoing training with the assistance of the Board of Pensions were placed in about a hundred different vocations.

The contribution of the Board of Pensions to the costs of training now amounts to a maximum of 75 % of all costs, or at most 2,000 kr. per person per year. The rest of the expenses are usually paid by the local unit of government involved.

During the 4-year period 1947-50, more than 1,600 persons completed vocational training with the assistance of the Board of Pensions. At the beginning of 1951, 921 persons were receiving vocational training with financial assistance from the Board of Pensions. The immediate results of vocational training activities, like the results in the long range, are regarded as highly satisfactory.

Contributions can also be made for the acquisition of machines and tools to make it possible for a disabled person to practise his vocation as an independent entrepreneur. The Board furthermore contributes to other costs in connection with starting an independent enterprise. As with vocational training, however, the Board never covers the full costs, but the local government, the disabled person himself, relatives, or others must take the responsibility for a given part.

If a person has difficulty in travelling between his home and place of work because of a high degree of disability, he is eligible for a contribution from the Board of Pensions for the purchase of a motor-driven conveyance or an automobile. The conditions for such a contribution specify among other things that the person be unable to use the communications already available, and that he is dependent on such a conveyance for his income from labor or for the acquisition of vocational training. The contribution is based on the same principle as that for acquisition of machinery.

Other Activities.

In addition to these activities aimed at the individual, the

Board of Pensions has ever since 1921 taken measures of a more general nature, intended to prevent disability or promote public health. These activities have taken the form principally of contributions to the establishment or expansion of convalescent homes and the construction of small bathing establishments in rural areas.

2. Proposal for Supplementing Old-Age Pensions with Universal Retirement Insurance.

Introduction.

In October, 1950, a special committee appointed by the Swedish government presented a report on its investigations. They included a proposal for a general retirement insurance program, supplementary to the existing national pensions and including every person who receives income - entrepreneurs, employees, craftsmen, et.al.

Benefits.

The insurance scheme includes old-age, disability, and family pensions, including widows' and orphans' pensions.

The pension age is set at 67 for men and 63 for women. The pension level will be 50 per cent of income up to 30,000 kr. annually. The disability pension will be the same size as the old-age pension, and the widow's pension half this amount.

Fees.

The premium rate will be fixed annually as a percentage of personal income. Premiums are payable from the beginning of the year in which the insured person reaches the age of 18 through the year in which he turns 65 (61 for women). Under the proposal, every employer will pay an employer's contribution equivalent to the premiums his employees pay on their income from the employer.

The plan is so designed as to fulfil the following three conditions. Firstly, the premiums and employers' contributions for any given year are to be equal to the cost of all pensions payable during that year. Secondly, the pension for each individual shall be determined on the basis of premiums paid prior to retirement. Thirdly, the pensions are to be adjusted to changes in the standard of income of the working population groups.

The committee considers the third condition highly important. It means that eventual inflation will not invalidate the real worth

of the pensions. The desired distribution of purchasing power is to be attained by a special system of calculation. During his active time the individual will acquire "pension points" in proportion to his income rather than credits expressed in monetary terms.

3. Accident Insurance.

Introduction.

The first legislation concerning industrial accident insurance was passed in 1901. It was replaced by the Act of June 17, 1916, still in force as amended in 1948 in essential parts relating to compulsory insurance for accidents on the job. As of 1930, this program was extended to cover occupational diseases.

Eligibility.

Insurance against industrial accidents, including accidents while travelling to or from work, covers all persons working under a contract of employment or apprenticeship, as well as pupils of vocational schools. Some categories of workers, however, for example, the employer's children living at home, are not covered by the compulsory insurance scheme.

The insurance is administered by a government institution, the National Insurance Office. There are also mutual accident insurance companies formed by the employers.

Benefits.

An injured worker receives

- a) medical care, medicines and artificial aids, and
- b) if the disability lasts more than two days after the date of the accident and involves a reduction in working capacity of at least 25 per cent, a daily allowance from the day following the date of the accident. The minimum daily allowance - payable in cases where the annual earnings are less than 1,785 kr. - amounts, as a rule, in the event of total incapacity for work, to 5 kr. for a bread-winner, and to 3.50 kr. for a person without dependents. The maximum daily allowance - payable when the annual earnings of the injured worker amount to at least 6,885 kr. - is 15.50 kr. for a breadwinner, and 14 kr. for a person without dependents. In the event of partial incapacity for work, the daily allowance is payable in proportionately lower amounts.

If the injury after the termination of the sickness caused by the accident involves a permanent disability of 10 per cent or more, the injured worker is entitled to an annuity. For complete disability, the annuity is two-thirds of his annual wage earnings. For partial disability the annuity is payable in a proportionately lower amount.

If working capacity is reduced by 30 per cent or more, the annuity is payable in higher amounts to persons between the ages of 18 and 67. These receive an annuity amounting to 11/12 of the annual earnings in the case of total disability. In case of partial disability the annuity to such a person is relatively smaller but is still more favorable than the annuity payable to persons under 18 or over 67. Annual earnings in excess of 7,200 kr. are not taken into account when calculating an annuity. In certain cases in which the invalid is in need of special care, the annuity is increased by an attendance allowance, amounting to a maximum of 1,800 kr. a year.

If the accident is fatal, 500 kr. is paid towards funeral expenses, and annuities are granted to surviving dependents. A widow, or in exceptional cases a widower, receives an annuity of 1/3 of the annual earnings of the deceased, and children under 16 each receive 1/6 of the same earnings. Under certain circumstances an annuity may also be paid to parents. The maximum annual sum payable in annuities to the surviving dependents may not exceed 5/6 of the deceased person's earnings.

Voluntary Insurance and Other Forms.

Employers may insure workers other than those covered under the law. They are also entitled to insure their workers against accidents off the job.

For fishermen, there is a voluntary accident insurance program with a government appropriation.

The insurance contribution is paid by the employer and fixed in proportion to the risk involved in the work.

Compensation out of government funds is payable, subject to specific regulations, to persons injured while on military service and the like.

4. Health and Medical Insurance.

Introduction.

On Jan. 3, 1947, a law was adopted for the introduction of

compulsory health insurance for all citizens. It was originally intended to take effect on July 1, 1950. However, the effective date has now been postponed for an indefinite period.

Existing legislation appears likely to remain in force for some time and the existing voluntary but government subsidized health insurance is described in the following paragraphs.

A. The Existing, Government Subsidized Health Insurance.

Organization.

Health insurance now covers more than 60 % of the population^x and is administered by recognized health funds. Their fields of activity are usually limited to specified geographical areas (for certain exceptions see below), and they are either local or central funds. The local funds cover a specified rural municipality or group of such municipalities. The central funds cover one or more provinces or a city. There are some special funds whose fields of activity are limited to a specified industry or professional or vocational field. A recognized health fund must be formally organized, with by-laws.

Eligibility.

Membership in a recognized health fund is limited to people residing within the specified area. Persons are eligible for enrollment when they have reached the age of 15 but have not turned 50 (there is a proposal to raise the latter to 55 or 60), are in good health, and are not afflicted with a disability which brings with it or can be expected to result in substantially reduced working capacity or require considerably more than normal medical care. The health funds have no legal obligation to accept persons more than 40 years of age (there is a proposal to raise this figure to 55).

Benefits.

Payments from the recognized health funds are of two kinds, sickness benefits and maternity benefits. Maternity benefits are paid only by the central health funds. For the maternity allowances paid by the central health funds see the section Family Welfare Policy in Chapter III. The sickness benefits are of two kinds:

^x As of Dec. 31, 1950, estimated at 7,000,000.

reimbursement for medical and hospital care, and support in a form of a daily allowance, cash grant.

Medical and hospital benefits may be paid for the expenses of a child (under 15 years) of a member. Married women are not protected unless they insure themselves independently. A member of a health fund can insure himself for medical and hospital costs only, if he so desires.

The medical and hospital allowances are intended as reimbursement for doctors' fees, hospital care and travelling expenses in connection with admission to a hospital. There is a schedule of fees to determine the size of the allowance to the member for such costs. The health fund pays $2/3$ of the actual fee or $2/3$ of the fee specified in the schedule, whichever is the lower. The member may choose his own doctor. Allowances for hospital care are equal to the rates in a ward.

The health funds are obligated to make these payments to members - medical and hospital allowances and daily cash grants - under the law. However, the health funds may obligate, and in many cases have obligated, themselves for additional benefits reimbursing the member for part of such items as specialists' fees, medicines, massage, and various types of physical treatment. The health fund can also agree to give reimbursement for a specified part of expenses for convalescent care and care at home.

Daily allowances are paid for every illness resulting in loss of working capacity or requiring absence from work for effecting a cure. These grants are usually not paid for the first three days^x of a given illness, including the day the illness began, nor with some exceptions for the time before notice is given to the fund. Benefits of both types may be paid for at least two years. The daily cash grant varies from 1 to 6 kr. per day (there is a proposal for an increase to 2-14 kr.) and the amount is dependent on the individual taking out insurance. The funds do, however, have a certain right to investigate in order to prevent overinsuring. A supplementary benefit may be paid for children, amounting to 50 öre per child per day for one or two children and 1 kr. for each additional child.

Responsibility for paying benefits is divided on a specified basis between the central fund and local funds associated

^x There is a proposal to allow the funds to increase the waiting period to 7 days.

with it.

Members of the health funds are required to pay fees. Persons who join at comparatively advanced ages pay higher fees. Excluding supplementary fees of various kinds - among them those for special benefits - the annual membership fee for medical and hospital insurance and the daily cash grant amounts to about 30 kr. where the daily cash grant is 2 kr., for example, and to about 60 and 90 kr. where the grant is 4 or 6 kr. respectively.

The recognized health funds are under the supervision of the government agency, the Board of Pensions, which also pays the government contribution to the funds. The supplementary benefit for children is financed wholly by government contributions.

There are now (June, 1951) 37 central health funds and 1,090 local health funds. The number of members is more than 3 million (in May, 1951, about 3,140,000), of which something more than half are women. The number of insured children is about 1.3 million (May, 1951). Thus about 4.4 million^x of the estimated 7 million inhabitants of Sweden have health insurance. The number of cases of illness which resulted in a payment of benefits was about 0.9 million in 1949 and the cumulative number of person-days of illness for which cash grants were paid in the same year was 32.6 million. Total benefits paid in 1949 from the health funds amounted to 130.8 million kr.^{xx} Government contributions during the same year were 47.4 million kr.^{xxx} Net reserves of the funds as of the end of 1949 were 164.6 million kr.

B. The Approved New Health Insurance Program.

Introduction.

The approved health insurance program - as pointed out above - will be compulsory, but there is also a voluntary, supplementary program within its framework. The new insurance program will be administered by general health funds, and it is assumed that the existing funds will be converted into general funds for this purpose.

The compulsory insurance will comprise a) medical benefit insurance and b) sickness benefit insurance (cash allowance). Medical

^x May 31, 1951.

^{xx} All expenses in 1949 were 184.6 million kr.

^{xxx} Total income of all funds in 1949 was 190.6 million kr.

benefit insurance will not include hospital care and free or cheaper medicine, nor assistance during pregnancy and childbirth. Free hospital care and free or cheaper medicine are to be provided outside the framework of the insurance scheme, and assistance during pregnancy and childbirth is subject to a special arrangement.

Eligibility.

The medical benefit insurance will be universal. Sickness benefit insurance, on the other hand, will cover only those members of a health fund whose annual wage earnings in cash and in kind amount to at least 600 kr. and all married women, whether they are members of a fund or not. Married women whose annual earnings, in cash and in kind, are less than 1,000 kr., will not be members of health funds, but will be insured for both types of benefits in their capacity as family members. The same applies to children under 16 years of age. Accordingly, individuals in these categories will not pay fees to the health funds.

Benefits.

Medical benefit insurance, in accordance with the principles specified in detail in the Act, is intended to cover three-quarters of expenditures for medical care, including the doctor's travelling expenses. Three-quarters of the patient's expenses for the trip to and from the doctor, insofar as they exceed 3 kr., will be reimbursed, as well as most of the costs of travelling to and from the hospital.

Sickness benefits paid to a member of a health fund will amount, as a rule, to 3.50 kr. per diem, irrespective of his earnings. The benefits may be increased by a wife's supplement^x amounting to 2 kr. per day, and a child's supplement, generally at the rate of 50 öre per child per diem. There will be a waiting period of three days before payments begin for any given illness, and benefits may not be paid for more than 730 successive days (for pensioners 90 days) for any one period of ill-health. The amount paid to a married woman not enrolled in a health fund will be 1.50 kr., while persons aged 16-17 and pensioners will get 2 kr. a day. During the time spent in a hospital, the sickness allowance will be replaced by a home allowance of 1-2 kr. a day.

^x Under special circumstances a wife's sickness benefit will be increased by a husband's supplement.

Voluntary Insurance.

The benefits under the compulsory insurance program may be increased by voluntary insurance, available to fund members who have not attained the age of 55 and are in good health. This voluntary sickness benefit insurance will provide a supplementary cash benefit of 1.50, 3 or 4.50 kr. per diem. However, there is a maximum income provision, specifying that allowances and benefits from voluntary and compulsory health insurance, plus such wages or other compensation as the member is entitled to during his illness, may not exceed per diem $1/360$ of his annual earnings. Voluntary medical insurance will cover only definite forms of treatment specified in detail in the act.

Contributions.

Members of health funds will be liable to contributions for the compulsory insurance, calculated in proportion to the other income and resources of the fund and to the size of the benefits. The size of the contributions for voluntary insurance will depend among other things on the age of the insured and the scale of the assistance to be rendered to him.

Government Subsidies.

Substantial government subsidies - 70 per cent of the total costs - will be payable towards the compulsory insurance program. Subsidies will also be given the voluntary insurance.

5. Unemployment Insurance.

Introduction.

Unemployment insurance, introduced in Sweden in 1934, is voluntary, and its structure is largely reminiscent of the existing voluntary health insurance program. Wage earners may establish unemployment insurance funds, which are under the supervision of the National Employment Board.

The funds now in existence are national in scope and cover specific industries. They have been established by trade unions and, under union regulations, the members are usually required to subscribe to the fund corresponding to their union.

Unemployed members are entitled to a daily benefit which may vary between 2 and 8 kr., and the present average is 6.74 kr. In addition, supplements are payable for husbands and wives or - for

single persons - housekeeper (1.25 kr. per day) and children (1 kr. per child and day). However, total daily financial assistance from a fund may not exceed 80 per cent of the earnings of the member concerned, provided he is a breadwinner, or 90 per cent if he has at least three children under 16. For others, the limit is 60 per cent of earnings.

Conditions for the payment of benefits specify a) that the member is unemployed, able-bodied, and in other respects able to take up gainful employment; b) that he is applying for work at an agency of the public employment service; and c) that he has paid the stipulated number of premiums (weekly or monthly) during a specified period previous to his unemployment. Premiums, varying in size with the unemployment risk and the amount of daily assistance to be paid, are payable only when the member is gainfully employed. Finally, he must not during the last twelve months have already received the maximum number of daily benefits, which varies from 90 to 156 depending on the regulations of the individual fund.

Unemployment insurance is not payable until the applicant has been unemployed for six days, which need not be consecutive but must occur within a period of three weeks.

Under special circumstances, a fund may grant compensation for travelling expenses and the costs of moving to employment in a new place.

Persons carrying unemployment insurance, as well as others, may receive an allowance for housing, calculated in principle to cover the real costs. This allowance is granted within the framework of the unemployment relief program and can be paid only after an investigation of the economic means of the person concerned.

The number of persons insured against unemployment amounts to about 1.1 million in 37 different funds. In 1950 benefits paid out from the recognized funds totalled 22.6 million kr., of which the national government contributed about 10 million kr. Member contributions totalled 30 million kr. The cumulative reserves of the funds amounted to 157 million kr.

The committee on social welfare has prepared a proposal for compulsory unemployment insurance. Whether the proposal will be put into effect is uncertain.

Chapter II.

Housing Policy.

Introduction.

The current housing policy is aimed at a general improvement in housing standards, in terms of space, equipment, and technical quality. Special measures have been adopted to improve the housing standards for families with two or more minor children, for the retired, and for others. During the 1940's the government authorities sought principally to stimulate the construction of roomy and well equipped family dwellings, among other reasons to counteract the severe overcrowding among families with children which hitherto has been one of the most difficult Swedish housing problems. Measures were taken to keep the rent levels of new dwellings down and to make it possible for families with several minor children and other population groups with limited financial resources to rent newly constructed dwellings of sufficient size. They consist principally of government loans on advantageous terms for the erection of dwellings, government rent allowances to families with two or more children, and government contributions for the erection of homes for the aged.

The housing policy is administered nationally by a government agency, the Royal Housing Board.

Every province has its special agency - district housing commissions - responsible to the Housing Board. Among the responsibilities of the provincial commissions is the granting of loans and subsidies for one and two-family dwellings within the particular district. Every local government is required to transmit loans and subsidies for dwellings within its borders. This activity is usually carried out by the borough finance committee (in rural areas by the township council).

Under the present housing policy, the national government has shouldered the principal financial responsibility for keeping rents at a level where even low income groups can afford well equipped dwellings of adequate size. It is up to the local governments, however, to stimulate and supervise the production of new housing.

1. Loans and Subsidies for Multiple Dwellings.

There are two kinds of loans available, the third mortgage loan and the supplementary loan.

The third mortgage loan carries interest at 3 % and is subject

to repayment. Generally, the maximum amount of the loan is 30 % of the capitalized value of the property as estimated by the Housing Board for municipal housing enterprises or companies under bonded municipal control, for non-profit, cooperative enterprises under supervision up to 25 %, and for other enterprises up to 15 %. If the underlying credits (the first and second mortgages) amount to less than 70 % of the capitalized value, the third mortgage may amount to an absolute maximum of 40 %, 35 %, 30 % (in some cases 35 %) for the three types of enterprises respectively. Where a third mortgage is granted, all loans together must not exceed 100 %, 95 %, and 85 % (in some cases 90 %) of the capitalized value of the property as set by the Housing Board for the three types of enterprises. An interest guarantee applying to the first and second mortgages is connected with the third mortgage, and provides that the rate of interest for these loans may not exceed 3 % during the first ten years. The third mortgage is amortized over a period of 40 years for stone, brick, concrete, and steel structures and 30 years for wooden buildings. A shorter period of amortization may be required for remodeling. Installments for private companies are higher than for the other two types of enterprises during the first six years.

Because one of the most important aims of government loans is to hold down the rents in newly constructed buildings, the Housing Board sets rent ceilings which may not be exceeded. There are also regulations aimed at preventing speculation in property on which the government holds mortgages.

The supplementary loan is a form of subsidy. It carries no interest and does not need to be repaid. It is written off completely after ten years unless changes in the economy of the property indicate other treatment. The aim of the supplementary loan is to stabilize rents in new dwellings despite increased construction costs. The size of the supplementary loan varies from place to place with the differences in construction costs and rent levels.

2. Loans and Subsidies for One and Two-Family Dwellings.

Home owners' loans are granted for the erection or thorough renovation of one and two-family dwellings. Part of the loan is in the form of a subsidy carrying no interest or repayment obligation. The conditions for obtaining such a loan are as follows.

The interest on the home owner's loan is 3 %. Loans may be granted for up to 90 % of the approved construction cost. As a rule the applicant must arrange for a loan at a bank or other private

lending agency for 50 % of the construction cost. This loan is regarded as the first mortgage, and to it may be added a government loan bringing the total loan capital up to 90 % of the construction cost. The remainder, 10 %, must be acquired from other sources. In exceptional cases the first mortgage may be limited to 40 % or be taken over completely by the government. That part of the loan which exceeds 50 % of the construction cost is amortized over a maximum period of 25 years. When the state furnishes part of the 50 % capital normally supplied by a bank or private lending agency, this part of the loan does not need to be repaid. Capital subsidies may be granted up to 4,000 kr. There are also stipulations in regard to the size of the dwelling, floor space, and equipment as conditions for the granting of a loan. The holder of such a loan is guaranteed 3 % interest on the first mortgage for a period of ten years.

Improvement loans may be granted for minor renovations of one and two-family dwellings. Such loans may take the form of subsidies, in part or in full, and are granted on the basis of need. Loans which are to be repaid may be granted up to 75 % of costs without investigation of need. The loans which are subsidies in fact may not exceed 80 % of costs or a maximum of 4,000 kr. for one-family dwellings and 6,000 kr. for two-family dwellings. If both types of loan are involved, the sum may go as high as 90 % of the approved costs of the improvement. Conditions for the latter are by and large the same as for home owners' loans.

A form of loans and subsidies for farm workers' homes has been provided with the aim of increasing the effectivity of efforts to improve the dwelling standards of farm workers.

3. Family Housing Benefits.

Under legislation of June 30, 1948, amended in 1949, housing benefits are granted families with two or more children under 16 years of age. Their purpose is to make modern dwellings of adequate size available to these families. The benefits are subject to an income test and may be claimed by families with an income of 7,000 to 8,000 kr. annually. The income limit is increased by 1,000 kr. for each additional child. These allowances are paid without regard to how the dwelling was financed. On the other hand, it may be paid only if the building was constructed after January 1, 1948, or, if constructed by a municipally owned enterprise or a company under bonded, municipal control, after July 1, 1946. Furthermore,

the dwelling must comprise at least two rooms and kitchen and be equipped with modern comforts. The housing benefit is payable at the rate of 130 kr. per child and year in multiple dwellings, up to 175 kr. per child and year in one-family dwellings. Families entitled to housing benefits can also claim a fuel allowance. The maximum payment varies from 125 to 225 kr. per year in accordance with variations in heating costs in different parts of the country.

This assistance is not granted in cash but in the form of rebates on rent or, in the case of one and two-family houses, in a reduction in amortization payments on loans.

Small income families may get an additional rent rebate on the basis of need, payable at the rate of 3 kr. per square meter of floor space (and known as the 3 kr. allowance). This allowance is payable only where the dwelling was erected after July 1, 1946, and administered by the municipality or bonded, supervised enterprise, and under certain conditions in the case of dwellings erected by industrial enterprises.

All these activities are of an experimental character.

4. Dwellings for the Retired.

A decision of the 1939 Parliament introduced a special form of support to promote the creation of good dwellings at low rents for people who have retired.

Government subsidies may be paid on specified conditions to local governments or bonded and approved companies for the construction of buildings intended to provide inexpensive rental apartments principally for old people and invalids with small means. There are regulations concerning hygienic facilities and the like. Generally speaking, these apartments must be let to people who have reached the age of 60 (or are recipients of national pensions prior to that age) and who can be presumed to be unable to acquire a satisfactory dwelling with their own means. Maximum rents are established according to the number of persons living in the dwelling and the classification of the community by rent levels under the national pensions program. Application for subsidies is made to the Housing Board.

Under a decision of the 1950 Parliament government subsidies may also be paid for apartments for the aged in multi-family dwellings administered by the municipality or bonded, supervised, company. The rents in such dwellings shall correspond to those in homes for the aged. This type of subsidy is still in the experimental stage.

Chapter III.

Family Welfare Policy.1. Government Housekeeping Loans.

To facilitate marriage at younger ages and to counteract an increased purchasing of furniture and furnishings on the time payment plan (Br. hire purchase), loans for setting up housekeeping may be granted. These loans, paid out by the Bank of Sweden, usually without security, may not exceed 2,000 kr. and carry 4 % interest. The maximum amortization period is five years, with payments every third month. In some cases, for example for students, payments may be suspended as much as three years, extending the date of the final payment to eight years. The housekeeping loan may be used not only for buying furniture and household equipment but for acquiring other equipment and tools and certain domestic animals, the products of which are largely used in the household. About 1/4 of the new homes formed annually have such loans. The total funds loaned annually amount to about 16 million kr. In certain cases of distress, in which repayment of the loan is exceedingly difficult, the Bank of Sweden may cancel the balance of the debt or a part of it.

2. Financial help in pregnancy and childbirth is granted in three forms:

a. Maternity benefits are paid from government funds to needy mothers at the rate of 75 kr. The need for the maternity benefit is deemed to exist when the joint income of the parents does not exceed 7-8,000 kr. annually. More than 20,000 mothers receive such benefits during the course of a year. The contribution is intended to cover costs directly occasioned by the birth of the child.

b. Maternity allowances are benefits for comparable purposes, paid instead of the maternity benefit to members of recognized health funds. They are paid at the rate of 110 to 125 kr. upon birth of the child if the woman has been a member of the fund for at least 270 days.

About 95 % of all mothers receive a maternity benefit or a maternity allowance. These grants are subsidized by the national government at the rate of more than 10 million kr. annually.

Both the benefit and the allowance are paid through the health funds.

c. Maternity assistance is granted to meet certain expenditures

incidental to confinement not covered by the maternity benefit or allowance. It is awarded on the basis of a means test and social considerations and usually paid in kind. The maximum value of such assistance is 400 kr. per birth or 500 kr. in multiple births, with the average at 270 kr. About 60,000 expectant mothers (half of all expectant mothers) receive maternity assistance annually.

There is no obligation to repay this assistance.

The power of decision over maternity assistance rests with the maternity aid councils, one in every administrative district. A careful investigation of the need and the suitability of rendering assistance is carried out through the child welfare councils before an application is approved. Women given maternity assistance usually also receive the benefits under a. or b. above. The assistance is paid out through the child welfare councils.

3. Preventive care for mothers and children is provided by three kinds of centers throughout the country, and partially supported by the national government. The centers are managed by physicians, in rural areas they are directed by the provincial physician (see Chapter V, Health and Medical Care) with the assistance of nurses and midwives. Some of the centers must be staffed by specialists. Expectant mothers are entitled to free examinations and advice during pregnancy. Preventive care is given free for pre-school children at the same institutions or through home calls by nurses. Sick children are not received because of the danger of contagion. Preventive care for mothers includes complications resulting from pregnancy which do not require hospitalization and birth control advice. The national government subsidizes these activities partly with financial assistance for erecting institutions, partly with contributions to the salaries and travelling costs of doctors and nurses. The activities are extensive. In 1949 64 % of expectant mothers and 89 % of the infants were given regular attention.

There is a school health program for school children. It is in charge of the provincial physicians or special school physicians, assisted by nurses. A medical history is begun for every child examined in which the necessary information about his health is noted, and which then follows him throughout his school years.

Public dental care is subsidized by the national government and seeks to provide dental care for children (see chapter V, Health and Medical Care).

4. The Domestic Aid Service.

The domestic aid service is of great importance. It is designed to relieve the critical situation which may arise when a mother is temporarily incapacitated. Old people and people who live alone can also receive help. A trained home assistant (schooled for 3 to 15 months depending on her experience) takes charge of the household as a substitute housekeeper during the emergency. The municipalities are responsible for the domestic aid program, but it is subsidized by the national government and the provincial councils. In 1951 the staff was about 2,950 persons. Home assistants are sent free of charge to families in the low income groups. Families with greater means pay a fee.

The supervising authority is the Royal Social Board.

5. Provisions for Rest and Recreation for Mothers and Children.

Children and housewives may be granted trips to holiday or vacation centers of their own choice. The child must be less than 14 years of age. The housewife may travel alone only if she has at least two children less than 14 years of age living at home. The right to these trips is subject to an income test. The family income may not exceed 7-8,000 kr. Generally the mother is expected to spend at least ten days away from home, the children at least four weeks. Exceptions from these regulations may be granted. Mothers of children under 10 years of age may be granted trips to accompany the child to and from a vacation home. Exceptions from the age limits may be granted.

By decision of the 1951 Parliament, there is a fee of 5 kr., in some cases 10 kr., for the privately arranged vacation trip of a child, guardian, or housewife.

To encourage low cost holidays for housewives, the national government, aided by the provinces, subsidizes vacation homes for housewives at the rate of 2 kr. per person per day. The total government grant corresponds to 250,000 vacation days per year. Under certain conditions free trips are authorized for people who are given accommodations at these homes.

In addition, cash grants up to 100 kr. are available to housewives who arrange their vacations privately or in these special vacation homes. They are awarded by a housewives' vacation council after a means test.

Vacation camps furnish children under 12 a sojourn in the

country. There are now about 770 such camps in Sweden with a capacity of about 30,000 children. Government subsidies up to 1 kr. per child per day are paid for the operation of the camps under specified conditions, among them that the child's stay shall not be less than four weeks. The children get free trips and usually do not have to pay for their visit.

6. Institutions for Small Children.

The institutions for small children are day nurseries, kindergartens, and afternoon homes.

Day nurseries take care of pre-school children for 8-10 hours per day while their mothers are at work. Most of these institutions are located in towns.

Kindergartens are open to children aged 4 to 7 for a few hours each day. Special emphasis is given to development of the children. By leaving the children at kindergartens, busy housewives get a necessary respite to organize and execute other work.

Afternoon homes are study and recreation centers where school age children whose mothers work can go after the school day ends. These children usually receive one meal per day.

There are now about 750 such institutions for small children. There is no charge for families with limited means but others pay a small fee.

The national government contributes to the costs of operation under specified conditions. Supervision is exercised by the Social Board.

7. Free School Lunches and School Materials.

Free school lunches have been a feature of the Swedish school system in some parts of the country for quite a while, but generally they have been provided only for needy children. Public opinion gradually changed and in 1946 the Parliament adopted a proposal authorizing a free daily meal for all school children regardless of family income. It should be pointed out that it is not compulsory for children to eat these meals nor for the local authorities to provide them. These lunches are not without financial importance for the children's families. The cost of the daily lunch per child is estimated at 160 kr. per school year. The municipalities are responsible for the program, but may claim subsidies from the national government. A school lunch program is now in operation for a total of 370,000 children in both cities and rural areas. Of these about

30,000 attend higher schools, the rest elementary schools. For comparative purposes it may be mentioned that there were a total of 640,000 elementary school pupils in the entire country in the school year 1950-51.

Important public support is given to school children also in the form of free school materials, introduced in 1946, and providing elementary school pupils with text books and school materials without charge - in some communities the pupils of higher schools as well. The national government contributes an annual subsidy of 10 kr. per child to the elementary schools. (This is a local responsibility for other types of schools.)

Altogether, the national government contributes about 25 million kr. annually to the costs of free school lunches and free school materials (distributed 20 million for lunches and 5 million for materials).

8. Child Allowances.

A new law relating to child allowances took effect on January 1, 1948.

General Child Allowances.

The purpose of these allowances, among other things, is to effect a socially just distribution of the costs of rearing children. The allowances replaced a system of deductions from income taxes which were progressive with the size of income. The general child allowance is paid for every child under 16 years of age at the rate of 260 kr. per year (290 kr. from January 1, 1952). The allowance is usually paid to the mother through the local child welfare board. Payments are made quarterly. About 1,650,000 children receive the allowance and the costs to the national government in 1950 were about 440 million kr.

Special Child Allowances.

In addition to the general child allowances there are special allowances for dependent children - the children of widows and invalids, orphans, under certain circumstances illegitimate children, and the like. The amount of the special allowance for orphans and, under certain circumstances, fatherless or motherless children is 420 kr. a year. A maximum of 250 kr. annually is payable to certain other categories of children specified in detail in the act, including fatherless children not eligible for the larger allowance and

the children of recipients of national pensions.

9. Maintenance Advances.

Maintenance advances may be granted single mothers (separated or divorced women and mothers of illegitimate children) without a means test at the maximum rate of 250 kr. per year and child under 16 years of age. This payment is requested by the local child welfare board upon the condition that the maintenance obligation of the father has been formally established and upon his failure to meet it. The law is not applicable if the mother of the child lives with the father. The responsible municipal authority assumes the position of creditor against the father for this advance.

10. National Scholarships and Interest Free Study Loans.

There is an extensive system of scholarships intended to facilitate the continued education of youth and open avenues for higher studies. Students of secondary schools (which lead to the matriculation, or university entrance examinations) receive basic scholarships of 500 kr. annually if they are in residence at the same place as the school, and a maximum of 300 kr. if they travel daily between their homes and the school. These scholarships are not subject to a means test. An additional scholarship of up to 540 kr. per school year is payable on the basis of need in the degree required without reference to where the student lives. A good aptitude for studies is a condition for every kind of scholarship.

Students at colleges for continuation studies and both public and private institutions for vocational training, as well as central mechanical institutes, can also receive scholarships. These are wholly based on need and are paid at the rate of 5 to 115 kr. per school month.

Government interest-free study loans of up to 1,500 kr. per year, in exceptional cases 2,000 kr., may be granted students at various government or government supervised institutions of learning. They are based on need. To obtain such a loan the student must have a decided aptitude for studies and a so-called educational adviser. Students of universities, colleges, and other institutions of a comparable level who lack sufficient means are eligible for interest-free loans for university studies and national scholarships in kind (free board and room). The loans discussed here do not require security. Finally, it should be pointed out that even persons

who cannot be regarded as without means can obtain study loans granted by the government in cases of need.

Chapter IV.

Child and Youth Welfare.

1. Homes for Children.

The public authorities assumed the responsibility for children's homes in a law of 1945. Children's homes can be established and administered by any association or organization, but the community intervenes to the extent required to assure sufficient children's homes.

The various types of children's homes are as follows:

infants' homes for care of orphaned babies and other infants whose mothers cannot care for them because of illness or other causes;

mothers' homes for the care of infants and mothers. In a few of these homes the mothers also are given training in child care and housekeeping in a course of about 5 months;

provisional homes for the temporary care, training and observation of children one year old or more. The stay at these homes should not exceed one year;

permanent homes for the care and training of children aged one year or more for a longer period of time.

Government subsidies are available for the erection of children's homes (construction subsidy) and for the operation of them (operating subsidy). The construction subsidy amounts to 75 % of costs but may not exceed an absolute maximum. Operating subsidies are paid at the rate of 3.50 kr. per day and child to mothers' homes where training is given in child care and the like, on the condition that no fees are charged. The subsidy is 1.50 kr. per day and child to other children's homes on the condition that the fees do not exceed a specified sum. Local supervision rests with the appropriate child welfare board and provincial council. The supervising authority over all children's homes is the Royal Social Board.

2. Child Welfare and Youth Conservation.

The applicable regulations in this field are to be found in

the child welfare law of 1924, last amended in 1945. Every municipality, urban and rural alike, must have a child welfare board, charged with the careful observation of conditions in the community in regard to the care and rearing of children and youth, and with responsibility for such legal action as may be required.

A. Reform Training (Education) and Public Care. Preventive Measures.

Under the law preventive measures are to be taken for three categories of children and young people: children under 16 years mistreated or improperly cared for in the parental home or in danger of becoming delinquent; delinquents under the age of 18 years; persons between the ages of 18 and 21 who are found to lead a disorderly, slothful, or immoral life or have otherwise demonstrated severe delinquency and who require special measures on the part of the community to make their behaviour satisfactory.

If the child welfare board determines that the conditions specified above exist, the parents may first be given a serious warning to fulfil better their obligations to the child or, in the case of a delinquent child, give the child a serious warning. Furthermore, institutions designed to supplement home training (education) may be utilized or the child may be provided with a suitable occupation. When it comes to a person aged 18-21, he may be given a serious admonition or, when the circumstances so indicate, measures may be taken to provide work.

In addition to these measures the child welfare board may prescribe supervision of a person against whom action is taken.

If these measures are deemed to be unavailing or have shown themselves to be fruitless, the child welfare board can take charge of the person in question for reform training (education) without the approval of the parents. The procedure is carefully described in the child welfare law. Among other things, it is provided that a decision of the child welfare board for reform training (education) must be confirmed by the provincial council when the parents have not given their consent.

In certain cases children may be taken charge of for public care, but unlike reform training (education) this action requires the consent of the parents. The age limit is always 16 years. The purpose is to be able to take charge of needy children when required.

Persons taken charge of by the child welfare board are supposed

to receive care and training intended to make them suitable members of society. Temporary care, pending arrangements for other care, is to be provided in reception homes. Non-delinquent children are boarded in private homes. This latter form of care has acquired a steadily increasing importance. When there are special circumstances a child may be turned over to a home for children for permanent care. The care is supervised by the child welfare board. Delinquent children and youths are usually sent to schools specially provided for them^x.

When the need for care is deemed to have ended, it is terminated by action of the child welfare board. The board is then expected to see that the child finds suitable work and that he receives the necessary equipment.

B. Foster Care.

By foster child is meant every child less than 16 years of age who is reared in another private home than that of his parents or with a specially appointed guardian. Children under one year of age may not be received as foster children without the permission of the child welfare board. The reception of older children in foster homes must be reported to the child welfare board at least a week before the child is received. The board then determines the suitability of the foster home. The board is furthermore required to exercise close supervision over all the foster homes within the community in order to make sure that the children enjoy satisfactory care and training, and also to work for their education. If the foster parents do not observe the regulations of the child welfare board, they shall be ordered to return the child to its legal guardian or to the board. The board also has the right to forbid certain persons to receive foster children.

The government has prescribed special regulations for the activities of the child welfare boards in this field. Under these rules, the boarding out of foster children shall take place through the agencies of the provincial child welfare officer where this is feasible. Most of the provincial councils now have employed a child welfare secretary whose principal job is to assist the boards in locating foster homes. The supervision by the child welfare

^x Care at these schools (youth welfare schools) is currently the object of a general examination.

boards of the foster homes is entrusted to special inspectors. They are generally expected to exercise supervision over the rearing and education of foster children, among other things by means of personal visits.

The costs of public child welfare are met on the same principles of taxation as other public activities.

Chapter V.

Health and Medical Care.

Introduction.

A characteristic feature of Swedish health and medical care is the overwhelming extent to which it has been organized and financed with public means. Practically all hospitals are publicly administered and operated. There are only a few private hospitals. The national government has taken charge principally of the care of the mentally ill, while the care and treatment of the physically ill has been largely entrusted to the provincial councils and the six largest municipalities (cities).

a. Non-hospital care

is administered by salaried physicians, that is, provincial physicians and others of corresponding rank, in addition to the outpatient departments of the hospitals and privately practising doctors. The rural areas are divided into provincial medical districts (now more than 550). Each such doctor has close supervision in his district of public health and medical care, treats individual patients, and the like. The cities and heavily populated areas have salaried city or municipal doctors for the same purpose. The fees for treatment by a salaried physician are relatively low.

The salaried physicians are assisted by public health nurses. The latter are also expected to assist with bedside care in the home and to practice preventive medicine. Their duties also include informative and advisory activities in regard to child welfare, home hygiene, and general hygiene.

b. Hospital Care.

The general hospital occupies first place in the care of

physical diseases. There are now a good 100 general hospitals with a total of 27,000 beds and about 80 small hospitals (known as "cottage-hospitals") with some 1,800 beds. The general hospitals are intended for care of all kinds, without regard to the nature of the case, while the smaller hospitals are intended principally for simpler cases. There is at least one general hospital and usually several in every province. A more and more pronounced specialization is characteristic of the modern treatment of physical diseases. At least one general hospital in every province is divided into several specialized departments (central general hospital). The main specialities are surgery and internal medicine. The fee for hospital care in a ward is low for patients from within the province, ranging from 1 to 3 kr. per day, and is usually paid for by health insurance or by the patient's employer. The fees for care in a semi-private or private room and for patients from outside the province are considerably higher. A decision was made in principle in 1946, in connection with the decision for introduction of general, compulsory health insurance, to make hospital care free of charge for the individual patient. There are also plans for a considerable increase in the number of beds, motivated among other things by the general shift toward higher age groups in the population.

c. Maternity Care.

A steady trend from home deliveries to deliveries in hospitals is characteristic for maternity care during recent decades. About 90 % of all children are now born in institutions of various kinds. This development has brought with it an increased demand for beds and a decrease in the number of midwives active outside of institutions. Non-hospital confinement care has been organized by midwife districts.

Confinement care is free in principle for everyone. At home it is completely free of charge. There is a fee of only 1 kr. per day at maternity hospitals, intended to cover the cost of the mother's food. The total number of beds for maternity cases is at least 3,300. Of these, 1,600 are connected with institutions having doctors specially trained in obstetrics and gynecology.

d. Medical Care for Children.

There are special children's departments at the largest hospi-

tals and a few independent children's hospitals. The maximum fee is 1.50 kr. per day. The total number of beds is 1,600, half of them being in the children's departments of general hospitals.

Psychiatric care for children and young people has begun to be introduced in Sweden on a fairly large scale. A number of centers have been established for the examination and treatment of psychical disturbances in children and young people and for rendering advice on problems of child training.

The Board of Pensions has available a department for the care of asthmatic children at its hospital in Åre (one of the three independent hospitals mentioned below under the title h. "Care of the Rheumatically Diseased and Crippled"). The board also has at its disposal a home in Gothenburg for children suffering from acute rheumatic fever.

e. Care of the Tubercular.

There are one or more sanatoria for the care of the tubercular in every province, with a combined total of about 10,000 beds. The maximum cost of treatment in a ward is 1.50 kr. per day. Most of the preventive work against tuberculosis is carried out by central and district dispensaries. Since 1946 a general, voluntary, and free X-ray program has been under way and is intended to cover the entire population. Close to two-thirds of the people have now been X-rayed.

The district dispensaries now administer about 500,000 tuberculin tests annually, and the central dispensaries about 500,000 X-ray examinations. There is also organized preventive work against tuberculosis among children and mobile units for pneumo-thorax treatment.

f. Contagious Diseases.

There are special epidemic hospitals for the treatment of contagious diseases. This care is without cost to the patient. There are now about 100 hospitals with a total of some 6,000 beds for the treatment of contagious diseases.

g. Venereal Diseases.

Free treatment of venereal diseases by salaried physicians was established by the act of 1919 on venereal diseases. The incidence of such diseases has declined.

h. Care of the Rheumatically Diseased and Crippled.

Care of the rheumatically diseased has not yet been organized

in its final form. At present there are three separate independent hospitals operated by the Board of Pensions for rheumatic and other patients and a considerable number of special departments in general hospitals for treatment of rheumatism. The vast majority of people suffering from rheumatic illnesses, however, are treated at general hospitals, small hospitals and institutes for the crippled. The rheumatic diseases are of great consequence from the standpoint of society as a whole. Tremendous resources are wasted annually in the loss of working days occasioned by these illnesses.

Orthopedic care and the care of the crippled is closely related to the treatment of rheumatic diseases. An important part of this care is given at the four institutes for the crippled in Sweden. There are also a few special departments at hospitals. Altogether a total of about 1,800 beds are available. The organization of orthopedic care and care of the crippled is now under investigation and the arrangement of an additional 1,700 beds is planned.

i. Care of the Mentally Ill.

Professional care of the mentally ill is given at government mental hospitals and the mental hospitals of the three largest cities. Three of the mental hospitals are given over to severe and asocial feeble-minded cases. These, together with the institutions for mild insanity and most of the feeble-minded, which are in charge of the provincial governments, have a capacity of some 40,000 patients, distributed among almost 300 institutions.

Professional care of the mentally ill is provided principally at 24 government hospitals with a combined capacity of about 18,600 patients. A general plan for a thorough-going remodeling and modernization of the government mental hospitals has been adopted by the parliament.

The mildly insane are treated at special homes, established by the provincial governments. There is also psychiatric hospital care but it is relatively new and hardly extensive.

It might also be mentioned that psycho-neurotic patients are treated at the three independent hospitals and in some of the special hospital departments for rheumatics mentioned above under h.

j. Public Dental Care.

The public dental care is intended to provide treatment for both children and adults for very small fees and is given at special district or central dental polyclinics. The central clinics are

connected with larger hospitals, serve larger areas, and are intended to handle more complicated cases, the inmates of the hospital in question, and other patients. Systematic treatment of children is supposed to begin at the age of 6 years. No fees are charged for children who participate in systematic treatment.

This reform, of great importance for the public health, was introduced in 1938. Nearly half of the population lives in areas where such care is available. More than 350 district dental polyclinics have been completed to date. The full development of the public dental health program has unfortunately been delayed by a shortage of dentists.

Chapter VI.

Labor and Employment Policy.

Ever since World War II the supply of jobs in Sweden has been unusually good, especially in certain fields. Unemployment has been insignificant. The current problem therefore is a shortage of labor. The following deals principally with what has been done to stimulate the supply of labor, but there are also a few words about what is done in times of unemployment.

1. Measures to Increase Recruiting of Labor.

These measures have been aimed principally at stimulating the recruiting of labor to various sections of the economy. Further, there has been an effort to facilitate the transfer of labor to fields of work particularly important to society, such as agriculture, forestry, and iron and steel mining and manufacturing. The efforts of the labor market agencies have been devoted to finding existing, unexploited labor reserves and to make possible their placement in vocations where they may be expected to make a contribution. Among these groups, the handicapped and foreigners are particularly important.

The handicapped constitute a not unimportant labor reserve. In seeking to find and place them in productive work, the policy is to try to fit them into the economy without retraining, if possible. Among the means has been a more effective employment service (see section 2 below). A great number of handicapped people could not, however, be placed permanently in suitable work without special

measures, such as vocational training or retraining. In this the ordinary educational procedures, such as placement in vocational schools or with individual tradesmen or artisans, have been used principally. This extensive and important retraining activity is largely in charge of two of the central government agencies. They are the Royal Board of Pensions (for the Board of Pensions' share in the activities see page 7) and the Royal Labor Market Board. They cooperate not only in arranging for the training but also make substantial financial contributions to the costs of retraining. The cooperation between these two boards in retraining activities is carried out on agreed lines.

The Royal Labor Market Board has the possibility of placing applicants at all schools and institutions for vocational training administered or supervised by the government. Special courses, adapted to the demand for labor and the nature and severity of the disability, are also used. Another possibility of the Board is placement at special schools for the handicapped. In this connection, the training given at the vocational schools of the institutes for the crippled is of great importance and should be emphasized. Training is given here in a great number of various vocations. The training is both practical and theoretical, and may take as much as 4 years for men and 3 years for women. There is no charge to the trainee. Work at home is arranged through the institutes for the crippled for persons who cannot be placed in the open market. There are also two work homes for this category where they have both care and a chance to work.

On the initiative of the Labor Market Board, training shops and working centers have been established. A decision has also been made to organize so-called work clinics, for the time being two in number (one in Stockholm and one in Gothenburg).

The training shops (sometimes combined with shops for protected occupations) are intended for those handicapped persons who, because of long illness or absence from work for some other reason, must achieve the working habit and condition necessary either for employment in the open market or continued vocational training. This activity is thus intended to accustom the clients gradually with normal work.

For severely handicapped persons and others whose cases are not clear from the view-points of diagnosis and aptitude, more thoroughgoing testing is required. The work clinics are intended for them.

The clientele will include severely handicapped convalescents, persons who have not been able to be given work despite treatment and training, and certain persons seeking national pensions.

Furthermore a decision has been made to establish so-called half-protected occupations. These are intended to provide work for certain handicapped persons, who for one reason or another cannot be used in the open market, but who command a sufficiently great working capacity to make a productive contribution on the condition that they are given suitable support. Among these people are the severely handicapped, the chronically ill, and the over-aged. They are placed at specially organized premises apart from the regular productive life, either in association with an industrial enterprise (for example, AB Lux), or at specially established work centers.

Foreigners have furnished a valuable addition to the labor force of the Swedish economy during past years. There were a total of 100,632 foreigners working in Sweden as of April 1, 1951, of which the largest group consisted of other Scandinavians. Almost half of them are employed in the industries and crafts, particularly in the metals, textiles and clothing industries. Cooperation in the exchange of labor has been established in a contract between the Danish, Norwegian, and Swedish labor authorities. Contracts have also been signed with several other countries, including Italy, for the transfer of a certain amount of labor.

2. Employment Service and Unemployment Policy.

The following paragraphs deal principally with the employment service, always of great importance whatever the supply and demand on the labor market.

In 1948 the employment services, which had been administered by the provincial governments with financial aid from the national government, were fully nationalized. There is still some private activity, but it will be discontinued in the immediate years to come.

The public employment service is free and operates on the principle that the employer should receive the best possible working force and the job-seeker the work most suitable for him. The activities are administered by the Royal Labor Market Board, under which are distributed the provincial labor boards and their main offices, district offices, and representatives.

The scope of the work is indicated by the following statistics from 1950: 437,522 men and 228,032 women registered as applicants for work. On the open market, 788,150 vacancies for men and 408,034

vacancies for women were filled, a total of 1,196,184 placements.

The main purpose with nationalization was to standardize operations and to build a national network of employment offices. In this connection, it may be pointed out that a national list of vacancies is prepared every week and parts of it are broadcast over the radio.

There has also been an effort to achieve differentiation of the public employment service in an attempt at more individual treatment of cases (for example, special agencies for clerical workers, sailors, and youths). In addition, young people are also given both a general orientation in the various vocations and special, individual, vocational counseling.

The principal function of the employment service is to provide fully capable labor but it also seeks to assist the handicapped in finding suitable work. Special labor welfare offices have been established for this work at the provincial labor boards and are becoming increasingly important. The staff of these offices devotes itself exclusively to the work of placing people with handicaps of various kinds. There is close cooperation with the authorities who contribute to vocational education (see section 1 above) and with hospitals, other institutions and social welfare agencies of various kinds. By this means the handicapped are located and are made the object of a thorough-going medical, social, and vocational investigation as to their possibilities for productive work. Dubious cases are tested at psycho-technical institutes. Labor welfare activities have achieved a considerable size. During 1950 almost 16,000 handicapped persons were registered at the labor welfare offices, of which about 9,500 were referred to jobs. In almost 2,000 cases help of other kinds could be provided, for example toward starting an independent enterprise.

The public employment service also has an important function in connection with unemployment assistance as an agency of control when it comes to unemployment assistance applications. Unemployment assistance ~~in the~~ form of public works or cash payments cannot be granted unless it is shown that employment cannot be arranged in the open market.

When it comes to unemployment assistance as such, it shall only be mentioned here that activities are concentrated as far as possible on providing work, preferably on the open market, in certain cases after retraining. In the case of an unemployment crisis, public works, national or local and national, can be started. This

activity is administered by the Royal Labor Market Board as the supreme authority. Cash payments are paid only in cases where work cannot be provided at once or in sufficient degree. There is no obligation to repay such cash allowances. Among other things, special vocational training courses may be used for unemployed young people.

To be able to meet the demand for expanded general investment activities in times of economic depression the Labor Market Board recommends to the government every year a reserve of national, local, and government-supported investment projects.

Chapter VII.

Vacation Legislation.

The present law (the 1945 Vacation Act) is applicable to all employees in public or private service, with the exception of certain government servants subject to special rules. The law does not apply to the members of an employer's family.

At present the minimum holiday under the law is calculated at the rate of one day for every calendar month of the qualifying year during which the employee has worked at least 16 days. The qualifying year is usually the calendar year. Another 12-month qualifying period can, however, be established by contract. Thus the longest legally granted holiday is now 15 days (including Sundays). Certain categories of employees are granted longer vacations. Employees less than 18 years old and persons with demanding and unhealthful work are entitled to $1\frac{1}{2}$ days of vacation per calendar month of work. People exposed to X-rays or radioactive radiation get 3 days of vacation per calendar month.

The vacation was lengthened for all employees to $1\frac{1}{2}$ days per calendar month of work by a revision of the law in 1951, which took effect July 1 of the same year. The maximum legally granted vacation will be thus 3 weeks. The right to a longer vacation began to be earned with the month of July, 1951. Employees exposed to X-rays or radioactive radiation retain their right to 3 days of vacation for every calendar month of work (that is, a vacation of 6 weeks).

The employer, as before, may decide when vacations should be taken, but must arrange them for the summer to the extent possible, unless the employee prefers another time. Vacations shall be taken in consecutive days unless there is an agreement to the contrary

with the employer. If the vacation period is more than 12 days, however, it may be divided into two periods of which at least one is no less than 12 days. Such division of a vacation into two periods for people exposed in their work to X-rays or radioactive radiation may take place only with the permission of the Royal Labor Inspection Board.

The law also contains detailed provisions for monetary payments in lieu of paid vacations when the employee is not subject to the control of the employer. They receive a 6 % supplement to their wages instead of a paid vacation.

Chapter VIII.

Public Assistance and Homes for the Aged.

1. Public Assistance.

Public assistance in Sweden has long been in the hands of the local authorities. Because the urban and rural municipalities are numerous and vary considerably in size and population, it is obvious that public assistance varies greatly from place to place. It is based on an individual means test and adapted to the circumstances in each specific case. With reference to the other forms of assistance described above and owing to its very nature, public assistance is of a supplementary character.

Swedish public assistance differentiates between assistance required under law and relief provided after discretionary examination. The former applies to minors, the aged, and sick people who are unable to support themselves by working and who lack the funds for subsistence. In other cases the granting of public assistance depends on whether the local authority deems it necessary. In practice, persons in distress generally receive aid from the public assistance board when the need is not met in some other way.

Public assistance is administered in the manner found most suitable in each individual case, primarily in the form of financial assistance or institutional care (see the next section).

Because public assistance is supplementary, its scope depends not only on the prevailing need but on the efficiency of the social security program and other measures taken by the community to alleviate distress. Public assistance is gradually being reduced by an improved system of social insurance. It is not possible to dispense

with such a form of relief altogether, however.

The Social Welfare Committee has drawn up proposals for a new public assistance law, intended to supersede the Act of 1918 now in force. For example, the Committee believes that greater importance should be attached to preventive aspects and that the local authorities should receive government financial assistance for these activities. The Committee also proposes that social assistance, as this new form of help will be named, shall be paid on the basis of need in every case not taken care of in another way. Social assistance is also intended to replace the unemployment assistance described above for those persons who do not have unemployment insurance. Repayment of social assistance will be required only in exceptional cases.

2. Homes for the Aged.

The local governments maintain special institutions (known as homes for the aged) for relief applicants who cannot be cared for at home. Most of the inmates are old people incapable of managing themselves, but sick people are also treated there to a great extent.

The goal of present efforts, however, is to preserve these homes for persons aging normally, people who are not ill but need some supervision and assistance. (Dwellings for the retired are available to old people who are capable of getting along without help, see Chapter II page 22.) Nevertheless, it is the intention that people who are physically ill may be housed temporarily in homes for the aged while awaiting a hospital bed. An effort is made to make the homes for the aged as pleasant and homelike as possible. The standard is already sufficiently high as a rule so that more and more elderly people in no need of relief are entering such homes as paying boarders. These points have been brought forth by the Social Welfare Committee in a special report, which recommends that the homes for the aged should be set apart from the public assistance program and be converted into locally administered, inexpensive homes for all old people who require the kind of care they provide. The charges for board and lodging should be kept low. The Parliament endorsed the principles of the new program in 1947 by adopting a resolution presented by the cabinet, but realization of the plan has been postponed.

It is the aim of this program that every municipality, urban and rural, shall have its own home for the aged if possible. Furthermore, there is an effort to avoid too large institutions. In prin-

ciple, at least half the rooms are to be single rooms. Actually, the proportion of single rooms is often considerably greater. It is intended that government financial assistance will be given for the construction of homes for the aged.

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The communal welfare activity for those members of society who are for various reasons in need of care or financial assistance, is called Poor Relief or as we in Stockholm call it in terms more appropriate to our times Social Assistance. This communal welfare activity gets into action when the forms of social insurance are insufficient, or when other communal organizations such as e.g. the Child Welfare Committee or the Unemployment Committee can not provide for actual needs.

Our present Poor Relief Act is from June 14th, 1918. According to it every rural district, urban district and borough that form their own corporations are obliged individually to organize the Poor Relief prescribed by the law. The law contains detailed instructions as to in which form and when a commune is obliged to assist the individual citizen. There is a clear difference between the so called obligatory poor relief which every commune has to provide and the so called voluntary relief on which every poor relief corporation can decide for itself.

Obligatory poor relief must be provided for minors (under 16) or to those who are on account of age or illness unable to support themselves by work or who lack means of subsistence and whose needs are not mitigated in another way. In such cases the poor relief corporation is obliged to provide the necessary care and assistance.

In other cases the poor relief corporation can itself decide on the assistance to be given to the individual citizen in those cases where it is thought necessary, so called voluntary poor relief.

The division into obligatory and voluntary poor relief is important in various respects, I will only mention the fact here, that the obligatory poor relief influences the acquisition of domiciliary rights.

In practical work, however, the dividing-lines between obligatory and voluntary poor relief have been blotted out gradually and usually assistance is given to the private citizen to the extent it is deemed necessary.

All poor relief should be considered as a loan to the individual and should in principle be paid back by him or by certain relatives. A distinction is here made between unconditional and conditional maintenance obligation. Unconditional maintenance is incumbent on parents towards their minor children and on a husband towards his wife. The milder form - conditional maintenance - is incumbent on grown up children towards their parents and parents towards their grown up children and on a wife towards her husband. It should be observed here, however, that the right to receive poor relief does not become void because there is somebody who ought to take care of the person in question but who can not or does not want to. The question of reimbursement comes in the second place, the needy are given assistance in the first place, after that the community has the possibility of charging those who have the maintenance obligation.

In Stockholm and in several other communes very clement principles are applied nowadays when claiming reimbursement from private citizens or those who have maintenance obligations.

Reimbursement from private citizens is now chiefly required in those cases where a husband has neglectfully failed to maintain his wife and minor children or when the need of assistance has arisen from a conflict in the labour market.

Poor relief is given either as home assistance, so called outdoor poor relief or as care in an institution, institutional relief.

Every poor relief corporation is obliged to possess suitable institutions for internal care such as homes for the aged, "maintenance-homes" (where those are accepted who can work but are not fit to live on their own) and infirmaries. Where it is convenient several communes can arrange joint institutions.

When a citizen is in need of assistance he may apply to the local poor relief board in the commune where he lives and this board is obliged to give him assistance without regard to domiciliary rights or registration corporation. Moreover it is incumbent on the poor relief corporation to see to it that those who are in need of assistance receive it whether they have applied for it or not.

The County Councils and in Stockholm the City Governor's Office supervise the handling of poor relief by the communes and observe that the rules of the law are followed. Besides the Royal Social Board employs a State Inspector of Poor Relief who has to conduce to the expedient arrangement of poor relief and to promote the development of it.

If a citizen has applied for assistance and been refused it totally or in part, he can lodge a protest with the County Council and if he is discontent with their decision he has the possibility to lodge an appeal with the Audit Court.

In Stockholm the Poor Relief Committee is principal authority for the poor relief. (Hospital care is provided for indigents for the account of the poor relief committee by another of the city's bodies - the Hospital Direction)

The poor relief committee consists of a president chosen by the City Council among the Commissioners and of eight other members elected together with their deputies by the City Council. Among the members special Assistance Delegates are appointed who have to handle special questions of relief that are of principal nature. For each of the wards of the city (20 at present) the Committee appoints a Poor Relief Board that has to handle relief questions within its district.

For the administration, the committee is assisted by the Poor Relief Director who is head of the personnel, the central administration and the institutional care. The Poor Relief Director has to be present at the sessions of the committee and acts usually as reporting officer. He is entitled to take part in the discussions but not in the decisions.

The office of the poor relief committee, located in the Social Committee Building, is divided into six different departments viz. the secretariat, the Public Assistance, Inspector's Office, the accountant's office, the intendant's office, the legal adviser's office, and the social register.

The relief activity among those who live in their homes - the outdoor relief - is carried out at the Social Centres.

In 1932 a thorough reorganization of the outdoor poor relief in Stockholm was carried through. It implied chiefly a decentralization of the right of decision and the method of work. The poor relief boards of the wards took over the right of decision concerning assistance to be given, in accordance with directions issued by the assistance delegates. But the assistance delegates perform a certain supervision over the decisions by the poor relief boards and deal with questions of a special nature, e.g. assistance towards self-help.

For the disposition and the assistance of the poor relief boards, the city is divided into 12 districts, each comprising one or several regions under a relief board. Within each district there is a Social Centre.

Each social centre is superintended by an Inspector who has at his side a Deputy Inspector, Relieving Officers, cash-personnel and administration personnel, Social Care Nurses and a caretaker.

Each district is divided into sections, the number of which is dependent on the actual number of assistance cases. A section comprises usually between 2-300 actual cases.

Each section is supervised by an assistant - "kretsassistent" - who accepts the applications for assistance, makes investigations and reports and is responsible for all assistance cases belonging to the section. The aim of this sectional system is to procure the assistance seeking public the advantage of having to contact one officer only who investigates the case and passes it on. The assistants report their cases to the Inspector who makes proposals before the elected Poor Relief Board - elected by the Poor Relief Committee which meets every fortnight and in some wards every week. If an applicant is in need of assistance the same day he visits the Centre the Inspector can grant immediate assistance.

Allowances that have been granted are usually paid in cash. In as far as relief in kind is granted this takes place in the form of orders to dealers e.g. for clothing, footwear etc. To a great extent financial assistance is sent by post to the applicants. In other cases the allowances are paid monthly in advance, to single people in some cases every ten days.

Reimbursement of paid allowances can be claimed as has been mentioned before; this is extremely seldom done in Stockholm, however.

The mentioned allowances are granted by the poor relief boards chiefly to people who lack - on account of illness - the possibility to support themselves or whose earned income is insufficient. Healthy people who are out of work can

be granted unemployment assistance e.g. in the form of reserve works or day allowances subsidized by the state. Unemployment assistance is handled by a special committee - the Unemployment Committee.

The poor relief committee has drawn up certain standard rules as a guidance for the poor relief boards when calculating the allowances they have to grant. Besides rent allowances the following monthly allowances are at present (July 1951) granted:

for a single adult	
without children under age (under 16 years) or with one child under age	154 + 132:-
with two children under age	132:-
with two or more children under age	126:-
for couples - married or living together -	
without children under age	210:-
with one child under age	204:-
with two children under age	198:-
with three or more children under age	358/ue - 192:- + less same
to which is added:	
for one child under age	48:-
for two children under age	90:-
for three " " "	126:-
for four " " "	156:-
for five " " "	180:-

and after that 24 Swedish Kronor per month for each additional child under age.

In some cases grant for clothing, footwear, dental care, bedding, light etc. may be given in addition to the above-mentioned allowances. When there is need for dietary food or sustaining food, confirmed by a physician's attest, special grants may be given up to 30 kronor per month.

The Child Allowance amounting to 260 kronor per annum (from 1952 the first of January 290 kronor) and issued to all children under age in Sweden do not reduce the above mentioned social allowances.

As an illustration we can mention that a family consisting of husband, wife and three children under age and who pay a rent of 120 kronor per month, can receive monthly allowances as follows:

Husband and wife	192:-
Children	126:-
Rent subsidy	120:-
	<hr/>
	438:-

Including the Child Allowance (780 kronor per annum) this makes 6,036:- kronor per year. On this amount no taxes are paid.

Children of age having an earned income and living in the parental home are calculated to be able to contribute with a certain percentage of that income which surpasses 300 kronor per month. Likewise it is calculated that they pay their reasonable share of the rent. Applicants with an insufficient income but who have whole-day work on all weekdays are considered to need higher allowance for their maintenance than those who do not work.

Those who receive assistance from a social centre, as well as some other people who are deemed to be in need of it, can receive free medical care and free medicine.

The important feature in modern social care, however, is not a passive granting of allowances. Its aim is in the first place to take such measures as can lead the social relief clientele back to production. The character of social relief has become active and preventive.

The three Social Doctors of the Relief Committee appointed fulltime and employed at three of the social centres in Stockholm are a link in this active social care. The goal of their activity is to prevent a "chronicisation" of the need for assistance, where this can be done. This work was taken up in 1944 and thanks to it many cases could be returned to productive life.

The poor relief committee has to a high extent provided assistance to start minor industrial and business enterprises and has also provided occupation to that part of the clientele that can not be trained for work in the open market. We try to provide opportunities for all those who want to make even the slightest effort. At the weaving centre, the sewing centre and the homework centres, rag carpets, mats, "easter witches" i.e. small dolls towels, scarves, dolls, children's clothing and small knick-knacks are produced. This activity is also carried out at the infirmaries. This work is paid and the income from it varies according to the skill and the time spent.

The general reformatory work in the field of social relief has implied a differentiation of the activity. The Social Insurance system has been enlarged and comprises such items as the new National Pension Scheme, the Voluntary Unemployment Insurance, Children's grants, Maternity Assistance, Maternity Aid, Maternity Benefit, Subsidies for Housewives' Holidays, Free Summer Travels for children, the possibility of Free Domestic Assistance, etc. etc. Social relief has grown into a complicated maze, which has made a centralization and simplification of its organization desirable. In Stockholm one of the social centres of the poor relief committee (since 1948 two centre) has experimentally functioned as a centralized social centre for some years, having a joint administrative organization dealing with poor relief cases, certain child welfare questions, unemployment cases and cases of Alcoholics Care. The experiment has proved to be satisfactory. Since 1948 all Old Age Pension questions and Maternity Assistance questions are dealt with at all the social centres.

I mentioned a moment ago some forms of social assistance that require a closer explanation perhaps. Maternity Assistance is paid to the amount of at most 400 kronor (500 when more than one child is born) out of government funds to every woman who has been proved to need it. Maternity Aid is paid out of government funds by the Authorized Sickness Benefit Funds amounting to 75 kronor if the woman or the parents have a taxable income not surpassing 4000 kronor. To a woman being a member of an Authorized Sickness Benefit Fund a Maternity Benefit of 110 - 125 kronor is paid, but such a woman is not entitled to the Maternity Aid but can be entitled to Maternity Assistance. Advance allowances are paid for children whose fathers are obliged to pay maintenance for the child but fail to do so. This advance allowance never exceeds 250 kronor per annum and an application for it is to be made with the Child Welfare Committee, which tries in its turn to obtain reimbursement from the father. Unemployment Allowance is paid at the end of every week and amounts to:

for single people	4 kronor per day
for married couples	5,25 " " "
for each child under age	1 krona " "

This allowance is paid for 6 days per week. An additional rent subsidy amounting to the actual cost of the rent is paid monthly but never exceeding 75 kronor for single people and 150 kronor for married couples.

The unemployment committee tries in the first place, however, to procure work for the unemployed and where it is necessary retraining for a different vocation.

The National Pension Scheme has been considerably improved from 1948. This National Pension Scheme comprises Old Age Pensions, Housing Increments, Invalidity Pensions, Sickness Allowances and Wives' Allowances. The Old age pension is paid after the citizen has reached the age of 67 and amounts to 1000 kronor per annum and after a means test a housing increment may be obtained amounting to 600 kronor in the highest housing-cost group to which Stockholm belongs. The country is divided into five housing-cost groups with increments of different sizes. If a married couple is entitled to receive the old age pension it amounts to 800 kronor for each of them, and in Stockholm a housing-increment of 800 kronor is added, making a sum of 2,400 kronor. The amount of the invalidity pension is equal to that of the old age pension but is paid before the age of 67. The basic amount which is paid without a means test is 200 kronor. The remaining pension and housing-increment are subject to a means test. An old-age pensioner who has been married for more than five years and whose wife has reached the age of 60 is entitled to a wife's allowance not exceeding 600 kronor per annum. A sickness allowance is paid to those whose incapacity for work is calculated to be of considerable duration, but not until the person in question has been incapable

uninterruptedly for one year. A widow who at the time of her husband's death has reached the age of 55 and has been married to him for at least 5 years is entitled to a widow's pension not exceeding 600 kronor per annum.

As the costs of living have increased since 1948 a special increment is paid to the pensioners according to an act from april 1951. According to this act every person entitled to widow's pension or wife's allowance receives an increment of 150 kronor per annum; every married person whose husband or wife is entitled to old age pension or housing increment or whose wife is entitled to wife's allowance receives 200 kronor per annum and the rest of the pensioners 250 kronor per annum. These amounts will be increased if the costs of living increase further.

To those entitled to a national pension an additional blindness increment amounting to 700 kronor per annum may be paid if they have become blind before the age of 60.

To the children of widows and invalids a special children's allowance is payable in addition to the above mentioned child allowance. In addition to the government-paid housing increments the communes have a possibility of granting a special housing increment. In Stockholm this increment is paid with an amount obtained when the actual housingcost is reduced by 220 kronor for single people and 300 for married couples. It is considered that the last-mentioned amounts can be defrayed by the old-age pensioner in Stockholm from the old-age pension with the inclusion of the governmental housing increment. Special Pension Committees deal with all questions concerning national pensions. Payment is effected monthly by the state authority, the Royal Pension Board.

The old age pensions are entirely paid by the state. The governmental housing increments are partly and the special housing increments entirely paid by the communes.

As has been mentioned before, the poor relief committee is obliged to procure care and maintenance for certain citizens in homes for the aged and infirmaries or in homes for social care (institutional relief).

The homes for the aged are intended for those aged people who can not independently manage in an ordinary dwelling. At the infirmaries care is provided for those mostly old people who are in need of care for a longer period (chronical cases). Acute cases are taken care of by the Hospital Direction. At the homes for social care such indigents are taken care of who have a certain capacity for work but are not considered fit to receive home assistance e.g. on account of less respectable conduct.

The poor relief committee also runs a small institution for uneducable imbeciles. The poor relief institutions in the proper sense are Sabbatsberg, Bromma, Fristad, Rosenlund, Högalid, Stureby, Gammelbyn and Skarpnäck.

At the end of 1950 there were 1162 places at homes for the aged, 1806 places at infirmaries and 617 at special wards.

A few of these institutions are comparatively old and bear a certain "institution" mark. Yet we endeavour to create the best possible home sphere for the old and the sick of these institutions. The Gammelby home consists of small buildings with 15 pensioner's rooms in which 1 or 2 people (e.g. married couples) live. In each building there is a community room and a kitchen where the pensioners can make their coffee. The food is served in the rooms.

In the Sabbatsberg area, where the oldest home for the aged of Stockholm is situated (it was built 1752), we have built a new home in 1950 in the form of an 7-storey point-house in which each pensioner has his own flat (one room, small hall, wardrobe, w.c., cold and warm water and hot cupboard). On the second floor a refectory is built where the pensioners take their meals.

Those who are taken care of at a home for social care are obliged to do the work they are given by the manager such as, gardening, washing, weaving, carpentry, shoemaking, woodcutting etc.

Transmission to institutions is effected by the Public Relief Inspector in the relief delegates' name.

The charge at the institutions is 4,25 kronor per day for single people and 6,10 for married couples. The old age pension covers these charges. The exact cost per day was in 1947 8,30 kronor at the institution that was cheapest in operation and 13,76 kronor at the most expensive one.

Pocket money, work money and a few other benefits may be issued to those who live at institutions. Pocket money amounts to 24 kronor per month with an additional sum for december. Pensioners at old age homes receive when they take part in work regularly, a clothing grant amounting to 10 kronor per month.

The city has to a great extent contributed towards the construction of homes for aged in the various wards, where the aged can live at a low rent. Since 1939 the communes have the possibility of building so called pensioners' homes aided by government subsidy for Stockholm amounting to 25 %. The present number of these flats is abt 1.450. A single person pays for one room and kitchenette 240 kronor per year and married couples for 1 room and kitchen 360 kronor in these buildings. The annual deficit in this field amounted to 789.000 kronor in 1950.

Certain aged people, in the first place those who are sick can receive allowances to be boarded in the country. These cases are handled by the Relief Delegates.

Indigent patients who have to stay in hospital a long period can receive, after having been in the hospital for 3 months, a cash relief of 18 kronor per month advanced by the Hospital Direction and paid by the Poor Relief Committee.

The poor relief committee also grants considerable subventions to outside social institutions each year.

The extent of the poor relief administration's activity may perhaps be made clear by the following figures:

The number of employees amounts to 1360.

The annual wages amount to 9,9 million kronor (1949)

The whole operational budget of the poor relief committee has been calculated to amount to abt 40 million kronor in 1951, of which 14 million for institutions.

The total number of people receiving relief from social centres in 1947 was abt 36.000 and at present the average number of cases is abt 9.000 per month. At the end of 1950 the total population of the city was 745.936. Social allowances granted in out door relief amounted to abt 16 million kronor in 1950.

At present the number of old age pensioners in Stockholm is well over 65.000. More than 15.000 applications for old age pensions were received by the social centres in 1948. 14.000 old age pensioners receive at present special housing increments.

Each month abt 260 applications for maternity assistance are entered.

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Welfare Schools for Children and Young People
by Torsten Eriksson,

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Under the Law on the Protection of Children and Young People, it devolves upon the Child Welfare Committees to take the necessary measures in regard to minors under eighteen whose record points to the need for re-education. These Committees also cover young people between 18-21 years of age who are "leading a disordered, lazy or dissolute life, or manifest other vices". The Law recommends the Committees to use the gentle approach first - to warn the young person, put him under supervision, or order a change of environment, advise a better use of leisure, find him other employment, or apprentice him to a trade, etc.

If such measures fail, recourse must be had to special establishments. The Committee may place the young delinquent in an ordinary residential school, or in a children's home if the misbehaviour is not of a kind to react on his school-fellows. The Committee may arrange for placing the child in a special institution for psychopathic or neurotic cases. In exceptional cases the older lads may be placed in an institution of a more severe type, where they will be obliged to work. Backward children and young people are sent to an appropriate educational institution.

Where the children or young people are normally developed intellectually, or merely retarded (that is to say, whose I.Q. is at least 70 %, which is the case for the great majority), but have to be interned for misbehaviour, they are usually sent to "welfare schools". These institutions were formerly called "approved schools", but the name was changed by Decree of Parliament. The purpose of this article is to give a brief account of the organisation of the welfare schools and indicate the guiding principles on which their work is based.

Formerly, the General Councils of the "Départements" were responsible for seeing that accommodation in the educational establishments in their area was adequate to the need. In the 1936/7 Session, Parliament decreed that officially, at any rate, this responsibility would henceforth devolve upon the State Services. In practice, however, the State has only taken over about half of these institutions, the rest being run by voluntary organisations. The cities of Stockholm and Göteborg are required to finance the educational establishments necessary for their individual needs. Negotiations are now in progress between the State Services and the Boards of Directors of the private and municipal welfare schools for the complete nationalisation of this activity.

The Parliamentary decrees promulgated ten years ago led to an important reform in the purely pedagogical field. In the first place, the children were distributed in the various kinds of institutions according to sex, age, intellectual development and character. The school instruction was improved, as was also the vocational training given, and a system of aftercare was evolved. Finally, grants were made to renovate the existing buildings and to build new institutions. During the same Parliamentary Session important new reforms were decided upon.

The change of name of the institutions has already been mentioned, also the system of aftercare. In addition, staff salaries were raised and conditions of work improved, and the method of recruiting staff was thoroughly overhauled with a view to giving prominence to educational therapy. Furthermore, a definite stand was taken on the basis of the reports concerning classification of the children.

Although the law does not fix the lower age limit for admission to the welfare schools, children below school age are practically never admitted and it is very rare for any between the ages of 7 and 9 to be admitted. A survey dated 1 Juni 1946, relative to the pupils of the welfare schools, brings out the following points:

Analysis of 700 boys and 406 girls on their entry in
welfare schools as at 1st June 1946

	Boys	Girls
Age-group:	%	%
8-14 years	56	27
15-17 "	38	52
18-21 "	6	21
	100	100
Types:		
Minors who have committed damage to property	94	64
Minor guilty of violence	24	3
Sexual offenders	8	66
"Work-shy" minors	44	43
Difficult children	13	8
Minors who exerceises a bad influence on their comrades	8	4
Recidivists	32	32
Minors with a bad heredity	30	20
Minors with criminal or anti-social parents	42	40
Physically handicapped minors	16	10
Minors suffering from nervous disorders..	41	28
Intellectual Level:		
Backward	39	38
Normal	59	60
Very gifted	2	2

A glance at the list of the different types shows that this group of minors presents serious problems. (The majority figure simultaneously in several of the groups indicated.) Supplementary information obtained with regard to recidivism, bad heredity, criminal and anti-social parent strengthens the impression that the task of re-educating such a group of children is indeed a stiff one from many points of view. The same may be said of those in the nervous disorders class. The Ministry of Labour and Social Welfare has

commented as follows upon this report:

"The data concerning the nervous disorders shows clearly the importance of having child psychiatrists attached to the welfare schools, also a staff trained in educational therapy. The more the work is based on educational therapy, the more necessary it is to have trained personnel if the criticism of charlatanism is to be avoided. The Ministry considers it of the utmost importance to keep this classification well in mind in all discussions on the organisation of welfare schools, the staff necessary to run them, and the pedagogical systems to be followed."

Before being taken up by Parliament the question was considered by a Select Committee jointly with the Ministry of Labour and Social Welfare. Another sub-committee studied the question of staffing. Yet another committee was asked to look into the possibilities of aftercare. Proposition No. 269/1947 concerning the project of organising the welfare schools was confirmed by Parliament.

As before, the pupils must be distributed in the various schools according to sex, age, intellectual development and psychological characteristics. The younger children who still need primary education will be sent to boarding school, the older ones to technical schools; expectant mothers and mothers of infants to educational homes. The boarding schools must cater for normally intelligent as well as backward children. Hence they must provide both for normal classes and backward classes. There are two kinds of boarding schools for boys, namely, the "single-house school" to accommodate 30 pupils at the most, and the "double-house school" for not more than 60. As a matter of fact, the double-house school consists of two separate establishments each housing 30 pupils. The single-house school comprises two teaching sections, one for normal and one for backward children. The double-house schools have four sections, an upper and a lower class for each type. It is planned to replace at least one of the single-house schools by an

establishment comprising 5 small cottages, each capable of housing 7 boys. This school will be reserved for particularly sensitive or difficult children who are best treated in small groups. The Gudmundsgården School at Kalmar is reserved for especially gifted boys, who may also attend the nearby high school. There is only one school for girls - the Broby School at Söderköping, which can accommodate 35 pupils. Plots of ground suitable for gardening and agricultural pursuits are attached to the schools. These are under the care of appropriate staff and do not depend on the work of the pupils.

Technical training schools for boys are generally planned for approximately 60 pupils. In most cases they are divided into two separate establishments like the double-house schools. It is planned to add a cottage to each professional school for those who are about to be discharged. The majority of the technical schools for boys are designed for those capable of following the ordinary course based on the syllabus of the central technical schools. Three are reserved for the less gifted pupils. The trades taught are: metalwork, cabinet-making, tailoring, painting and decorating and sadlery. Gardening, agriculture and the care of cattle are also taught. At certain schools the pupil may serve an apprenticeship as a farm-hand. At some technical schools a longer course is given providing full training in the cabinetmaking section for instance. The Johannisberg School at Kalix cooperates with the normal professional school of the district which uses the workshops of the welfare school. At the Råby school in Lund, arrangements have been made for the pupils to join the classes of the nearby central technical school. They are taken to the school and return in the school bus.

The vocational schools for girls are on a smaller scale than those for boys. The largest of them only takes 50 pupils at the outside, in two separate houses. The syllabus as a rule corresponds to that of the domestic economy training in rural schools. All the domestic subjects pertaining to the

running of large institutions are taught, but instruction is also given on how to run private homes: dress-making, laundry, housework, etc. Child care instruction is given in all the establishments. The school at Sonestorp near Örkelljunga, collaborates with the nearby dress factory, which a group of girls attend daily. Another school (Brättegården near Vänersborg) comprises, in addition to a professional section, a high school to which only very gifted girls are sent.

Instead of a separate home for pregnant young women and unmarried mothers, a provisional "hostel" has been set up in each of the professional schools for girls. However, it is planned to put them all together when the new premises are ready next year. The syllabus in the homes corresponds to that followed in the ordinary schools.

For abnormal and very difficult children, as also for those needing medical supervision, special schools are provided, one for girls at Skarvik, and another for boys at Lövsta, which combine the elements of the residential and professional schools.

Residence in the welfare schools usually lasts two years. Sometimes the stay in the boarding schools is prolonged as the pupil is required to complete the syllabus before leaving. In the technical schools the period of internment is generally ten months or so, in view of the fact that the scope of the vocational training is somewhat limited; the work in these establishments is regarded mainly as of therapeutic value.

The aim of these schools is to turn the young people into decent citizens able to do their share of work. The system used is on the one hand a medical and educational treatment based on modern psychological practice, and on the other a school education and professional training calculated to equip the young people to earn an honest living. The old methods of educational rehabilitation have long been abandoned. Harshness is taboo and punishment has been abolished. Isolation in a bedroom or other place may be resorted to when necessary, but the maximum duration is 3 days for the 15 year-olds and 6 days at the most for the older

boys. Younger children must on no account be isolated. The regulations provide checks if the signs point to the harmful effects of isolation on the child. Emphasis is laid on the fact that these schools must be "open", i.e. in contact with the life of the district, and the pupils must be able to visit their homes regularly. They must be intrusted with special responsible tasks, and must enjoy freedom and privileges not only as a reward for good conduct, zeal, or special efforts, but in order to restore confidence in themselves and promote goodwill.

Up to the present these welfare schools have given fairly satisfactory results. It is estimated that half the pupils become completely reintegrated, and that a quarter remain maladjusted. The reforms now in progress should give even better results. This end will be achieved mainly by raising the standards of the staff and offering them better salaries and conditions of work.

The latest Decree of Parliament provides for a more intensive training of personnel. In carrying out this scheme the personnel is classified in three groups: In the first are those responsible for the educational therapy in the strictest sense of the term - generally doctors. Full-time doctors are attached to the special schools for abnormal and particularly difficult children. A consultant psychiatrist is attached to the other schools and is required to pay at least one visit a month, or more if necessary. The doctors will gradually be recruited among those with experience in the psychology of children and young people. In the second group are the headmasters, their heads of departments and assistants. The revised salary scales have promoted good recruitment. It is planned that the assistants, from whom the headmasters are as a rule recruited, should undergo a thorough course of educational therapy, particularly in the field of the psychology of the subconscious. Refresher courses have been organised for headmasters and assistants now in post, lasting as long as a year in the case of the headmasters. A shorter course of training is foreseen for the teaching

personnel of the primary and high schools and the technical instructors, as also for third group, namely, the administrative and welfare staff.

The results of the treatment in the welfare schools depend to a large extent on the aftercare of the young people after release. Too often the headway made in the schools has been neutralised because of the lack of aftercare, or a bad choice of employment.

The possibilities of aftercare have been considerably improved now, not only because of supplementary credits which will be used for a longer training period, board and lodging and equipment, but also because of the appointment of four consultants. Their task will be, in collaboration with the headmasters and employment officers, to devote special attention to difficult cases when they come out of the welfare schools. Another helpful point is the establishment of a list of hostels throughout the country, with the help of the Order of Good Templars. It is planned to place not more than 10 young boys or girls of 15 and over in each of these hostels, but only half of this number will be pupils from the welfare schools. The hostels for both young men and young girls will be run by a married couple, the husband going out to work as in ordinary homes, and the wife running the house. The first of these homes was set up at Malmö.

Control of the welfare schools is exercised by the Ministry of Labour and Social Welfare through its School Bureau, at the head of which is the State Inspector of Welfare Schools. The chief medical officer of the largest special school (Lövsta) acts as consultant psychiatrist for the head of the School Bureau and deputy inspector of the schools.

The administration of the special schools is supervised by the Director-General of the medical services, the ordinary school instruction by the School Board and the inspectors of the elementary schools, the vocational training by the Director-General of the vocational schools and of the agricultural services.

From now on, residence in the welfare schools will be

entirely free of charge, though the Child Welfare Committees has to pay the travelling expenses involved. Decision by the Committee to place a child in a welfare school must be endorsed by the head of the School Bureau. Applications are examined by a committee composed of the head of the Bureau, his consultant psychiatrist and a "rapporteur" who must be familiar with social psychology.

No doubt some time will elapse before the reorganisation of the welfare schools will be fully realised. In particular, prospects for the repair of existing establishments or the building of new ones within a measurable distance of time are somewhat slender. Still, the results obtained so far and those expected in the immediate future justify optimistic hopes in a progressive evolution of this branch of social activity.

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School Hygiene Work in Sweden

by

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Since 1944, school hygiene work in Sweden has been regulated according to uniform principles. These principles are applied in a somewhat different way for different types of schools, due to the fact that the higher schools are mainly the concern of the state, whereas other schools (elementary schools and higher municipal schools) are run by the local authorities with state subsidies. Elementary schools as well as higher schools come under the supervision of the Board of Education (skolöverstyrelsen).

Central
manage-
ment.

The management of school hygiene work rests in the hands of this central school authority of the state, and more specifically, is the concern of the Head Doctor for Schools employed by this authority. One sees, then, that the Head Doctor for Schools is not employed by the highest medical authority in the country, the Medical Board (medicinalstyrelsen). This is due to the fact that it has been considered desirable that the Head Doctor for Schools should be in continual intimate contact with the schools' directors for the purpose of dealing with all the different matters which demand his daily collaboration. However, in the directive issued by His Majesty's Government to the Head Doctor for Schools, the following statement has been made : "In order that the work of the Head Doctor for Schools may not develop as a sphere of activity separate from hygiene work in general, the Head Doctor for Schools should, in important questions of school hygiene, consult with the Medical Board.

The form of this collaboration is arrived at through agreement between the heads of the Board of Education and the Medical Board. The first Head Doctor for the schools of the kingdom was engaged on the 1st of January, 1943. The Head Doctor for Schools is employed by the state, and does full time work.

Among the duties of the Head Doctor for Schools the following may be noted. We shall arrange, guide, and superintend the work of school hygiene in the schools supervised by the Board of Education. He is to promote the development of school hygiene work among youth, and in doing so further the holding of medical examinations of young people in the schools, arranged on uniform lines and at regularly recurring intervals throughout school age, in order to discover what pupils are in need of medical care or other special measures as regards school hygiene. Furthermore, he has to make arrangements for the establishment of open-air schools, and classes or schools for pupils with weak sight or hearing, as well as to further measures concerning the education and teaching of pupils who diverge from the normal in mental respects. He has also to act as advisor as regards the teaching of gymnastics, as well as in connection with arrangements for school baths, school children's meals, and school holiday-camps, and should further the development of dental attention in schools. It is the duty of the Head Doctor for Schools to perform the function of medical advisor on the Board of Education concerning the planning of the pupils' work, and see to it that this is suited to the pupils' development and age. He shall also devote attention to teaching of a general medico-hygienic kind, among other things instruction in matters of sex, and he has to exercise an advisory medical function in connection with the schools' special measures for choice of profession by the pupils. The Head Doctor for Schools shall also examine the annual reports given in by the school doctors to the

Board of Education, and put forward the suggestions called for by these. He had also, in accordance with the regulations of the Board of Education, to visit the schools for hygiene inspection. The Head Doctor for Schools acts as advisor on the Board of Education as regards plans for new school-buildings, or considerable rebuilding or additions. This function of advisor shall also include the giving of instructions concerning the hygiene of school premises and accessories. Furthermore, the Head Doctor for Schools acts as advisor in connection with the general training of teachers where questions of special bearing on medical hygiene are involved, such as the teaching of preventive methods in the care of mental and physical health, the teaching of mentally abnormal or backward pupils, the teaching of pupils with weak sight or hearing, and instruction in matters of sex. What has thus been laid down concerning the general training of teachers, holds good, equally, for teachers' continuation courses in relevant subjects. The Head Doctor for Schools shall further, guide and organise continuation courses in school hygiene for doctors. On the Board of Education the Head Doctor for Schools introduces the items which belong to his sphere of activity, and he gives an annual report of his work to the Board of Education as well as to the Medical Board.

An Assistant Head Doctor for Schools, doing half-time work, is employed on the Board of Education at the Head Doctor's side. The Head Doctor for Schools has as it is at present a ground training in children's diseases and the Assistant Head Doctor is a children's psychiatrist.

Costs. In the higher state schools the work of school hygiene is run entirely with state funds, which go to the paying of doctors and nurses and of the necessary instruments and stores. The elementary schools and the higher municipal

schools, however, which are run by the local authorities, receive a state subsidy for school hygiene work covering about 50% of the pay of the doctors and a certain portion of the pay of the school nurses. The doctors and the nurses at the elementary schools get the rest of their pay out of municipal funds. The school doctors are paid a certain sum, at present 2-3 Swedish Kronor, per year and pupil.

Range of activity.

The state ordered school health service exists throughout the higher schools all over the country, in accordance with the regulation in force. In the elementary schools the uniformly regulated health service, run with state subsidies, exists only where the local authorities have made an application for such subsidies. At present, however, this work covers over 90% of the children in the elementary schools. School hygiene work in both elementary schools and higher schools is regulated by the principles, which are laid down in the statutes in force.

Working principles.

Among these principles it is to be noted in the first place that both school nurses and school doctors must be employed in the schools if the work is to be supported by state subsidy. This with the exception, however, for the time being, that higher schools where the numbers are below 100-150 pupils have generally not been able to obtain nurses at present. The Swedish conception of school hygiene work is that, in any case in bigger schools, it cannot be run on rational lines, without the school doctor having at his disposal a school nurse for visiting the pupils' homes, making tuberculin tests, etc., about which we shall say more later. Furthermore, school hygiene work, run or supported by the state, is directed mainly towards health culture, whereas the demands for medical attention are largely catered for by social institutions outside school. However, certain deviations from this principle have been made. Thus, for example,

at schools for the deaf and dumb or blind the school doctors attend also to the medical care of the pupils. Furthermore, in the way of therapeutic medicine, there is in many places a dental service at the schools, carried on by specially employed school dentists. Now, however, no sharp line can be drawn between preventative care and actual treatment. Therefore it has been fixed by statute that a certain amount of medicinal therapy shall also be provided in the schools. Such therapy shall be forthcoming where it can be run without any very great loss of time for the doctor and the nurse, and where the doctor does not expect long extended treatment to be necessary in a particular case. Of course, the school also gives temporary help in cases of sudden illness or accident. Also as regards mental hygiene work, school doctors and school nurses cannot, for obvious reasons, limit themselves to health culture, but must here give therapeutic advice also, in collaboration with teachers, school psychologists, and the pupils' parents.

One arrangement put into practice throughout the country is that everywhere where there is a school health service, run or supported by the state, a health-card, fixed on by the Board of Education, is kept for every child. The health-card is thus "valid" throughout the country in the sense that state subsidies for school hygiene work cannot be given to schools where these health-cards are not kept. It is stipulated that the health-card, which is begun when the child starts going to school at about 7, shall later accompany the pupil on from school to school and from one type of school to another, until attendance at school ceases, either when the "student-exam" is taken at about 19, or earlier. When the pupil has finally left school, the card is sent, after a certain lapse of time varying in length for different types of schools, to the state's institute of racial biology to be placed in the archives there, available for research.

The health-cards have a space where the parents or guardians' information concerning illnesses gone through before school age is collected. Furthermore, the cards contain specific information about what ought to be looked into at the "general form examinations", what has been observed on the visits to the children's homes by the nurses, the situation as regards gymnastics, special classes etc., also a record of what vaccinations the pupil has had, and information concerning medical advice in respect of the choice of a profession given at school, as well as a great number of other things. A special space is reserved on the card for the notes of the nurse.

The school health-cards are kept in the possession of the medical personnel, nurses and doctors. Of course the doctors are obliged to keep both parents and teachers informed of such deviations from normal conditions of health as are of significance.

When the school-year is finished the school doctors must write annual reports according to a formular made up by the central school authorities and the reports are sent in to these authorities every year; in addition a copy goes to the local school authorities as well as to the head regional medical officer concerned. These doctors serve as the Medical Board's inspectors out in the country.

Moreover the medical work of the schools should be carried out in intimate contact with the parents and guardians. This contact is established in different ways. First, parents are called to the school, when needed, for a conference with the school nurse or school doctor, secondly the school nurses visit the homes of those pupils for whom such contact is considered desirable, and thirdly and lastly it happens to a certain extent that parents and guardians come together in parents' societies attached to the schools, where opportunities are given to the school authorities for informing the parents about circumstances relevant to these

matters. As regards the nurses' home-visiting, it should be noted that such visits are paid, to gather information and to give advice for the purposes of health culture. On the other hand neither doctors nor nurses visit homes in order to give medical attention. It happens sometimes that a certain child is absent from school on account of a reported illness of such a kind that the school doctor can have suspicions of harmful consequences ensuing for the child's schoolfellows if the school does not immediately obtain trustworthy information concerning the nature of the illness; in such cases home-visits on the part of the school nurse may be made. Here, of course, one is mainly concerned with infectious diseases, where the school has not in any other way got to know what disease it is a question of.

One of the most important of the school's tasks must be, of course, to try and instil sound habits of living into the children, and the home contacts in the sphere of school hygiene serve primarily this purpose. Another main principle in the carrying on of school hygiene work is that such work should in no way be solely the concern of the medical personnel, but that the teachers should also take part in the activity. In the task of furthering health performed by the schools the doctor is only the medical expert, even if he must indeed be regarded as the leader in the work of school hygiene.

The school doctors conditions of employment.

The school doctors in Sweden are not employed solely in the schools but work so that they have time left over for other duties connected exclusively with the care of the sick. They thus hold part-time posts.

For the time being, and on the basis of the organisation of other social-medical work in the country, this has been considered the most advantageous way for the schools. That is to say, it seems desirable that the school doctors who, as mentioned above, in addition to their health culture work are responsible for the giving of a certain amount of medical treatment in the schools, should also have direct contact with purely medical tasks in

their daily work, by way of a private practice or in some other way. Such an arrangement is likely to be of great advantage to the schools' pupils too. However, this does not apply to the same extent to doctors who are specially employed to take charge of mental-hygiene work. In some places in the country children's psychiatrists are employed, who hardly have much time left for any other activities besides their work in the schools. In the future, children's psychiatrists employed full time ought to be at work within the schools, at any rate in the bigger towns and communities.

Out in the country, according to the regulations in force, it is mainly the regional medical officers employed by the state who are to act as school doctors. For the moment this has been considered beneficial because these doctors have other fixed health culture duties in the service of the community, and an intimate knowledge of the social and hygienic conditions of the population, which must be recognised as an advantage in their work at the schools. It ought to be stressed, however, that the local authorities have the right to employ whatever doctors they wish in the elementary schools but, as just mentioned, they ought to depend mainly on the medical officers, and this has been done, too, in practically all cases.

This does not apply to the higher schools, as these schools are most often situated in the bigger towns and communities, with several doctors available in each place, the medical officers are not given preference here, and so the competition for school doctor posts is freer than in the country, where most often only one doctor, the regional medical officer, is available in each place where there is a school. The school doctors in the secondary schools, where school hygiene work is run entirely by the state, are appointed by the Board of Education. In the higher municipal schools where school hygiene work is only partly paid for out of state subsidies, the schools themselves appoint their doctors.

However, there is a ruling that when more than one application is made for such a doctor's post, the school's board shall ask the Head Doctor for Schools at the Board of Education for a statement on the competence of the applicants.

In some of the biggest towns in the country there are head doctors for schools employed on full time work for the municipal schools there.

Conditions
of employ-
ment for
nurses.

As regards the school nurses it is laid down that, in the elementary schools in the country, the district nurses employed to assist the regional medical officers shall also act as school nurses without receiving any special remuneration for this. In addition, the local authorities can ask for state aid for the employment of another, special school nurse, for whose salary they can then get a state subsidy, on the condition that the Board of Education has approved the organisation of the work. The school nurses in the elementary schools in the towns, where as a rule there are no district nurses, are appointed by the town authorities themselves.

The nurses in the state secondary schools are appointed by the Board of Education, whereas the nurses in the higher municipal schools are appointed by the local authorities.

It is to be noted that all school nurses, including those in elementary schools where the local authorities have been given state aid for school hygiene work, must have a certain minimum competence; they must have a certificate from one of the state recognised nurses training schools.

For the most part, school nurses in Sweden are part time employees, but in the elementary schools in the towns and certain municipal schools or state secondary schools there are a number of school nurses employed who do full time work. For the holders of such full time posts the standard of competence

required is higher. Besides their elementary training, these nurses must also have an additional training which gives them special knowledge in the way of medical treatment for children, child psychology, and social medicine etc. It is desirable that the nurses be employed on full time work to a much greater extent than has been possible hitherto on account of the shortage of nurses. It can be added, also, that a school nurse in the state run or state supported school health service is not allowed to have more than 1500 children to attend to. In practice it has proved suitable for Swedish conditions that a nurse employed on full time work has a total of about 1000 children to attend to within the school where she works.

Internal
Work.

All the schools in the country come under the rule that, at certain intervals, so called "general form examinations" should be made, that is, examinations which are comprehensive of all the pupils in a form. Such general form examinations are made at the beginning of the school-year, about once every other year during the time the child spends at school, and in any case in the first class and the leaving class in both elementary and higher schools. In certain school districts with big schools, the general form examinations are held more frequently, e.g. once a year.

Without going into the details of these general form examinations, one or two circumstances will be touched upon. Thus, at every general form examination the children shall go through a complete tuberculin test in those cases where the child's tuberculin reaction is not known previously, and if necessary, the pupil's lungs are x-rayed. It must be noted, then, that for the time being not all the pupils are compulsorily x-rayed, but only those where the doctor finds a special reason for doing so. However,

it is arranged so that, with recourse to local government funds, in a number of bigger towns and communities all children with a positive reaction to the tuberculin tests are X-rayed at regular intervals. In addition it is laid down that it is the duty of the doctors - and this is fixed in the statutes - to advise anti-tuberculosis vaccination where a child is found to have a negative reaction to the tuberculin test, irrespective of what stage he has reached at school. It can be mentioned, by the way, that of the 7-year olds, who at present enter the lowest class in the primary schools in Sweden, about 6% show a positive reaction to the tuberculin test without first having been Calmette vaccinated.

Another thing which can deserve mention is that at the general form examinations all the pupils shall be examined for the albumen and sugar content of the urine. On the other hand, a compulsory haemoglobin test is not made except in cases where the doctor finds special cause for it.

Furthermore it is to be noted that there has been introduced into Swedish schools the system that preliminary medical advice on choice of profession shall be given by provision of the schools. This is done as a rule at the general form examinations in the leaving-classes. Thus, where the doctors find an illness of a kind that can be presupposed to have an influence on the future choice of profession, medical advice on such choice of profession shall be given. Some of the principles which have guided us in the organising of medical advice on the choice of profession will be mentioned here. First it should be observed that the doctor is not allowed to give a pupil a list of professions to which his state of health does not suit him. Instead, the doctor informs the parents in writing of his opinion that the illness from which the person in question suffers, and of which he then gives a diagnosis, can be presupposed to prevent him from taking up such professions as are bound up with special demands, e.g. heavy manual labour, work in

dusty air etc. At the same time as the parents are informed of this, a communication is sent to the special labour exchange for young people, to the effect that the pupil has been given preliminary advice on his choice of profession. This amounts to a call upon the labour exchange to contact the parents and perhaps the school doctor, and only after consultation with these to give definite guidance in the choice of a profession.

Another main principle in our organisation of the schools' medical guidance in the choice of a profession is, then, that the doctor does not directly communicate the diagnosis of an illness to anyone other than the pupil's parents or guardians.

Of course, the school doctors and school nurses visit the schools for other purposes than the general form examinations. During the rest of the school-year are examined the so-called "control-children", i.e. children who are ill, weak, or liable to fall ill, and also other children who are sent to such an examination by doctor, nurse, parents or guardians. In the higher schools the doctor is available "once a week for seeing and examining such children. The same applies to the elementary schools in the bigger towns and communities, where the schools are fairly big and where they have nurses employed full-time. Out in the country, on the other hand, where the district nurses act as school nurses, and the regional medical officers, as a rule, as school doctors, the doctors have no regular hours of attendance, but visit the schools for control examinations when nurse, teachers, or parents or guardians ask for it, or they themselves find it suitable. The doctors receive no special pay for their control visits over and above the annual sum they receive per child and year. In the country these special journeys made by the doctors to the elementary schools are paid for exclusively out of state means.

Concerning the care of the pupils from the mental point of view, the following may be said. The children who need this

on account of retarded development of the intelligence are gathered into special forms (relief classes). In the country such teaching in relief classes has in most places not been arranged, but must be done for the most part within the framework of the ordinary form for the time being. From the point of view of school hygiene the pupils in the relief classes are regarded as control children, and are the object of the special attention of school doctors and school nurses.

Children who diverge mentally from the normal, but who do not show insufficient development of the intelligence, are also considered as control children and are becoming to an ever increasing extent the objects not only of the care of the teachers in the ordinary school forms or in special observation forms, but also of keener attention on the part of the medical personnel. It is fixed by statute that if pupils show deviations from a normal mental condition, it is the duty of the teachers to contact the school doctors in each separate case. These doctors can then, depending on the nature of the case and their own qualifications, either take care of the cases themselves after consultation with parents and teachers, or refer the child to special children's psychiatrists or so-called "consulting-stations", where specially trained doctors and teachers collaborate. In Sweden we have recently, in principle, made the decision to set up a number of such consulting centres spread all over the country, but as yet such centres have only been organised to a small extent.

It is to be noted also that school doctors without special training in children's diseases or child psychiatry, must often be considered to possess qualifications for assisting in quite a satisfactory way in the work against mental disturbances. In the first place, they often know the families' previous histories well, and the social, psychological and hygienic conditions in which the children live, and secondly they have, through their general

approach, possibilities of completing the picture of the children which the parents and teachers can create for themselves. One might also make a reminder of the fact that many behaviour disturbances during the years of growth have their origin in ailments of a purely somatic kind, upon which doctors without any special training in psychiatry or children's psychology are usually in a better position to judge. In Sweden we are at present considering the setting up of an institute of school psychologists covering the whole country, and the importance of this problem, which has already been quite satisfactorily solved in several places in the country, seems to be becoming rapidly more and more appreciated. It is evident that in Sweden, as elsewhere, teachers, parents and school doctors need the collaboration of specially trained school psychologists.

There is in Sweden, especially in the higher schools, a well developed organisation of gymnastics teachers. As it is considered that it is included among the duties of the gymnastics teachers to instil into the children sound living habits in general, and as the gymnastics teachers might be considered as specially suited for this work, they too have tasks to perform in the sphere of school hygiene work. For this reason they work in as intimate contact as circumstances permit with teachers and the medical personnel of the school.

It is self-evident that school doctors, school nurses and teachers must pay attention to hygiene in the school premises and suggest the amendments that are considered necessary.

And now some words about the school hygiene duties of the teachers. It is clear that without the collaboration of the teachers, rational school hygiene work can in no way be carried out. In Sweden they have got important tasks in this connection, and some of them will be mentioned here.

In the course of ordinary teaching and particularly through the teaching of biology and hygiene, the teachers continually

impart to the pupils the knowledge of desirable living habits. In suitable connections they are taught, for instance, about cleanliness, bathing, clothing, open air life, food and dietetics, sleeping habits etc. In the schools the teachers also give instruction in matters of sex, in ever increasing proportions, to children of different ages beginning in the first form at the primary school. It has been found wise to let the teachers be in charge of this instruction, which they impart with the necessary assistance of the medical personnel. The outlines of sexual teaching have been fixed by His Majesty's Government.

An especially important task of the teachers and which they most usually perform in a very satisfactory way, is to keep under particular observation the children who have been classed as control children by the school doctors. The teachers follow their ~~general state of health~~ and call in doctors and nurses when there is cause for it. They ought also to be carefully informed of the ~~changes in the children's state of health discovered by nurses and doctors~~. It is ~~self-evident~~ that doctors and ~~nurses~~ particularly in ~~country districts~~ - who cannot as often as would be desirable ascertain for themselves the control children's state of health, are greatly helped by the observations of the teachers.

In some places, particularly in the country, one must to a certain extent entrust to teachers who are willing to do it the carrying out of the ~~necessary weighing and measuring~~ of the children, in cases where the time of the district nurses (school nurses) does not allow them to perform the task themselves. All children are weighed and measured at the general form examinations, but as a rule, not more frequently than that; whereas of course control children are measured and weighed at much shorter intervals.

It has also been found suitable that teachers, (if willing), after consultation with and after getting information from the doctors, carry out preliminary tests of the colour sense of the pupils of certain age groups at school. It has been considered defensible to do so, on the condition of course that the

children who at such a preliminary colour sense test are suspected to be defective are all sent to the school doctor for a conclusive examination. Many teachers, especially in biology and physics, also find it desirable from their own teaching point of view to be allowed to make this preliminary examination of colour sense. Generally speaking these preliminary colour-sense examinations are made by the school nurses.

We have mentioned previously the duty of the teachers to consult with doctors and nurses concerning mentally abnormal and intellectually backward children.

It is obvious that it is also the duty of the teachers to send to school doctor and nurse those children whom the teachers themselves have found to be weak and whom they suspect to be ill.

The teachers shall also consult with the doctors about the hygiene of the school premises. This concerns such things as there being kept clean, lighting, heating, ventilation, lavatory sanitation etc. Also the hygiene of school furniture and materials ought to be superintended jointly by the doctors and teachers.

Finally it can be mentioned that the teachers are subject to certain regulations by way of control of their own health, particularly where tuberculosis is concerned. In Sweden, however, this matter has not yet been arranged in a desirable way - namely, that each teacher be subjected to an X-ray of the lungs before being employed in a school and afterwards at fixed intervals throughout the whole period of his service. In 1947 the Board of Education gave in a proposal to His Majesty's Government aiming at regularly recurring compulsory X-raying of the lungs, entirely paid for by the state, of all school personnel during the whole period of their service.

This was thus a survey of the more important duties of Swedish teachers in the sphere of school hygiene work, duties which presuppose an intimate cooperation with medical personnel and the home.

Finally a short survey will be given of the duties of the school nurses. They shall prepare the attendances at the doctor's, examinations, and carry out certain examinations of the children who are later to go through general form examinations. Thus, they make urine tests, tuberculin tests, weigh and measure the children and check up on the children's general hygiene. They assist at the attendances of the doctors and are obliged to be present at these. This applies, at any rate, to all general form examinations. It inevitably happens that at a doctor's visit to some smaller school in the country to examine one single or some few control children, the nurse is absent, but otherwise what has just been said applies. Furthermore, the nurse follows as closely as possible the state of health of the control children and keeps the doctor informed of how they get on. She assists in the supervision of hygiene in the school premises and she has special supervising duties in connection with hygiene at the school children's meals. It might be mentioned here that it has been decided in Sweden that all school children who want it shall get a free hot meal in the middle of the day, paid for largely with state subsidies. The nurse has certain further duties when it comes to choosing, together with the teachers, the children to be sent to holiday-camps. She assists the school doctor in keeping a watchful eye on hygiene in connection with the school baths and she keeps in close contact with the gymnastics teachers. She also runs propaganda on hygienic everyday habits for the children's parents or guardians. She looks after the health-cards and sees to it that they are kept in the correct way, and finally, at the request of the school doctor or on her own initiative and, when found suitable, on the request of the school's teachers, she visits the homes of the children to give health culture advice and to get information of different kinds, perhaps concerning the child's environment, its physical state of health, or certain problems of upbringing. Thus she is not allowed to visit the homes to give medical attention. As has been shown, the school nurses have very

important duties in the service of school hygiene.

School hygiene work is of the utmost importance and must be regarded as one of the school's basic duties. It is also a good connecting link between the school and the homes of the pupils. This fact has been appreciated in Sweden and health culture work in the schools has in late years been made considerably more efficient there, as far as available resources have permitted.

It seems to be of great importance that the doctors and nurses in schools in different countries should try and come into closer contact with one another, so that they may, through the exchange of experiences, achieve better and better results in their work for the health of youth at school.

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SOME FACTS ON
SCHOOL ORGANISATION AND CHILD WELFARE
IN SWEDEN

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Short Survey of School Organisation and Professional Training.

A. Survey of Swedish School Organisation.

More than a hundred years ago - in 1842 - the first Elementary School Law was enacted in Sweden, making school attendance compulsory for all Swedish children. The elementary school of that period comprised a six years' course; the first two years formed the so-called Infant School and the latter four years constituted the Elementary School proper. Gradually, a large number of school districts 1/ introduced a seventh year on an optional basis. In 1918, the State authorities made it obligatory for all school districts to add a superstructure to the elementary school, known as the Continuation School, providing at least 360 hours of instruction in a course of two years, or 180 hours (one year course) for pupils from five-year elementary schools.

The Continuation School was to be "a practical school for adolescents, to establish and prepare young people's training for their future vocations, and to further their future social ability." The seventh optional school year, however gained ground increasingly, and in 1937 the Swedish Riksdag enacted a measure making the seventh year compulsory for all school districts, the reform to be carried out during a period of transition covering 10 years. In 1948 the reform is to be in effect everywhere.

Educationalists and youth welfare workers, however, have long maintained that seven school years plus 180 hours of continuation school are not enough to provide the necessary amount of education adequate for preparation for later life. The demand for an eighth school year has grown increasingly stronger, and in a number of school districts the eighth year is established as a substitute for the continuation school. Some ten districts have recently decided to make the eighth year compulsory, and their decision has been sanctioned by the highest Government school authority, the Board of Education, which

1/ The country is divided into approximately 2,500 school districts, which correspond closely to the communal districts. The latter decide on local questions such as children's welfare, poor relief, and elementary education.

controls the Swedish educational system (elementary as well as higher schools) and supervises the observance of the school regulations.

All children from seven to 18 years must attend school, but if they have completed the compulsory education before the age of 18 they are, of course, exempt from further attendance. At present, the State defrays well above three-fifths of all expenses for the elementary school, whereas the communes (school districts) pay about two-fifths. According to statistics there are about 530,000 elementary school pupils in Sweden today. Within the elementary school there are different categories according to whether one, two or more classes are taught by the same teacher in one classroom, etc. Children can enter secondary school (the higher school form) from the fourth or the sixth year of elementary school. About 32,000 children, equalling 0.5 per cent of the total number of Swedish children of school age, enter secondary schools. A great number of the pupils from elementary and continuation schools enroll in practical schools such as apprentice and vocational schools, technical schools, etc. Two comprehensive investigations are presently underway on plans to introduce far-reaching changes both in school organisation and school studies. The coming reorganisation of the Swedish educational system will no doubt bring about a considerable democratization of the schools.

Finally, mention should be made of the fact that since 1946 all elementary school children receive free exercise books and textbooks and free working material. In families with more than one child, each youngster receives his own books the same as other children. Certain municipalities secure the same benefits for children in schools other than the elementary schools.

B. Short Survey of Vocational Guidance, Professional Training, etc. Organisation

Not until 1940 did Sweden give full attention to the problem of offering guidance for young people in their choice of occupation. And it was not until the war that a centre for vocational guidance was established as a section of the State Labour Market Commission. In all provinces (numbering 24) there was a rapid organisation of special Youth Employment Agencies, the heads of which are simultaneously Vocational Guides. In Stockholm, Göteborg and Malmö, there are special Vocational Guidance Bureaus in connection with the local youth agencies.

Sphere of activity.

As a rule Vocational Guidance is intended to serve all applicants from elementary to college students. Where there is time, the work is done partly in the schools, partly at the bureaus, which are open to all categories. At the schools the guiding officers visit the graduating classes and those classes where the pupils are expected to choose between a high or a low final examination. They also visit the senior class of secondary schools where the students must decide on their major courses.

Methods.

Vocational Guidance is at present administered as a simple informative service coupled with aid for the young in obtaining probational or regular employment. Instructors and school medical officers usually are asked to provide information regarding pupils who visit the guiding officer on his rounds of the schools. The pupils themselves fill in detailed forms concerning their interests, etc.

Vocational Training.

In Sweden the communities have undertaken to provide elementary school children with a thorough training for practical employment within industry, crafts, housekeeping and business. Communes and provincial councils can establish state-aid schools, and there are, in fact, such schools in most towns and other urban communities, giving both full-time instruction (crafts, commercial and domestic science schools) and evening classes. Vocational residential schools are planned for the rural districts of all provinces. Regular school training of skilled workers in individual private industries is comparatively rare in this country. But even in private enterprises the crafts schools receive state aid. The great majority of workers have no training except what they have learned by actual working experience. Instruction by correspondence has long been of great importance in the training of an intermediate layer of skilled technicians coming from the ranks of the workers. State Technical Schools and similar institutions have been established. Instruction is practically free (15 kr. a term). There are many elementary agricultural schools, but only about one-tenth of independent farmers have attended such Schools.

Legislation for Protection of Workers.

Protective legislation for labour provides, for juvenile workers, that no child shall be employed for gain under the age of 13. For factory work etc., the limit is 14 years, and 16 years for labour in underground mines. With some exceptions, periodical medical examination is mandatory for juvenile workers. Since 1946 the Statutory annual paid holiday for young workers under 18 is three weeks. As a rule, children under 16 must not be employed on night shifts. Labour Inspectors supervise observation of these protective measures. The Labour Inspectorate, according to a Bill to be laid before the 1948 Session of the Riksdag, is to have its authority greatly strengthened. A Bill for a thorough revision and modernisation of the Workers' Protection Act is now being prepared and is expected to be laid before the 1948 Session of the Riksdag.

Education and Care of Handicapped Children.

There are special institutions providing care and instruction for the various categories of physically and mentally defective children. Blind, deaf and dumb, and crippled children, 7-8 years old go to special resident schools where limited vocational training is taught before the children leave school. Mentally defective children (with intelligence quotas below 70) are also, since 1945, required to attend school. They are given instruction in closed institutions supervised by the Provincial Councils. These so-called Central Institutions receive children even in pre-school age and ascertain which children are educable and therefore suitable for transfer to School Homes. Uneducable children usually are cared for in Nursing Homes where they can stay for an indefinite period. When necessary, the educable children can continue at the School Homes and at affiliated Work Homes up to the age of 21. They also ^{are} trained for practical work. The stay is gratuitous throughout.

After the age of 21, the mentally defective return to their homes or are placed in ordinary work. Only those who cannot take care of themselves may stay on indefinitely at the Work Homes. At the Central Institution, however, records are kept of all who have left the Schools, and the Institution is prepared to help them in every way possible should the need arise.

Because of lack of accommodation at the Institutions, and the lack of a careful psychological diagnosis of school children in many districts,

only a fraction of mentally defective children attend these Special Schools. But a great building project - the establishment of Central Institutions in every administrative province - is being realized. Only in the largest towns is there instruction for mentally defective children living with their families.

For children in the intermediate group between normal and imbecile as regards educable capacity - the mentally debile with intelligence quotas between 70 and 85 - there are "Help Classes" within the elementary school. Recent estimates number the children in this group at about five per cent, but only about one per cent of children in elementary schools attend the Help Classes, a fact due to the lack of specialized teachers and the difficulty in carrying through the differentiation in the small districts.

C. Child Welfare Boards and their Work. Legal Position of Children, Child Welfare Institutions and Foster-Child Care.

Child Welfare Boards and their Work.

Under Section 1 of the Child Welfare Act, every communal district must arrange its Child Welfare under the provisions of the Act, and must take measures for the protection of young people within the district. As a rule, Communal Authorities have a special board for this purpose, the Child Welfare Board, which is entitled to take the name of Youth Board when measures regarding adolescent protection come under its jurisdiction.

The Boards are all organised along the same pattern. The Legislating authorities have been anxious to ensure the representation on the Boards of certain other forms of activity bordering on Child Welfare Work. It is thus provided that one member of the Board shall also be a member of the Communal Poor Relief Committee, another member shall be a local clergyman acquainted with parish work, a third shall be a teacher (male or female) at the Communal Elementary Schools or Continuation Schools, or a School Inspector especially appointed for the commune. In certain cases one of the members must, if possible, be a medical authority. Apart from these representatives for special activities, the Board shall have among its members at least two other men or women well known for their active interest in Child and Youth Welfare Work. At least one of the members must be a woman.

Section 2 of the Child Welfare Act provides that the Board shall attentively follow conditions prevailing within the commune in the field of child and youth care and education, and carefully ascertain that young people living in the commune and in need of such care as the Board is supposed to provide, be taken care of.

The Board is especially responsible for:

1. Taking the necessary steps regarding
 - (a) maltreated, and neglected children, and children whose health is otherwise jeopardized.
 - (b) demoralized children, and children in risk of demoralization.
 - (c) young persons leading a disorderly, lazy, or immoral life, or otherwise showing serious demoralized propensities.
2. The care of necessitous, sick and unprotected children.
3. The supervision of the work of the Child Welfare Institutions of the Communal District.
4. The control of Foster-Child Care.

Under the Child Welfare Act, the Board shall promote activities for the care of children and young people and for that purpose shall further the establishment and development of an adequate number of Child Welfare Institutions and take other measures in order to ensure the welfare of children and young people.

These provisions put the entire responsibility for the welfare of children and young people within each commune upon its Child Welfare Board. And in this connection the Act rules that it is not sufficient for the Board to intervene when a child is in need of aid, but that the Board must act as leaders of the child and youth welfare and education work, and ensure the best possible conditions for such activity.

The Child Welfare Board is given considerable latitude to work along the lines it deems best. The object is to provide good Youth Homes, Day Schools, Play Grounds, etc. The Board is recommended to arrange for games and entertainment of children and young persons and to provide such things as the individual homes cannot provide. The Board should in general keep an alert watch on all matters within its field that occur within its District and it should try in time to improve what is deficient. The more energetic the preventive activity, the more seldom is individual intervention necessary on the part of the Board.

Additional important tasks have been imposed on the Child Welfare

Boards under other statutes, which are mentioned in the Child Welfare Act as referring to Family and other Acts on matrimonial birth, on children born in wedlock and out of wedlock, on adoption, on prohibition against leaving the country for people liable to pay alimony, on guardianship, and on some points under Criminal Law, etc. The duties of the Board are also mentioned in the Act on the advancement of children's maintenance contributions, and the Statutes on maternity benefits and mothers' allowance.

The Child Welfare Act thus has not limited the duties of the Child Welfare Boards to individual cases, but has given them tasks of a wider nature.

The Legal Position of Children.

The legal position of children is regulated by the so-called Child Laws.

They are:

1. The Act of 1917 on Children born out of Wedlock.

The importance of this Act is that it not only secures certain elementary rights against their parents for children born out of wedlock, but it has also endeavoured to guarantee the child's enjoyment of these rights. This has been done by providing for the appointment of child welfare inspectors, one for each such child as a rule. The inspector shall take steps to ascertain the birth of the child, to secure adequate allowances for its support, etc.

2. The Act of 1920 on Children born in Wedlock.

This Act provides for the legal position of children born in wedlock. There are provisions in regard to the child's name, on the care and support of it, etc.

3. The Act of 1917 on Matrimonial Birth.

This Act contains regulations as to which children come under the first or second of the above Acts.

If the mother was married at the time of delivery, her husband is regarded as the child's father.

If the mother was married, but the marriage had been dissolved by the death of the husband or by divorce, and the child is born within such time after the dissolution of marriage that the child may have been conceived therebefore, the deceased or divorced husband is to be regarded as the child's father.

The Act thus decrees that the child of a woman who, at the time of the infant's birth, was married, or had become a widow or whose marriage

was definitely dissolved by divorce not more than 300 days before the birth of the child (in case of divorce the period is counted from the date on which divorce won legal force), shall be regarded as of matrimonial birth.

The same protection is provided a child whose parents have married after its birth. Paternity, however, must first be ascertained in the same way as is decreed in the Act on Children born out of wedlock, i.e. by agreement or by decree of court.

All children who do not come under these headings are considered to be children born out of wedlock.

A child having matrimonial birth under this law can be deprived of it only by decree of court.

4. The Act of 1917 on Adoption.

Under this law Swedish citizens may adopt a child. Such a person is referred to as an adoptive parent and the individual adopted is called an adopted child. By adoption legal relations are established between adoptive parent and adopted child, relations closely corresponding to those existing between natural parents and children within wedlock.

Note. There is no obstacle to a person adopting his own child born out of wedlock.

Besides the above laws there is the Act of 1924 on Guardianship, and the Act of 1928 on Inheritance.

These laws are at present being subjected to a thorough revision, and recently an Official Report has been published with the aim of bringing the laws into greater harmony with present public feeling.

Child Welfare Institutions.

According to the 1945 amendment of the Child Welfare Act, a Child Welfare Institution is an establishment for the care and education of children, not to be classed with hospitals, nursing homes, institutions for cripples or schools for the mentally defective, or belonging to Child and Youth Welfare, public juvenile reformatories, or school homes belonging to the Schools districts. Special forms of Child Welfare Institutions are children's homes, children's holiday colonies, and institutions for half-open child welfare. Special types of children's homes are infant homes, mothers' homes, temporary receiving homes, and children's homes for permanent care.

The Provincial Councils supervise and are responsible for the Children's Homes activities, and according to fixed plans the Councils are to have accomplished the extension of this activity on an adequate scale within five years. State aid will be granted for building and equipping as

well as for administration of the homes. State aid is also secured for administrating holiday colonies and institutions for half-open welfare which, as a rule, are run by private associations or by the Communal Districts.

All Child Welfare Institutions come under the supervision of child welfare committees, Provincial Administrators, and the Royal Social Board.

Foster Child Care.

The 1945 amendment to the Child Welfare Act defines foster-children as children under 16 brought up in private homes other than those of their parents, or with specially appointed guardians to take care of them. Child Welfare Boards, in special cases, can decree that a foster-child shall remain under supervision in the manner prescribed for foster-children until the child has attained the age of 18.

Foster-children are under the supervision of the Child Welfare Board, and for this purpose the Boards are to appoint special foster-child inspectors. Those who receive foster-children must register with the authorities.

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Nyboda Home

Home of reception and Observation of Children, subordinated to the Child Welfare Board of Stockholm.

In 1935 the Child Welfare Board of the town of Stockholm, headed at the time by Town Councillor Oscar Larsson, decided to replace a number of older children's homes by one modern institution, the Nyboda Home. The building was finished and came into use in March 1938.

Architect: Professor P. Hedquist.

Tasks: The double task of the home is expressed in the words "reception" and "observation". The home is partly for children who, for different reasons, need temporary care, and partly those who are admitted for the direct purpose of observation and advisory consultation in order to return afterwards to their parents, or be placed either in foster-homes or institutions where they can receive the care they need. It is the natural consequence of their aim that the Nyboda Home gives the children the treatment which their ulterior definite placing requires.

Reception: The admission to the home is managed by the Child Welfare Board. The parents or relatives of the child apply directly to the administrative bureau of the Child Welfare Board (Vasagatan 23-25, tel. 22 55 00) and request admission. The Nyboda Home admits (in accordance with paragraph 22 and 29 of the Child Welfare Laws):

- 1) Children who for different reasons (usually because of the parents' illness) cannot receive proper care at the home of the parents or relatives, and are to be placed in the Nyboda Home by special request of family members or friends.
- 2) Children who, according to the results of an investigation are ill-treated or neglected at home either physically or mentally.
- 3) Children who are difficult to educate in their own home or in a foster-home or at school and are supposed to be maladjusted, which necessitates systematic observation with regard to further treatment or eventual placing in different surroundings.
- 4) Not admitted at the Nyboda Home are children of school-age who, according to the medical examination of the Board's physician, need proper care with regard to serious misbehaviour.

Number of children: 229 children as a maximum can be admitted at the Home.

The number of registered children from 1945-1949 was averagely 960 per year.

Local conditions of the Home:

It is not a home properly speaking but a number of homes distributed over a large territory (ca 100.000 m²) with a centralized administration.

The different sections:

- 1) Quarantine section for a maximum of 30 children aged 1 - 3.
- 2) a home for 30 children aged 1 - 2
- 3) " " " " " " 2 - 3
- 4) " " " " " " 4 - 6
- 5) " " " " boys of school-age (7 - 16 years old)
- 6) " " " " girls " " " (7 - 16 years old)
- 7) A special section (temporary) for 15 children with organic deficiencies. (Originally intended for 20 normal children).
- 8) Therapeutical section for 12 children.
- 9) Reserved section (temporary quarantine section) for a maximum of 22 children aged 3 - 4, and for children of different ages who have to spend a night at Nyboda.
- 10) Section of Administration, in the same building as the central kitchen, the dining-room for the personnel, several accommodations for the personnel, and the section of equipment.

The homes for smaller children contain bed-dining- and playrooms which are arranged with regard to the necessity of dividing children in to groups, especially during the hours of play and occupation.

School attendance: The children can visit the school in the direct neighbourhood of the Home or, eventually, schools in town. If necessary, private instruction can be arranged individually.

The personnel of the Home (1. January 1950)

A Doctor, responsible for the medical and psycho-medical work.

(Eyes-and-ear specialists visit regularly).

The Child care Inspector and Chief of Administration,

A Manageress (nurse) for the reception department,

A sick-nurse - headnurse,

Two assistant nurses,

Five manageresses, one for each section,

Five Kindergarten-teachers, two of them specially trained for pedagogic play methods (Erikstiftelsen) and two of them test specialists.

One specialist in medical gymnastics (on part time work) for the treatment of brain deficiencies.

66 nurses,

2 sick-nurses on probation.

Besides, 1 - 6 students specialized on different subjects,

pupils of the Social Institute and Kindergarten teachers on probation.

Temporary collaborators: specialists for Rorschachtests and the testing of deaf children.

Office personnel:

An office employee working for the doctor.

2 clerks.

1 telephone operator.

Kitchen Personnel

1 housekeeper,

2 cooks,

4 under-cooks,

2 waitresses for the dining-room

Other personnel: 1 mechanic, 1 sticker, 1 care-taker, 1 guardian, 2 seamstresses, 1 char-woman, 1 carpenter who also helps the children with their handiwork, 1 doorman.

Temporary helpers: scoutleaders, gardeners and other voluntary collaborators.

The physical care:

All children are being medically examined and their anamneses is taken directly after the admittance. (The routine examination deals with the general state of health and the weight, the measuring of the body, urine- and blood proofs, diphtheria proof, tuberculin proof, eventually X-ray examination). If necessary, the ear and eyes specialist of the home is called or special examinations and treatments are performed at hospitals.

Besides the medical examination in case of sickness, the children are subjected regularly every second month to a compulsory medical examination. The sick children are nursed in the isolation wards of the different buildings. Eventually they are transported to hospitals.

The nurses working in different section are responsible for the preventive and direct care.

The psychological care

The managers of every section is mainly responsible for the psychical care. She has to watch the children and try to satisfy their needs of comfort and happiness. She is also responsible for the personnel of her section and must eventually have a hand in nursing. Each member of the staff is supposed to follow the instructions which have been worked out with regard to the well-being of the children. These instructions, black on white, are handed to every new member of the staff.

The Kindergarten teachers leading the activities of different groups of children are responsible for the intelligent distribution of play-things and toys suitable for the respective ages.

Observation and Therapy.

Children who are not supposed to return to their parents or have been admitted for the purpose of observation, are subjected to special examinations and investigations before a final report with advice and directions for further

proceedings is forwarded to the Child Welfare Board.

The social investigation is dealt with by the Care- and Investigation Bureaus of the Board and eventually supplemented with facts of the social register or of the Advisory Board of Education.

The children are, first of all, under the observation of the Manageress of each section who every day enters her observations concerning the children's behaviour in a diary which has been worked out for the purpose. The Kindergarten teachers also get well acquainted with the children before the testing starts. Intelligence tests are applied three weeks at least after the admittance to the home. The older children are tested after the Terman-Merrills method, the younger once according to Bühler-Hetzer, Character tests are mainly performed according to the game "All the world", the Rohrschach method, and through spontaneous painting. (Lately the T.A.T. test has been tried). The doctors are informed of the observations, and special treatment is given eventually to a limited number of children in special localities. At the end of the observation-and-treatment period the persons who were in contact with the children meet at a conference and the doctor gives his final statement on the cases which is sent to the Child Welfare Board.

The children are discharged after a notification to the Child Welfare Board's Child Care Bureau which is responsible for the removal and placing of the children. A majority of children return to the home of the parents who generally keep their legal authority over the children, while others are placed - usually with the agreement of the parents and sometimes despite their disagreement - in foster-home or in institutions where they receive appropriate care.

Duration of the Care

The children usually stay 6 weeks at the home but cases requiring observation are kept longer, averagely 3 months. The longest period of care lasts one year, but children with organic deficiencies who cannot be removed because of the limited capacity of special institutions may remain even longer.

Post-care

If necessary, a curator or the Advisory Bureau of the Board of Education are entrusted with the post-care of the children.

(In exceptional cases the Nybada Home itself will eventually supply the post-care). Children who are placed in foster-homes are under a double control: the local control is in the hands of a care-worker, nurse or teacher or other person who is acquainted with the foster-home: the central control is exercised by an inspector of the Child Welfare Board who has previously procured and inspected the respective foster-home and now visits it regularly twice a year at least. The inspector (usually a woman) is in contact with the local trustee.

Expenses

Building costs (1936-40):	1.670.000
Managing costs, gross, 1948	1.126.643
(of which the costs for personnel):	626.431
Costs per child and year (1948):	5.633

State subsidy 1.50 per child and day.

(This subsidy is granted under condition that it does not exceed 1.50 per day).

On leaving the Nyboda Home for the home of foster-parents each child receives a complete outfit of clothes representing a value of about 400.- Kr.

The cost of Nyboda Home is defrayed by the town of Stockholm whereas the above mentioned state subsidies and even a part of the child allowances are returned to the Child Welfare Board.

Compensation for the foster-parents

The Child Welfare Board pays usually 75.- Kr. monthly to the foster-parents. The compensation is higher for children with certain deficiencies. Besides, the foster-parents receive the usual child allowance. The parents contribute according to their means.

Child Welfare Laws.

Paragr. 22

The Child Welfare Board has to take measures in accordance with the paragraphs 23-25 with regard to:

- a) children under the age of 16 who are ill-treated or neglected by their parents and therefore endangered physically as well as mentally,
- b) children of the above mentioned age who, on the grounds of the parents' viciousness, neglect or educational incapacity, are in danger of becoming depraved,
- c) children under the age of 18 who are found to be so depraved that special measures of re-education are demanded for their adjustment,
- d) young persons aged 18-21 years who are found to lead a disorderly, lazy, immoral life or display serious vices which necessitate an intervention on the part of society in order to readjust them. Law of the 14. April 1944 which became valid the 1. July 1944.

Paragr. 29

1. clause. If children under the age of 16 who live at home are exposed to misery as a consequence of the parents' sickness, indifference, or educational incapacity and the thereof resulting conditions in the home, and if the :

case is not similar to that foreseen in paragraph 22, the Child Welfare Board must take charge of the children after having obtained the consent of the parents and stated that no other solution can be reached.

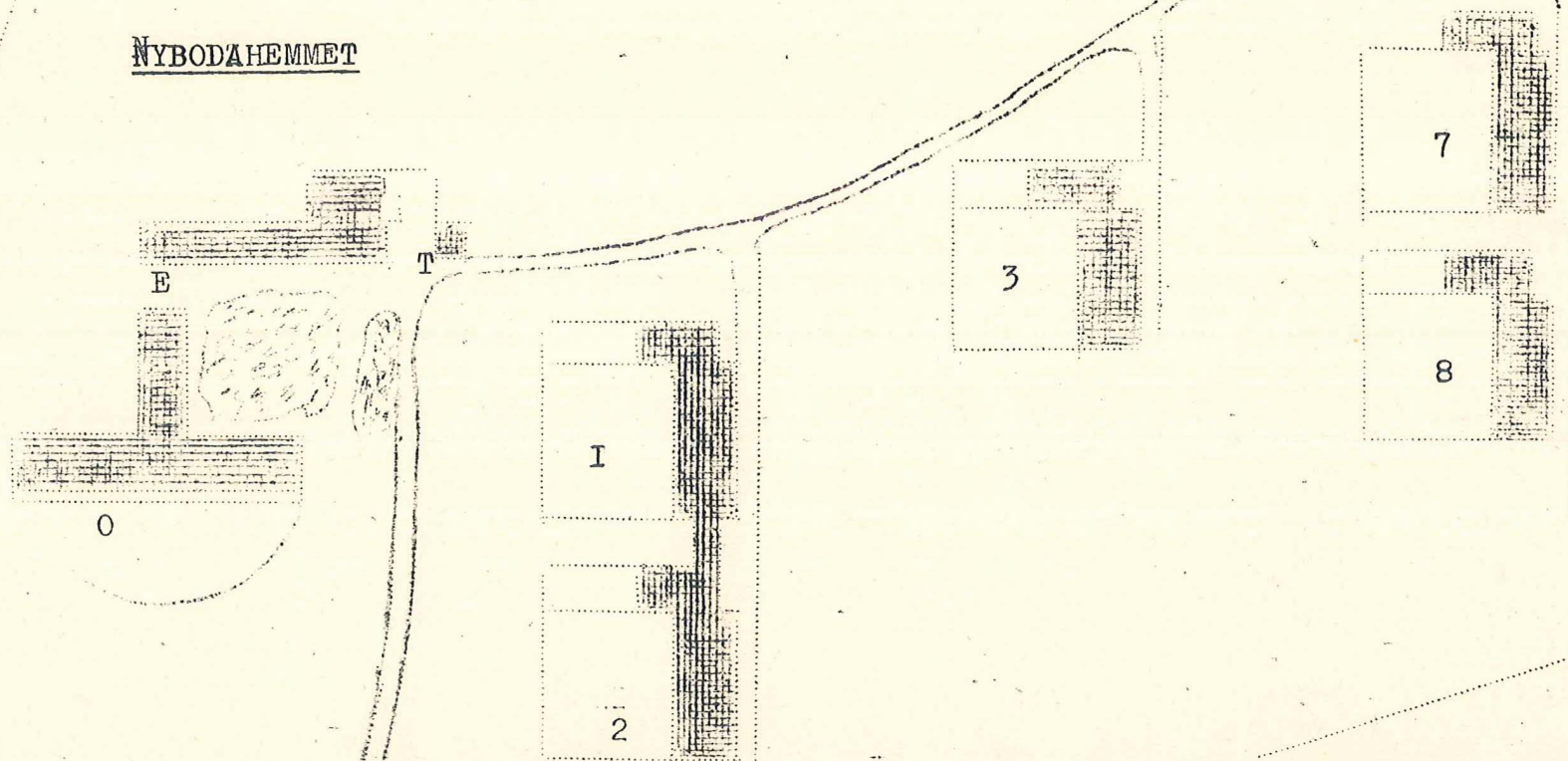
2.clause. If it is found in some case, which is not similar to that foreseen in paragraph 22, that children under the age of 16, are suffering from physical or mental ailments, physical or mental deficiencies or weakness, and therefore need special care which they cannot receive at home, and if no other suitable solution can be reached, the Child Welfare Board must take care of the child, with the parents' consent.

3.clause. If it is found that children under the age of 16 have been forsaken by their parents or have lost them through death and are therefore deprived of care, which cannot be provided in another way, the Child Welfare Board must take charge of the child.

4.clause. Children who are taken charge of according to this paragraph, will receive care (community care) as stipulated in the regulations of chapter 4.

TDV İSAM
Kütüphanesi Arşivi
No 059-130/9

NYBODAHEMMET



- E. Huvudbyggnad med ekonomiavdelning, administration, centralkök, personalmatsal, etc.
O. Karantänavdelning och 2 specialavdelningar. (avd. 4, 5 och 6)
T. Garage.
P. Portvaktstbostad.
Avd. 1. 30 barn i ålder 1-3 år.
Avd. 2. 30 " " " 1-3 år.
Avd. 3. 29 " " " 3-6 år.
Avd. 7. 30 flickor i ålder 7-16 år.
Avd. 8. 30 gossar i ålder 7-16 år.
Området oca 20 tunnland (96.000 m²)

BÖLGEDE. BİLHASE
SA OKULLARDA SAĞ
SAĞLIK İŞLERİ

TDV İSAM
Kütüphanesi Arşivi
No