

Preface

In February 1999, the Swedish Government authorised the Minister for Health and Social Affairs, Lars Engqvist, to set up a commission of academic researchers and instruct them to draw up a balance sheet for welfare in the 1990s. The central assignment of this *Welfare Commission* (Kommittén Valfärdsbokslut) was to produce a comprehensive assessment of welfare developments to serve as a basis for the discussion of the future direction for welfare policy. This task included an examination of people's living conditions as well as of changes in structural conditions and social policies.

Joakim Palme was appointed to chair the Commission, and Åke Bergmark, Johan Fritzell, Olle Lundberg, Elisabet Näsman (until 15 January 2001), Lena Sommestad, and Marta Szebehely were selected as members. Mia Hultin, Martin Hörnqvist, Anna Öström, Olof Bäckman, Felipe Estrada, Michael Gähler, Gun-Britt Trydegård, and Ola Sjöberg were engaged as secretaries to the Commission at various stages of the work. The Government Offices provided the Commission with logistics and assistants necessary for carrying out the assignment.

The work of the Commission can be characterised as a large independent research project. There has beyond the 'terms of reference' (Direktiv 1999:7) been no interference from the ministries or parliament. Extensive analyses were carried out directly by the Commission itself. In addition, more than 50 researchers were engaged in subcontracted research and an equally large number of external reviewers scrutinised the various contributions. A peer review thus influenced the basis of the final report.

The present report is an English translation of Part I (the actual balance sheet) of the final report from the Commission which was delivered to Minister Lars Engqvist on 23 October 2001. The work of the Commission was thereby finished. The purpose of the

translation is to make available to a larger audience the main results of the work of the Commission, as well as to present the approach to monitoring both welfare and welfare policies that has been applied. Part II *Knowledge gaps about welfare and welfare policy* and Part III *Preconditions and challenges for welfare policy* of the final report will be made available in English at a later date.

The final report was written jointly (in alphabetical order) by Åke Bergmark, Olof Bäckman, Felipe Estrada, Johan Fritzell, Olle Lundberg, Joakim Palme, Ola Sjöberg, Lena Sommestad, and Marta Szebehely. Michael Gähler and Gun-Britt Trydegård made direct contributions to the report.

The report has been translated by Judith Black (Introduction, Chapters 1, 2 and 4), Gordon Carmichael (Chapter 5), and Stephen Croall (Chapters 3, 6, 7 and 8, as well as the Summary and parts of the References). Helena Höög edited the Methodological Appendix for its publication in English. Monica Berglund has with the assistance of Malin William-Olsson prepared the manuscript for print. To these persons, and all those who have contributed to the work of the Commission in various ways, I would on behalf of the authors of the report like to express our sincere gratitude.

Stockholm, 5 July 2002,

Joakim Palme

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Welfare in Sweden: The Balance Sheet for the 1990s – Summary

The task of the Welfare Commission appointed by the Swedish Government in February 1999, has been to describe and assess welfare development in Sweden in the 1990s. Welfare is defined by the Commission in terms of individual resources that allow citizens to control and consciously steer the direction of their own lives. The material focuses on the most relevant aspect from a social policy viewpoint, that of welfare deficiencies. The report's description of welfare development is based on data concerning living conditions such as health, education, work, economy, security, social relations and political resources. Its assessment of the various welfare state institutions responsible for social insurance, benefits and welfare services is based on their capacity to constitute resources for the individual citizen. A key feature in this respect is the accessibility and quality of the institutional input.

Living conditions among the Swedish population underwent a number of major changes in the 1990s. The most noticeable change was the increase in the proportion of the population that encountered various kinds of disadvantage or illfare. Along with higher unemployment and reduced employment, conditions of employment altered in many respects. Negative psychosocial working conditions and short-term employment became more common. Progressively larger groups suffered financial difficulties and low incomes. In the health field, we find a significant decline in certain specific areas, especially as regards mental well-being. In the area of chronic disadvantage, the number of long-term social assistance recipients increased significantly.

At the same time, it is important to note that improvements occurred as well. Real wages increased faster than for many decades. The mortality rate continued to decline overall and infant mortality was almost halved. The general level of education rose. In other areas, welfare as a whole was at the same level as at the

beginning of the decade. The population's disposable income was one such area, people's social ties and networks in the community another.

At the beginning of the 1990s, very clear-cut class and gender differences were evident in individual welfare resources. Workers and women had more health problems as well as both lower wages and greater financial problems. On the whole, these differences in living conditions still pertained at the end of the decade.

Relative wage positions declined in the public sector – where women are over-represented. Also, an increase in the pace of work and negative stress was noted among employees in the welfare services sector, where women are in a majority.

Single mothers were a particularly vulnerable group. This applies in particular to the maintenance side where single mothers were considerably worse off at the end of the 1990s than they were at the beginning. It is worth remembering that this group already had lower incomes, greater maintenance problems, a higher unemployment rate and lower pay than the rest of the population when the decade began.

People born outside Sweden were another group that had considerable difficulties in the labour market in the 1990s. Like many other groups that lost ground during this period, immigrants went into the decade with worse initial prospects than others in the great majority of areas: health, mental well-being, employment, income, social ties and networks in the community, and political resources. The relative position of this group was even worse at the end of the 1990s, primarily in the fields of employment and job income. People born outside Sweden however are a markedly heterogeneous group and the welfare levels of its members are to a great extent contingent upon their country of origin and duration of stay in Sweden.

Young adults are a third group for which we recorded an adverse trend. While participation in education increased, the age at which the young established themselves in the employment market rose sharply, which resulted in clear losses of income for this group. Overall, there was a general age shift upwards in welfare distribution. The older the persons, the more income and economic resources came their way. A particularly worrying trend among younger citizens was the sharp increase in mental ill-health and insecurity.

Our analyses also show that welfare development in the 1990s did not favour children or families with children. The proportion of children in households with very low incomes or inadequate cash margins increased somewhat during the decade, as did their relative position in society. This applies in particular to young children in the 0–6 age group. The children of workers, foreign born nationals and single parents tended more than others to suffer financial strains.

As in the case of welfare development among the population, many of the changes that occurred both in maintenance systems and in welfare services were affected by changes at macroeconomic level. Sweden's income maintenance systems underwent a very substantial number of regulatory changes during the decade, most of them limited in scope. Following the country's economic upturn, benefit levels were readjusted upwards, albeit seldom to the levels that prevailed at the beginning of the decade. Increases in real wages, meanwhile, meant progressively larger groups acquiring income above the benefit entitlement ceilings for the various earnings-related insurance schemes, which meant that these groups were no longer compensated for loss of income to the same extent as people in lower income brackets. This in turn strengthened the role of collectively bargained schemes and other private insurance. More stringent qualification requirements were introduced for a number of benefits. As a result of the lower level of employment, degree of coverage in earnings-related insurance schemes fell. In the case of social assistance, stiffer requirements were introduced by stages and benefit levels declined, as a result both of legislative change and of the way regulations were applied at municipal level.

In the welfare service sector, different developments were observed in different areas. In the case of mandatory changes, however, some general patterns emerged. One such change was an overall increase in decentralisation, although some exceptions were noted. The most important decisions on decentralisation were taken during the first half of the decade, while the latter half brought a number of central government initiatives primarily aimed at ensuring the achievement of national policy goals. Another general trend was an increase in user financing. Higher fees were introduced for both childcare and old-age care and were also income-related to a greater extent than before. Patients' financing of medical care increased significantly as a result of higher patient's fees and larger personal contributions to medicines and dental care.

The privatisation of both financing and management remained a marginal phenomenon, while publicly financed services produced by private actors increased substantially in all welfare service sectors – childcare, school education, medical care, old-age care, care of substance abusers, and child and youth welfare services. Market-oriented administrative practices also became more widespread in that part of the welfare service sector which remained under public control. Taken as a whole, the 1990s were a period of greater decentralisation, user financing and market orientation.

In the childcare field, we find that the proportion of children attending pre-school and day centres for school-age children increased sharply while at the same time staff frequency and costs per child declined and children's groups grew in size. Thus the decade was characterised by greater universalism but also by resource depletion. In the educational field, too, especially at compulsory school level, we find a similar depletion of resources. In the old-age care sector, however, a salient feature of the 1990s was a greater concentration of resources on those most in need of care, while the pattern of assistance to other groups shifted in favour of families and the market. There was a similar trend in public efforts on behalf of the disabled: new rights legislation and a substantial increase in allocations to this sector improved the position of those with very extensive disabilities while those with lesser needs were increasingly obliged to seek assistance from the family or to purchase services.

Another part of the Commission's task was to identify areas in which too little is known about welfare development. On the whole, Sweden is unusually well equipped to observe both changes in welfare resources and disadvantage at individual level due to its extensive compilation of operational statistics, to the national population register and to the major interview-based surveys on people's living conditions that are regularly conducted as part of the country's official production of statistics. Nevertheless, in some areas we lack important information concerning the health and prosperity of our citizens. Perhaps the most important information gap concerns the capacity to assess how the various welfare state institutions perform as resources for the citizens. In the welfare service field in particular, the supervisory authorities lack reliable information on the quality of the services delivered. The population-based interview surveys cannot at present compensate for these deficiencies as they tend to lack questions concerning the

individual's encounter with the welfare service sector. What impact the 1990s had on citizen welfare as a result of the changes in resources, the raising of fees and the new forms of administrative control and management, therefore, is largely unknown.

Knowledge gaps concerning welfare and welfare policy must be remedied so as to allow citizens to follow developments relating both to living conditions and to activities financed by the taxpayer. To meet this demand, a properly functioning system is needed for monitoring, evaluating and following up developments and for research. All such activities require statistics and other supporting material of high quality.

The purpose of the balance sheet compiled by the Commission is to provide a basis for discussion of the assumptions, conditions and future tasks of welfare policy. The structure of Swedish society underwent major changes in the 1990s. Population patterns changed, in terms of both age and country of origin. Working life and the labour market changed in some respects, partly mirroring shifts in Sweden's industrial structure. Deregulation in the economy and the greater mobility of various production factors, not least capital, altered the rules of the game and the basic economic conditions. Taken as a whole, these developments represent a significant challenge to welfare policy. The differences that are to be found between different sections of society and the shifts in various welfare resources in the social fabric engendered by the 1990s are an important aspect of the challenges faced by social policy. In each policy area, a number of different courses of action may be taken in response to these challenges. Thus Swedish welfare policy stands at an important crossroads at the beginning of the 21st century. The aim of the 14 reports that the Commission has presented is to further understanding of what the 1990s signified in this respect. Knowledge is an important basis for informed choice. Ultimately, however, citizens and political parties should be guided in their choices not by factual information alone but also by value judgements concerning different courses of action.

Introduction

In this report, the Welfare Commission presents, in accordance with its instructions, a balance sheet for developments in welfare in Sweden in the 1990s. The introduction which follows here outlines the Commission's assignment and the material upon which the final report is based. It also briefly describes the main conceptual standpoints and definitions of welfare which guided the Commission's work and some of the restrictions which we chose to make. It concludes with an outline of the structure of the Report.

The Assignment

The Commission was charged with describing and making a broad assessment of the changes in people's welfare which took place in Sweden in the 1990s. This investigation of individual and group circumstances was carried out against the background of the changes in structures and social support systems which also occurred in the same period.¹ A number of the issues which the Commission was required to explore are, or recently have been, the subject of public commissions of inquiry or are regularly reported on by Swedish public authorities. The Commission chose to devote less attention to those issues which are addressed elsewhere. The ultimate goal of the assignment was provide a solid basis for the discussion of the future direction of welfare policies. The political background is the turbulent decade marked by high unemployment, negative growth, public deficits, large waves of refugee immigration and in-numerous policy changes, as well as a deep

¹ Other aims of the Commission's work was to identify serious knowledge gaps and identify areas of research of particular relevance for social policy challenges in the future. These issues are dealt with in Parts II and III of the final report (SOU 2001:79) which are going to be made available in English in separate publications.

concern about the adverse welfare implications of these developments.

The Material

The work and publications of the Commission have been based on various sorts of material. The work was partly based on existing statistics, research reports and other inquiries. The major part was however based on different kinds of material that were commissioned directly for the Commission. The Commission produced data, summaries and analyses of its own. It also commissioned reports from researchers in a variety of disciplines and was furthermore supplied with material by a number of public authorities. Several analyses were commissioned from Statistics Sweden. Other reports were requested from the National Board of Health and Welfare and the National Social Insurance Board by the Ministry of Health and Social Affairs. The National Agency for Education provided summaries of educational developments in the 1990s at the request of the Ministry of Education and Science. All the material produced for or by the Commission as a basis for the final report has been discussed in seminars and examined by external experts.

The instruction in the terms of reference to present an interim report in January 2000 structured much of the work of the Commission. The first phase of this work was dominated by the attempt to provide a comprehensive overview of living conditions and social policy changes as well as their structural preconditions. This included analyses of living conditions of different population groups, of changes in all relevant policy fields and of important demographic and economic developments. The results were summarised in *Welfare at Crossroads* (SOU 2000:3). During the second phase of the work of the Commission, the background information for the interim balance sheet was published in four anthologies and two special reports.

In a third phase, a series of studies were launched that primarily focused on various kinds of problematic issues. This included a closer analysis of groups that had been faring less well over the decade, and an investigation of themes that had been identified as critical to an assessment of welfare developments over the 1990s. Much of the work was done within the Commission but a large

number of external researchers and experts also made vital contributions. Here, the importance of two new large surveys carried out during the year 2000 should not be underestimated. The fifth wave of the Swedish Level of Living Survey (LNU) was rescheduled (one year earlier) in order to contribute to the work of the Commission. Simultaneously, the first Level of Living Survey of Children (Barn-LNU) was launched to provide direct information on the welfare of children. The results of the research during this third phase were published in six reports during the summer of 2001.

The last phase in the work of the Welfare Commission included an update of the developments during the latter part of the 1990s and a compilation of the actual 'balance sheet for welfare'. The final report is thus based on the interim balance sheet (SOU 2000:3) which was presented to the Swedish government on 18 January 2000, on the rest of the material published in twelve other reports by the Commission and on material made available in other ways. The final report is also based on new analyses by the Commission of the Swedish Surveys of Living Conditions, a database discussed further below and documented in the Methodological Appendix, where moreover, a register of all the other material used can be found.

Welfare

The Commission defines *welfare* as the individual resources by means of which members of a society can control and consciously steer the direction of their own lives. In accordance with the Swedish tradition of welfare research, our assessment of welfare trends in the 1990s is based on an analysis of how circumstances developed for individuals. For this type of analysis we needed information about a whole range of living conditions such as health, education, work, economic circumstances, security, social relations, and political resources. We also needed information about people's access to the kinds of resources, such as care and financial support, which are supplied by collective institutions. By this we mean not only the public systems of the welfare state but also other kinds of collective bodies such as voluntary organisations, the family, and insurance and other companies. It is the view of the Commission that the value of institutions of this type

in terms of social welfare is ultimately determined by their ability to guarantee citizens the kind of essential resources which are necessary for them to be able to control and steer the course of their own lives. The Commission's definition of welfare was, further, based on the concept of man as an active being. Because people's views vary about what constitutes a good life, some of the differences between people's circumstances can be seen as resulting from the active choices they have made. This means that welfare, or the "good life", should only be defined indirectly. This – together with the fact that it is easier to define conditions characterised by a *lack* of welfare than welfare itself – also means that it is appropriate for us to focus on disadvantage or poor living conditions. In Chapter 1 we explain our definition of welfare in greater detail, as well as how it can be used to help us scrutinise the 1990s.

Balance sheet

A financial balance sheet consists of a summary of a company or association's receipts and expenditures during a certain period of time and a presentation of the state of the business's assets and debts at the close of the period. A balance sheet forms the basis for an assessment of a company's activities and thus for decisions about the direction it should take in the future. A balance sheet for welfare aims similarly to provide the basis for an assessment of the course welfare has taken and for decisions about the direction of future policies.

While a conventional balance sheet uses a monetary currency, a welfare balance sheet has to present developments in a number of "currencies", which moreover, are not convertible in the usual sense of the word. For example, poor health is synonymous with disadvantage even when people's financial circumstances are good. We will therefore regard people's resources as the 'currencies' which help us to describe the various dimensions of welfare. Our balance sheet gives more than a mere summary of access to and the distribution of resources generally; particular emphasis is placed on lack of resources, in other words, on the problems of disadvantage.

In spite of the obvious differences between conventional and welfare balance sheets, a number of the principles of traditional bookkeeping are useful when trying to summarise the welfare trends of the 1990s. A balance sheet should be a clear yet cautious

description of relevant factors. A balance sheet should not offer any explicit specifications or analyses of the causes of the observed results. On the other hand it is usual in an annual report to identify important events during the period in question which may have influenced the observed results. An annual report translated into a welfare context will describe the background against which the welfare trends should be viewed. For companies it is important to describe market developments and other changes in the outside world. For an analysis of welfare it is important to present both economic and demographic changes, for example new organisational structures in the areas covered by social policy.

One of the main principles of a balance sheet is that the factual description of circumstances should be clearly distinguishable from interpretations of these circumstances. Our aim has been to follow this principle and to base our presentation solely on information which we can reasonably judge to be academically sound and correct. Those passages in the text where we make an assessment of the material are clearly identifiable. All the Commission's members are academic researchers and a critical evaluation of the information upon which this report is based was of vital importance to our work.

A balance sheet is essentially a comparison of the situation at the beginning and at the end of the period it covers. This means that circumstances between these two endpoints are usually given less weight. However, it is obvious that we must take interim changes into account if we are to be able to use the balance sheet as a basis for prognoses. For the Commission's purposes it was clearly useful to highlight any obviously negative interim developments, even where levels of welfare were relatively similar at the two endpoints. There can also be good reason to identify any pronounced trends towards the end of the period in question which would not be picked up if one merely compared the endpoints. Finally, it is advisable to note the kinds of changes which must presumably have had an impact on people's disposal resources but which cannot be picked up because the period covered by the present study was too short.

A balance sheet usually refers to one financial year. Our balance sheet for welfare covers a considerably longer period – a whole decade. Our overall aim was to compare 1990 with 1999, but we were sometimes obliged to deviate from this principle because of a shortage of data. The availability of data for the year 2000 means

that we occasionally chose to extend the observation period. We did this where we judged that it would enable us to make a more useful contribution to the discussion about the future direction of social policy in Sweden. This was often the case where significant changes could be observed in the last few years of the decade.

Outline of the Report

The final report presents what we know, on the basis of reasonable evidence, about the course taken by welfare in Sweden in the 1990s. The main findings were summarised above in 'Welfare in Sweden: The Balance Sheet for the 1990s – Summary'. The rest of the report is divided into eight chapters and a methodological appendix. Chapter 1 elaborates the background and conceptual approach to the study of welfare that has been applied by the Commission. Chapters 2 and 3 present changes at individual level in the areas of health, education, work, economic circumstances, sense of security and social ties. Chapter 2 describes general developments for the population as a whole as well as the gender, social class and age differences that we have observed. This is followed by a description of the evolution of welfare resources in a number of vulnerable groups in Chapter 3. Chapter 4 summarises the assessment of individual living conditions. After this we discuss the fortunes of the institutions charged with improving people's resources and their action latitude. We first scrutinise that part of the welfare state which produces welfare services in Chapter 5, then the various income maintenance systems in Chapter 6. Chapter 7 summarises the institutional developments. The administration report presented in Chapter 8 discusses various structural preconditions and political decisions that have been of importance for the welfare outcomes described in the previous chapters.

1 Individual Resources and Institutional Changes

Some of the views about welfare which guided the work of the Commission and which were described above have their roots in the Swedish welfare research tradition (Johansson 1970, 1979). They strongly resemble other influential approaches used internationally in welfare research (cf. Sen 1985a; 1985b; Erikson 1993). The Commission's general aim has been to elaborate the description of welfare trends and adapt it to the circumstances which prevailed in the 1990s. This involved, for example, taking institutional circumstances into account more than is usual in an assessment of welfare developments at an *individual* level. To achieve our aims it was important to establish a number of principles, which must be set out here.

Our description of welfare in Sweden in the 1990s is based on individual resources and circumstances. We cannot study the direction taken by welfare in a society solely on the basis of aggregated measures of welfare such as GDP, since these cannot reflect the distribution of prosperity or reflect fundamental dimensions of people's lives such as health. Nor can the public transfers and services established by a country's social policy in themselves be regarded as welfare. Even if many people's welfare is heavily dependent on the shape of a society's social policy, it is the Commission's view that the ultimate worth of these systems is decided by whether they are able to guarantee citizens the kind of basic resources which we set out in our chosen definition of welfare.

As indicated above, the Commission based its work on the view that welfare, or the "good life", can only be defined indirectly, because people have differing ideas about what constitutes a good life. What is easier to reach a consensus about are the negative circumstances which pose a threat to a good life. More precisely one might say that whereas it is fairly easy to identify undesirable

circumstances through empirical study, ideal states cannot be defined by this means (cf. Allardt 1975).

An important principle behind our definition of welfare is that it views man as an active being, capable of making his or her own decisions if given the resources to do so. This makes it important when studying welfare development to look not only at the issue of resources but also at that of action latitude. The freedom to achieve one's full potential is decided at the interface between the individual's resources and his or her ability to use these as he or she wishes, for example by allowing access to arenas where the resources can be used (Coleman 1971; Sen 1985a, 1985b). At a general and theoretical level it is appropriate to include the concept of freedom in our definition of welfare. On the other hand, it is not easy to tackle the issue of freedom in empirical research. It is easier to study the lives people actually lead than the lives they might have led. Which leads us to conclude that some factors associated with welfare wholly or in part elude empirical description. The circumstances we describe are actually resources – in other words they are the means by which people can shape their lives. At the same time, however, living conditions at one point in time can also be seen as a consequence of the resources a person had at her disposal earlier in life.

A further important characteristic of the Swedish welfare research tradition is the desire to distinguish many different dimensions of welfare. This tradition defines a number of factors such as health, education, work, economic circumstances and social ties as resources of fundamental importance for people's ability to consciously steer the direction of their own lives, while the concept of welfare is used as a collective term. The Commission shares the established view that welfare cannot be summarised in one single, simple measure or indicator. It does not appear to be possible to compare and ultimately rank everyone according to one single scale of disadvantage. This is due to the fact that there is no common yardstick by which different types of resources can be measured. In other words, it is only possible to study the direction taken by welfare as a whole if we analyse trends in a number of areas.

The fact that it is not possible successfully to combine the different aspects of welfare into a single measure does not invalidate analyses of the interrelationship between different dimensions of welfare. It might be truer to say that this kind of analysis is highly important, because experiencing two or more forms of dis-

advantage simultaneously is in a sense a reflection of how disparate aspects of social welfare relate to each other at an individual level. By observing cumulative disadvantage among certain groups of individuals we can gain a better overall picture of social inequalities; it may also help us to explain social changes of various kinds (Fritzell & Lundberg 2000).

It is important to make clear here that the interrelation between different aspects of welfare is both a pure research issue and one that involves value judgements. Thus, determining what aspect of welfare is most important for people is a question where the individual citizen is expert. How we should prioritise different fields of social policy is an issue about which there are many differing views and which must ultimately be decided by the democratic process. In terms of research, this matter touches upon questions concerning patterns of influence: how does low income affect health? How does ill-health influence your ability to determine your own income and consequently your economic welfare? It is also possible that research findings about the relationship between economic circumstances and health, for example, are important for our views on how welfare policy initiatives should be prioritised. Direct issues of political priority are, however, outside the remit of the present report.

It is important to point out here that the welfare dimensions which the Commission chose to study and the order in which they are presented in the report are far from being a definitive choice. Rather, the issues highlighted here can be used as points for discussion in the democratic debate about welfare and welfare policy. Further, more research is needed into the causal relations between different dimensions of welfare and how existing social support systems influence people's welfare and action latitude. The choice of welfare dimensions addressed in the report should not be seen as a definitive answer to the question of what exactly should be included in studies of welfare. Yet we can note that there is a fairly high level of consensus among welfare researchers, irrespective of their preferred theoretical approach, about the specific areas which should be addressed if we want to achieve a broad description of welfare.

The changes in welfare which took place in Sweden in the 1990s are intimately linked to work and people's ability to support themselves. The rapid rise in unemployment and fall in employment levels were of direct consequence for the many hundreds of

thousands of people who lost their jobs. Work and working life are important dimensions of welfare for working people – both in terms of the job itself and its consequences for stress and health, and in terms of its rewards. From a gender perspective the increase in unpaid work is a very important feature of the course taken by welfare in the 1990s, not least in the light of the changes which took place in the publicly-financed welfare services. There is hypothetically a link here with issues of stress and health as well as inter-generational relations. Knowledge and education were also important resources in the 1990s. All this indicates that a welfare balance sheet for the 1990s based on a scrutiny of individual resources must of necessity take a whole range of social resources into account.

Many of the difficulties and challenges all of us face in life are difficult to cope with without support. Growing up and finding work, starting a family and bringing up children, and coping in the face of illness and old age are all examples of such challenges. Consequently, the systems established by the welfare state to provide childcare, education, medical care and old-age care, and transfers such as child allowances, sickness benefits and pensions, are important resources for all of us. When we assess the levels and development of welfare in society we must therefore include collective resources of this kind. In concrete terms this means, for example, that the quality and accessibility of welfare services and insurance systems – and not solely the health and income of individuals – must figure in an analysis of welfare.

While the citizen-based theoretical approach of traditional Swedish welfare research is open to this, theoretical discussions rarely take up the meeting between the citizen and the welfare state, and few instruments have been developed to measure or evaluate this meeting. Although issues such as care utilisation, levels of education and electoral participation feature in much research, the actual institutions of the welfare state are significantly absent from both data and analysis. This is regrettable because the economic transfer and welfare systems can both be regarded as resources. Firstly, transfers and services are naturally of value to the people who use and benefit from them. Secondly, they are also a potential source of security and a resource for those who do not use them, in the same way as an insurance policy is. Thus a high-quality health service available to all is a collective resource for all members of society. The large number of changes which took place

in both public and private welfare institutions in the 1990s make it particularly important to highlight changes in individual resources as well as more collective types of resource in a welfare balance sheet for the 1990s.

After decades of more or less unbroken expansion, the 1990s saw a whole wave of decisions and measures aiming to limit the growth of the Swedish welfare state – even though some expansion did continue and there was some restoration of earlier cuts. There were a great many changes in welfare services and support systems. The Commission tried to describe and scrutinise the nature of the changes with regard to resources, focusing on accessibility and quality. However, too little is known about the relationship between the financing, organisation and staffing of the social service and transfer systems on the one hand and accessibility and quality on the other. The Commission therefore chose to describe changes in social policy from a variety of angles.

Changes in resource allocation are one of the issues we look at in the present report. Wherever possible we present such developments in relation to observed changes in levels of need. It was also our ambition to identify the distribution of resources, and we sought to describe how various factors, including changes in regulations, affected the accessibility and nature of both income maintenance and social services.

Social policy research and debate often focus on public expenditure. Trends in public expenditure are undoubtedly of crucial importance, but we should bear in mind the fact that public expenditure levels are the result of a number of often interacting factors. The cost of welfare programmes is influenced not only by legislation but also by demographic factors and the economy. Thus when we study changes in the systems of social protection, expenditure levels are only an indirect indication of welfare developments. For this reason the Commission looked at indicators of accessibility and quality in the welfare services (for example staffing levels, the proportion of people with access to services and the number of completed treatments) in addition to resource allocation (expenditure) for welfare services and transfer systems. In our description of transfer systems in Sweden we use indicators such as compensation levels, degree of coverage, and qualifying periods to help us analyse quality and accessibility.

Finally, the Commission chose first and foremost to concentrate on circumstances as they are observed to be (a descriptive

approach) rather than on the individual's degree of satisfaction with his or her circumstances (a subjective approach). Since the Commission's work concentrated on resources rather than need, it was natural to highlight people's actual circumstances rather than ideas about these.

2 Individual Resources I: General Changes

In this Chapter, in accordance with the principles set out above, we will look at developments in welfare in a number of different areas, namely health, education, work, economic circumstances, social ties, sense of security, and political resources. We will conclude by looking at cumulative disadvantage, in other words situations where people experience a lack of a number of resources simultaneously.

Our primary task was to describe developments in welfare in the 1990s. The Commission has presented detailed analyses of these changes in a number of earlier reports. These analyses use a fairly advanced methodology and reflect the overall developments of the 1990s. The summary contained in this final volume is based on the findings of these analyses. We have chosen to keep to the idea of the balance sheet as closely as possible. This means that we will describe the developments of the 1990s on the basis of information about circumstances at the beginning and at the end of the decade.

A further important undertaking was to describe the *distribution* of resources between different groups in the population, as well as whether (and in which case, how) the nature of this distribution changed in the course of the 1990s. The choice of groups to focus on was not entirely a matter of course, although the Government's terms of reference for the Commission does give some guidance: "The Government sees it as important to describe developments in welfare for women and for men, for different socio-economic groups, and from a life-cycle perspective." (Dir. 1999:7, p. 3). This is in line with a strong tradition in Swedish welfare research, whereby analyses of social disadvantage follow the classic lines of conflicts over distribution in society. *Gender* is obviously one of the important categories. The differences between the opportunities and circumstances of men and women are increasingly a matter for public concern and it is important to highlight them.

Differences between the circumstances of different *social classes* have also long been at the focus of political debate. Fundamental differences in the circumstances of manual workers, farmers and salaried employees, both at work and elsewhere, existed throughout the 20th century. Even though one might imagine modern working life to differ fundamentally from that of early industrial society, where the concept of class has its origins, many of the deeply-rooted differences between manual workers, salaried employees and entrepreneurs have survived. We have tried wherever possible to allocate everyone to a social class. Because class position is based on occupation, people who were not gainfully employed were usually classified according to previous occupation, while father's or mother's occupation was used for people who had not yet started to work.

We also looked at differences between broad *age groups*, which roughly correspond to people's place in the life cycle. Age was replaced by *birth cohort* in our analyses of education. Gender, age and class all have the character of broad social strata. An alternative strategy was to describe developments in narrower or especially vulnerable groups, such as single mothers, young people, those born outside Sweden, and people with disabilities. This approach is used in Chapter 3.

The conclusions we present are chiefly based on the *percentage of people who experienced disadvantage* at the beginning and at the end of the 1990s, as demonstrated in our tables. This gives a sound basis for describing the state of welfare in society, which is the main purpose of this welfare balance sheet. These percentages are less useful for more analytical purposes, for example the question of how important age composition is for gender or class differences. For such purposes, multivariate analyses, which separate the effects of age, gender and class structure, must be performed. Analyses of this kind are well represented in the Commission's previous publications; together with supplementary analyses for 1990–91 and 1998–99, they provide the basis for this final report. Where differences between groups or changes in levels of disadvantage are caused by the group's composition, we discuss this in our commentary. Fluctuations in welfare during the 1990s will be discussed in a similar way.

The figures presented here are taken largely from our own analyses of Statistics Sweden's Surveys of Living Conditions (ULF). The surveys for 1990 and 1991 were used to analyse the situation at the beginning of the 1990s, while 1998 and 1999 were used for the end of the decade. These four surveys include a total of 23,483 people aged 16 to 84. In addition, information from Statistics Sweden's income distribution surveys was used. Any other sources used are given at the end of each respective section.

The present Chapter describes changes in welfare in Sweden with respect to health, education, work, income and economic circumstances, social ties, sense of security, and political resources. It concludes with an analysis of cumulative disadvantage, over time and individuals.

2.1 Health

Health is an important ingredient of everyone's life and welfare. Ninety percent of people questioned about the relative importance to them of a variety of issues will answer that health is highly important (Holmberg & Weibull 2001:20, see also Gillström 2001). Good health is valuable in itself, since illness and injury are usually associated with pain and suffering. But health is also an important resource, because impaired health not only causes suffering but also frequently affects people's functional ability, and consequently their ability to work, earn a living and generally "control and consciously steer their own circumstances" (Johansson 1979:52). Society invests considerable resources in counteracting ill-health and its consequences, both directly via the health services and more indirectly via sickness insurance, invalidity pensions and the like.

Important as health may be, it is nevertheless difficult clearly to define what it actually is. Attempts have been made to define *health*¹, yet most of the techniques which have been developed to measure it are in fact constructed to identify *impaired health or ill-health* in one way or another. Thus in practice health is usually defined negatively, as the absence of health problems or as mortality per 100,000 of the population.

¹ The most well-known definition of health is probably the one launched by the WHO in 1946: "Health is a state of complete physical, mental and social well-being, not just the absence of illness and weakness". By this definition, health is an almost unrealisable ideal state, which paradoxically enough runs the risk of leading to a kind of medicalisation, whereby a very large number of undesirable social circumstances are regarded as illnesses.

In terms of mortality, the health status of the Swedish population generally improved in the 1990s. Age-standardised mortality fell for both men and women (Table 1). Women's mortality was considerably lower than men's, and in percentage terms the differences between men and women remained constant – men had a 60 percent higher mortality than women. However, the absolute gap, that is the difference measured as number of deaths per 100,000, narrowed.

Table 1. Age-standardised mortality (no. of deaths per 100,000) and infant mortality (no. of deaths per 1,000 live births), men and women, at the beginning (1990) and at the end (1999) of the 1990s

	Mortality	
	Beginning	End
<i>Age-standardised mortality</i>		
Women	934	833
Men	1 483	1 291
<i>Infant mortality</i>		
Girls	5.3	2.7
Boys	6.6	4.1

Source: National Board of Health and Welfare 2001a and 2001b.

Infant mortality also fell in the 1990s – from a level which in international comparison was already very low. In 1990 there were 5.9 deaths during the first year of life per 1,000 live births; the corresponding figure for 1999 was 3.4 (boys and girls together). However, as can be seen from the table, the gender difference in mortality found among adults also exists for deaths in the first year of life. In absolute terms mortality fell as much for boys as for girls in the 1990s. This means that gender differences remained constant in an absolute sense, but increased in relative terms.

Mortality is also unevenly distributed between social classes, something which becomes clear when we analyse mortality and class or mortality and level of education (SFR 1998). Statistics about social differences in mortality are not compiled or published on a routine basis, so it is difficult to say whether class differences in mortality changed in the 1990s. However, analyses based on mortality for the period 1981 to 1996 indicate that trends in mor-

tality among working-class women were poorer than for other social groups (SFR 1998).

Mortality is in many ways a good indicator of ill-health in the population; one major drawback, however, is that it does not convey the full spectrum of ill-health. Many diseases and health complaints cause suffering, reduced functional ability and day-to-day difficulties but are not usually life threatening. If we look at self-rated health and at information about fear, unrest and anxiety as well as long-standing illness we get a considerably gloomier picture of health trends in the 1990s (Table 2).

Table 2. Ill-health. Percentage of people with self-rated ill-health, long-standing illness, and fear, unrest and anxiety at the beginning of the 1990s (1990–91; for fear, unrest and anxiety 1988–89) and at the end (1998–99)

	Self-rated ill-health		Long-standing illness		Fear, unrest, anxiety	
	Beginning	End	Beginning	End	Beginning	End
Population aged 16–84	25	25	42	46	12	18
Women	28	28	45	50	16	23
Men	23	22	40	43	8	14
16–29	11	13	24	29	7	18
30–49	17	18	31	35	11	18
50–64	35	29	54	55	15	18
65–84	46	45	73	77	19	19
Senior salaried employees	12	14	29	37	7	15
Intermediate salaried employees	15	17	32	41	10	15
Lower salaried employees	22	24	40	51	13	19
Skilled workers	27	28	44	47	9	15
Unskilled workers	35	34	52	55	16	23
Self-employed	28	25	46	46	12	17

Ill-health in the Swedish population remained unchanged if we look at self-rated ill-health but deteriorated if we look at the numbers of people reporting at least one long-standing illness or fear, unrest and anxiety.

Self-rated health is commonly used to obtain an overall picture of health status. We unfortunately encountered difficulties with comparability over time for levels of self-rated health in the ULF

data.² However, analyses of other datasets³ indicate that the amount of self-rated ill-health increased during the 1990s, from 23 to 27 percent of the population aged 18 to 75 (see Neramo & Stern 2001).

Long-standing illness is also an indicator which picks up a wide variety of health complaints, and if we look at this indicator we find a very obvious rise in levels in the population. If, on the other hand, we only consider serious long-standing illnesses, no such rise is observable. It was thus illnesses of a less serious nature which became substantially more common in the 1990s. One health complaint which became markedly more common was poor mental well-being in the form of fear, unrest and anxiety. Levels of this rose by 50 percent between the end of the 1980s and the end of the 1990s.

Ill-health is highly unevenly distributed in the population. It is generally more common among older people than among younger ones. It is more common among women than men and more common among manual workers than among salaried employees. These differences remain when the composition of the groups has been adjusted for, which means that the differences which can be seen in Table 2 cannot be attributed, for example, to a concentration of older people among manual workers or women.

The distribution of health across different groups of the population seems to have shifted in the 1990s. This is most obviously the case for age differences, where, for example, age differences in the prevalence of fear, unrest and anxiety seem to have disappeared completely. In 1990–91 this problem was clearly more common among older people; by the end of the decade it was equally common in all groups. One can see this as a negative levelling out – in other words, differences diminished because of a deterioration in the group which previously had the best health, namely the young. A comparable trend can be seen for social class differences in health, where a levelling out took place in the 1990s because of a relatively greater rise in fear, unrest and anxiety among salaried employees than among manual workers. The trend for long-standing illness is also similar.

² Since the 1996 survey, five rather than three response alternatives are used. The questions which together form the group about ill-health have been changed from two of three to three of five. They therefore constitute a smaller proportion of the possible answers, which can give rise to an underestimation of 1998–99 in relation to 1990–91.

³ The Level of Living Surveys for 1991 and 2000 where the choices remained unchanged.

Thus the 1990s saw a rise in health complaints and a fall in mortality. This is not as contradictory as might at first appear. Firstly, the majority of deaths (just under 70 percent) occur among those aged 75 or over. Even though a number of illnesses and health complaints become more common with increasing age, mortality – much more than morbidity – is concentrated among the very oldest in the population. Secondly, many of the health complaints reported in interview surveys are not life threatening. The rising levels of reported ill-health must clearly be seen as a negative aspect of welfare changes in the 1990s, even as mortality rates fell.

2.2 Educational resources

A good education is more than just an important labour market resource; it also generally makes it easier for individuals to control their own lives. Education is possibly the most valuable individual resource when it comes to playing a full role as a citizen and understanding the society in which we live. Education for young people expanded greatly in the 1990s; in addition the proportion of young people going on to higher education also increased sharply. The 1990s also saw a substantial expansion of municipal adult education (SOU 1999:39), not least in the shape of the so called “Adult Education Initiative” (Kunskapslyftet), a large scale programme which was introduced by the government in the summer of 1997 with the aim of helping to reduce unemployment and stimulate growth through education. The number of students enrolled in adult upper-secondary education was twice as high at the end of the decade as it was at the beginning.

A low level of education can be an obstacle to getting a job. Yet at population level it is difficult to see low education as a direct indicator of low welfare. The proportion of people with only a basic education covaries strongly with year of birth; over time older birth cohorts have been replaced by younger ones which are generally more highly educated. Thus the proportion of the population with only compulsory education is gradually diminishing – at the end of the 1990s just under a quarter of those aged 19 to 84 have had only completed basic, compulsory education.

So education, in part at least, can be seen as a relative resource, and there are a whole number of theories about the role of education in the labour market which can be said to be founded upon this

assumption (see, for example, Arrow 1973; Thurow 1975). The fact that people in their twenties today are generally more highly educated than people aged 55 or over does not, therefore, necessarily mean that it is easier for them to establish themselves on the labour market or that they are better able to exercise control over their own lives. Accordingly, it is more meaningful to compare people's level of education within the same age group.

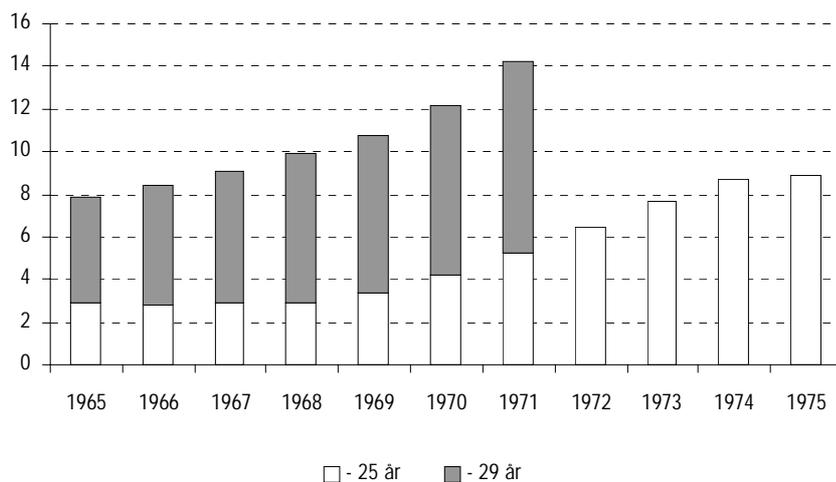
Table 3 presents changes in the proportion of adults with a low level of achieved education in different birth cohorts. These were chosen so as to include everyone aged 20 to 60 on each interview occasion. As can be seen, the proportion fell not only in the younger birth cohorts but also in the relatively high age groups. Yet the difference between the early and late birth cohorts is great. It is perhaps not so surprising that there are highly pronounced differences in level of education between social classes. Yet it is becoming increasingly uncommon in all social classes only to have completed the basic compulsory education. This is explained not only by the fact that younger generations are replacing older ones, but also to some extent by the expansion of adult education in recent years.

Table 3. Education. Percentage of those aged 20 to 64 with only basic compulsory education or less at the beginning (1990–91) and end (1998–99) of the 1990s

	Low education	
	Beginning	End
Population aged 20–60 år	22	15
Women	21	14
Men	23	16
1931–1938	43	–
1939–1946	30	29
1947–1954	18	18
1955–1962	14	12
1963–1970	12	9
1971–1978	–	8
Senior salaried employees	5	2
Intermediate salaried employees	8	5
Lower-ranking salaried employees	19	17
Skilled workers	21	15
Unskilled workers	37	29
Self-employed	32	20

As we mentioned earlier, the 1990s saw a rapid expansion of higher education, which meant that the numbers of people embarking upon and completing higher education in the younger birth cohorts increased greatly in the course of the decade. Figure 1 shows the proportion of people born between 1965 and 1975 who had a university degree at the age of 25. The figures demonstrate a very steep rise, with over 8 percent of those born 1974–75 gaining degrees, while the figure for those born in 1965 is only 3 percent. The figure also shows comparable percentages at the age of 29 (for obvious reasons only for people born 1965 to 1971). The same trend is observable here. Some 12 to 14 percent of those born in the early 1970s had university degrees, which is not only higher than among those born in the 1960s but also clearly higher than the comparable figures for people born in previous decades. Similar trends are also observable when one looks at transition to higher education. The proportion of people embarking upon degree-level studies rose substantially and is of course considerably higher (nearly 40 percent of those born in 1974 had started higher education by the age of 25).

Figure 1. Percentage of university graduates (at least 3-years of study) by year of birth, 1965–75



Source: National Agency for Higher Education 2001.

A gender difference in the uptake of higher education also emerged in the 1990s and became increasingly more pronounced. Thus the trend demonstrated in Figure 1 is considerably stronger for young women than for young men. There were no gender differences in the numbers of people born in 1965 who had degrees at the age of 29; among those born in 1971, however, the share with a degree was 5 percent higher among women. In other words, there were more female than male students in higher education. Here it should be pointed out that gender segregation in Swedish higher education is still very pronounced. As for changes, the 1990s witnessed a clear increase in the numbers of women studying technical subjects, but also a marked fall in the numbers of men training to become teachers.

An issue of key interest when studying inequality in education is the extent to which people's educational choices and achieved level of education vary according to parental social position, usually measured by social class (see Erikson & Jonsson 1993). Previous research has indicated that class inequality in recruitment into higher education seemed to fall somewhat over most of the 1990s. However, as the authors (Gustafsson, Andersson & Hansen 2000) point out, these findings could largely be an effect of the deterioration of the labour market caused by the recession, which means that the findings should be interpreted with caution. Social selection into higher education is normally a phenomenon which demonstrates only very slow changes (see Jonsson & Erikson 1997).

2.3 Work, working conditions and wages

Many of the changes in welfare trends observed for the 1990s are linked in one way or another to working life. The most fundamental issue of all – whether or not one has a job – was strongly affected by the dramatic developments of the first years of the decade. Employment rates fell greatly in a very short time and Sweden moved from full employment to mass unemployment. This had widespread consequences, and the Commission has already described this process and its ramifications elsewhere (see for example Lundborg 2000; Åberg & Nordenmark 2000; Korpi & Stenberg 2001).

Alongside unemployment, work and the nature of working life are important constituents of welfare for working people – both

the nature of the work itself, its consequences in terms of stress and health, and also the rewards (for example pay or status).

In spite of the upswing in employment levels which took place at the end of the 1990s, the proportion of the population aged 16 to 64 in employment was considerably higher at the beginning of the decade (see Table 4). As can be seen, the proportion of people in paid employment in this age group fell from 81 to 73 percent. If one restricts the age group to those aged 20 to 64 the level obviously becomes higher, but the differences over time and between groups remain largely the same.

It is important to mention two “non-events” of the Swedish labour market in any discussion of the effects of the recession on employment in different groups of the population. Firstly, the employment crisis did not lead to women leaving the labour market to become housewives again. In other words, the drop in the numbers of people in gainful employment was as great among men as among women. The other non-event concerns the effect of the crisis on older members of the workforce. As can be seen from Table 4, there is no evidence that older people were pushed out of working life as a consequence of the crisis. In fact, the table indicates that the percentage drop was smallest for those aged 50 and over.

The fall in employment rates was also clearly class-related, in that it was significantly greater among manual workers than among salaried employees. The fall in employment levels was probably also class-related in the sense that it strengthened the transformation of the class structure which had already been under way for a long time. A consequence of this is that salaried employees outnumber manual workers today, which was not the case at the beginning of the 1990s (Fritzell & Lundberg 2000).

Table 4. Employment. Percentage of those aged 16–64 who were employed^a or seeking work^b at the beginning (1990–91) and the end (1998–99) of the 1990s

	Employed		Seeking work	
	Beginning	End	Beginning	End
Population aged 16–64	81	73	4	8
Women	79	70	4	9
Men	83	75	4	8
16–29	68	52	6	10
30–49	92	85	3	8
50–64	78	74	1	6
Senior salaried employees	84	76	4	3
Intermediate salaried employees	83	78	3	7
Lower-ranking salaried employees	84	77	4	9
Skilled workers	82	69	4	12
Unskilled workers	82	71	5	13
Self-employed	84	76	1	3

a The “employed” are those aged 16–64 who reported that they were either in employment, were self-employed or helping out in a family business or farm the previous week (leave of absence included).

b “Jobseekers” were all those aged 16–64 who reported that they were unemployed, seeking work or waiting for work the previous week.

A number of far-reaching and much discussed changes for working people took place in the 1990s. One such change was in the nature of employment contracts, with temporary forms of employment becoming increasingly common. It is too early to say whether this is a long-term trend or whether it was simply a phenomenon of the 1990s.⁴ When it comes to working conditions attention has increasingly come to focus on mental well-being, at the expense of physically-demanding working conditions. Table 5 shows one indicator for each of these aspects of the work environment. It indicates that physically demanding work has become slightly less common even if the reduction is not particularly dramatic. Physically demanding work – as defined here – is somewhat more common among women and young people. Above all there is a very strong class dimension to this issue, with the number of

⁴ Le Grand, Szulkin & Tahlín (2001) focus on other dimensions of the nature and duration of employment contracts where the changes were very small. This gainsays the idea that we now have an entirely new kind of labour market with casual forms of employment.

manual workers in physically demanding jobs as high at the end of the decade as at the beginning.

Table 5. Working conditions and wages. Percentage of employed aged 16–64 with physically demanding^a or stressful jobs plus median hourly wages^b (in 2000 prices) at the beginning (1990–91) and the end (1998–99) of the 1990s

	Physically demanding work		Stressful work		Median hourly wage (in SEK)	
	Beginning	End	Beginning	End	Beginning	End
Employed aged 16–64	37	34	63	70	85	104
Women	39	36	64	73	78	98
Men	34	31	62	68	93	112
16–29	48	41	60	70	75	92
30–49	33	34	66	72	87	108
50–64	31	28	61	68	88	107
Senior salaried employees	8	5	74	77	119	144
Intermediate salaried employees	17	16	66	75	93	110
Lower-ranking salaried employees	17	18	64	70	79	98
Skilled workers	55	58	58	69	85	101
Unskilled workers	60	58	57	65	75	91
Self-employed	40	41	66	65	–	–

a Physically-demanding work means repeated and monotonous movements and a working position that is bent, twisted or unsuitable in some other way or heavy lifting on a daily basis.

b The figures for median hourly wage were obtained from the Level of Living surveys carried out by the Institute for Social Research and are for 1991 and 2000.

The incidence of stressful work increased greatly in the 1990s, as it did for many other indicators of psychosocial working conditions. Here too a negative trend among women can be observed, one which is, moreover, growing. The incidence of stressful work increased in all social classes but was higher among salaried employees than among manual workers. The Commission has previously presented research which analyses in detail developments in the psychosocial work environment in the 1990s (see for example Bäckman 2001; le Grand, Szulkin & Tählin 2001a). These studies demonstrate fairly clearly that the deterioration was strongest in the welfare service sector (school, health care and care services) as well as in a number of other service sectors (where women are overrepresented). Not least, there was a substantial rise

in the numbers of jobs with high physical demands and a low degree of autonomy, i.e. negative stress. This can be seen as a welfare problem in a variety of ways. Working conditions of this kind are of course undesirable by definition, but research has also shown that negative stress is clearly associated with a large number of forms of ill-health. In addition, negative stress can jeopardise the quality of the welfare services and thereby affect those who use them, chiefly children, the ill and the elderly.

Where pay is concerned it is apparent that real wages rose rapidly in the 1990s (see Table 5). Median wages rose by 22 percent between 1991 and 2000, which far exceeds the increases of the 1980s. This trend is remarkable given the great fall in employment of the early part of the decade. Wage differences between men and women diminished, as can be seen in Table 5. Yet if education and other factors which usually affect pay are taken into account then the reverse seems to be the case (le Grand, Szulkin & Tählin 2001b). This has a simple explanation: the rise in women's levels of education has not been accompanied by a corresponding rise in levels of wage. Class differences in pay remained largely unchanged between 1991 and 2000. Two further changes are also noteworthy. One is that pay differentials at the top of the pay spectrum have grown, partly as a consequence of increased managerial incentives. The other change is the strong relative decline in public sector salaries.

All in all, the proportion of people in work fell considerably in the 1990s, despite the upturn at the end of the decade, while real wages for those in employment rose sharply. With one important exception, nothing much happened in the 1990s to the wage differences between the broad groups we have discussed here. That exception is the dramatic worsening of relative wage levels for public sector employees (first and foremost women in nursing, the care professions and education).

2.4 Income and economic resources

The dramatic changes which took place in the Swedish labour market in the 1990s had clear ramifications for people's income and economic resources – about that there can be no doubt. The first half of the decade witnessed a rapid decline in median disposable household income, and it was not until the last year of

the decade that the real levels which applied in 1991 had been re-established. On the other hand, changes in income distribution were very small in the first half of the decade, but income differentials increased in the second half.

In Table 6 we present changes in income distribution by showing the income level at the bottom (P10) and top (P90) of the income distribution in relation to the median income (P50) at the beginning and at the end of the 1990s.⁵ A reduction in the P10/P50 ratio indicates an increase in income differentials – in the sense that people with low incomes have lost ground in relation to those in the middle of the distribution. An increase in the P90/P50 ratio indicates that differentials have increased, in this case as the result of a rise in the income gap between those with high incomes and those with average incomes.

Table 6. Relative changes in income inequalities in the upper and the lower parts of the income distribution. Low incomes (P10) and high incomes (P90) in relation to median income (P50), at the beginning (1991) and the end (1999) of the 1990s. Percent

	Income inequalities	
	Beginning	End
Low incomes (P10/P50)	65.0	64.4
High incomes (P90/P50)	162.4	174.4

The table demonstrates that the income-level of those with a low-income in relation to the median income remained unchanged when we compare the beginning with the end of the decade. In contrast, those with high incomes pulled ahead even further in the 1990s. A number of clear fluctuations took place in the interim period. During the initial phase of the economic recession, changes at the lower end of the income distribution indicate, if anything, a levelling out of incomes, even though there was virtually no change

⁵ This is done by firstly ranking all individuals according to income. The 10th percentile value (P10) then corresponds to income at that point in the distribution where 90 percent have higher incomes and 10 percent lower. Correspondingly, P90 is the level of income where 10 percent have higher and 90 percent lower incomes. The ration (P10/P50) therefore relates income at the 10th percentile to the median value, while the ratio (P90/P50) relates income at the 90th percentile to the same median value.

in the P90/P50 ratio (not shown in the table).⁶ The second half of the decade the trend was towards greater income differentials, resulting chiefly from an increase in the differences between those with very high incomes and those in the middle of the income distribution. This reflects changes at the top of the income distribution. An important contributory factor is the increase in income from capital among those with very high income.⁷

The real average disposable income of Swedish households was largely identical in 1991 and 1999 (see Table 7). Yet, as we mentioned initially, it fell steadily until 1995, and even in 1998 income levels were still clearly lower than at the beginning of the decade. This may seem surprising, given the strong increase in real wages which we presented in section 2.3. So it is important to note that what we are presenting here is disposable household income for the *total* population – in other words, we include those with no income at all as well as a variety of forms of income such as income from capital and benefits. We have also taken taxation into account. Our findings thus demonstrate that for a number of reasons, wage trends do not necessarily have to agree with the income trends observable for the population as a whole.

If we now turn to class differences it appears that these, like wage trends, did clearly exist but were relatively constant in the 1990s.⁸ The same holds true for differences between men and women. These are almost non-existent in Table 7 because the table demonstrates disposable income at household level. Gender differences in income at individual level, on the other hand, were still considerable and diminished only marginally in the course of the 1990s (see for example Fritzell & Lundberg 2000; SCB 2001). As can be seen from the table, widespread changes in the age structure of income and economic resources took place in the 1990s. The drop in income is most obvious among the very youngest, but as the table demonstrates, average incomes also fell for those aged between 35 and 54, even as the older part of the population enjoyed a rise in average income.

In terms of social policy it is the incidence of low income that is particularly interesting. The 1990s saw a slight increase in the proportion of the population with a very low income. The relative

⁶ The exception was 1994, when changed taxation regulations gave rise to unusually high capital gains.

⁷ Income composition and the way the differentials affected social insurance, benefits and taxes are presented in Chapter 6.

⁸ The class differences in the table refer only to gainfully employed in the age group 20 to 64.

income restriction used in Table 7 remained at the same level in the later years of the decade. Taken over the entire decade the rise was fairly modest, but it is also evident if we instead use the previous social benefit levels as the norm for low income. Changes in the numbers of people with low incomes in different age groups follow the same pattern which we saw for median income. Numbers increased in our three youngest age groups and fell in the two older groups. These shifts in age also indicate that the circumstances of families with children worsened in the 1990s and that their income development was generally poor during the decade.

When we compare more specific groups of the population we find that the risk of having a low income varied greatly. We will return to this in Chapter 3. What can be noted here, however, is that the last year of the decade witnessed a recovery for those groups whose incomes suffered most in the 1990s. This suggests that the economic revival and the fall in unemployment also benefited these groups after years of lagging behind. However, this recovery started from a very low level of income and they have yet to catch up.

Table 7. Incomes and cash margins. Equivalent disposable income^a, median incomes in 2000 prices, percentage of those with low disposable incomes^b and of those who lack a cash margin^c in the population^d. Incomes for 1991 and 1999, cash margins for 1990–91 and 1998–99

	Equivalent disposable income, median (SEK 1,000)		Low income (under 60 % of median income in the population)		Lack of cash margin	
	Beginning	End	Beginning	End	Beginning	End
Population	126	127	6.8	7.5	12	15
Women	122	124	7.0	7.7	15	19
Men	130	130	6.5	7.3	10	12
18–34	126	124	8.4	11.8	18	20
35–44	130	126	5.1	6.1	13	18
45–54	163	154	2.9	3.9	7	15
55–64	161	166	2.9	2.4	8	10
65–	106	117	7.9	4.8	12	12
Senior salaried employees	187	190	0.7	1.0	3	3
Intermediate salaried employees	160	163	1.3	1.7	5	6
Lower-ranking salaried employee	151	155	1.5	1.4	8	12
Manual worker	135	136	2.3	2.8	16	20
Self-employed	125	136	16.5	14.8	5	7

- a Equivalent disposable income is based on total household income after transfers and taxes. In order to be able to compare the incomes of households of different sizes and composition, income is adjusted by a factor which varies according to the characteristics of the household in question (see Jansson 2000 for further details). Data source: Statistics Sweden's income distribution surveys.
- b Percentage of people living in households whose equivalent disposable income is less than 60 percent of the median income for that year. Data source: Statistics Sweden's income distribution surveys.
- c Percentage of those unable to obtain a particular sum of money (SEK 14,000 1999) within one week. Data source: Statistics Sweden's ULF-surveys.
- d Social class income is based entirely on employed persons aged 20–64, while figures about cash margin are based on the entire population aged 16–84.

Information about annual income is not enough to help us understand people's economic circumstances fully. It therefore helps also to look at economic vulnerability by asking people directly about their financial circumstances. In Swedish level of living research the concept of cash margins, or rather the lack of these, is often regarded as an important indicator of limited resources and has frequently demonstrated an association with other negative outcomes. Having enough money to cover an unforeseen expense – or the ability to obtain it easily – is without

doubt regarded by many as a highly important ingredient of security in their lives.⁹

This and other indicators demonstrate clearly that a shortage of economic resources became more common in the 1990s. It is interesting to note that there are sizeable gender differences here, something which indicates that partners/spouses do not give the same answer to this question (see Fritzell 1999). The cash margin indicator also reflects income trends for different age groups fairly well. It is interesting to note that the self-employed, despite their low levels of income, do not report a shortage of cash margins.¹⁰ On the other hand, manual workers do have a considerable excess risk of economic vulnerability when measured in this way, and this risk increased in the 1990s.¹¹

Wealth and housing expenditure

In a balance sheet for welfare it is of obvious interest also to include the total economic resources of the population and how they are distributed. However, to measure and study the distribution of wealth and its changes is methodologically very difficult. The official tax-based statistics on wealth do not mirror the real distribution of wealth, partly because assets or wealth under a certain amount do not have to be reported in Swedish tax returns, and partly because taxation is not based on market value. However, Statistics Sweden (2000a) carried out an extensive survey of the distribution of wealth in 1997, with some comparisons with previous years. The distribution of wealth is enormously skewed, with around 30 percent of Swedish households having zero or negative assets and the top one percent owning around 20 percent of the total wealth. There is a clear age profile to wealth distribution, with very little of the total wealth owned by people under the age of 45. Over a longer time perspective, the data reveals a clear upward shift in age. At the end of the 1970s the age group 45 to 54 owned most of the wealth; the corresponding age group in 1997 was 65 to 74, i.e. in both studies people born in the 1920s and

⁹ In Statistics Sweden's surveys the question asked is the following: If you should suddenly find yourself in an unexpected situation in which you were obliged to find SEK 14,000 in the space of a week, would you be able to manage this? This sum of money varies from year to year to take price changes into account.

¹⁰ This is a well-known problem and indicates that the incomes of the self-employed, as they are measured, are a very poor reflection of this group's real economic resources.

¹¹ Gainfully employed manual workers aged 20 to 64.

early 1990s. The study reveals that the degree of inequality in the distribution of wealth increased between 1990 and 1997.

A recently published report (SCB 2001d) which focuses on realised capital gains also includes new information on the distribution of wealth at the end of the decade. This latter study is based on individuals, rather than households, and is therefore not totally comparable with the earlier study. Nevertheless, inequality seems to have continued to increase. This trend towards increased inequality in the distribution of wealth is, by and large, driven by the growing importance of financial capital, in particular of shares. Real estates, as well as other assets, are less unequally distributed and the relative size of these two types of assets will then greatly influence the overall inequality of the wealth distribution. It is important to continue to study the distribution of wealth, not least given the recent sharp price fluctuations of real estate as well as on the stock exchange.

Otherwise a house (or holiday home) is many people's greatest financial asset. Housing is also a central issue in terms of expenditure, since a relatively high proportion of a family's total income goes on living expenses. According to analyses from Statistics Sweden to the Commission the median value of housing expenditure, excluding mortgage, for the Swedish population increased between 1991 and 1995, i.e. in the period in which disposable income decreased. During the latter part of the 1990s housing expenditure on average was fairly stable. This meant, however, that housing expenditure in relation to disposable income fell. Relative to disposable income, housing expenditure in 1999 was at about the same level as in 1991. However, housing expenditure for single parents rose markedly during the decade. These results are in accordance with results presented by Dellgran & Karlsson (2001) on behalf of the Commission.

2.5 Social ties and sense of security

In studies at individual level it is important to highlight two aspects of social ties, namely social support and social networks. Social support usually means having people close who can provide help, encouragement and support when necessary. By social networks we mean the existence and structure of the relationships and ties we have with other people.

People who have only limited contact with family and friends outside their own household are regarded as having weak social networks. As defined here, limited contact is fairly unusual and markedly stable (Table 8). No notable changes took place in the 1990s. The greatest differences are to be found between age groups, with limited socialising outside the immediate household becoming more common with increasing age. The differences between men and women are small, but when differences in age distribution etc. are taken into account it appears that men nevertheless have somewhat poorer networks. The same applies to class. The differences shown in the table are only small, but when the composition of the various classes is adjusted for it becomes clear that unskilled workers are somewhat more likely than others to have weak social networks.

Table 8. Social ties. Percentage of those reporting limited social contact outside the immediate family and of those without a close friend at the beginning (1990–91) and end (1998–99) of the 1990s

	Limited contact outside immediate family		No close friend	
	Beginning	End	Beginning	End
Population aged 16–84	5	4	20	19
Women	4	4	15	14
Men	5	5	25	25
16–29	2	2	9	8
30–49	5	4	19	17
50–64	6	5	25	24
65–84	7	6	31	30
Senior salaried employee	4	5	17	16
Intermediate salaried employee	4	3	19	16
Lower-ranking salaried employee	4	4	16	16
Skilled worker	5	5	20	20
Unskilled worker	5	5	21	23
Self-employed	5	4	25	19

One indicator of social support is having a really close friend in whom one can confide freely. It is not unusual not to have a friend of this kind, but it became slightly less common still in the 1990s, especially for certain groups. This is of course partly a question of

definition. In our analysis only people outside the immediate household are counted, even though close family members are naturally an important source of social support for many people. When a broader definition is used, the numbers of people without any social support fell considerably (Nermo & Stern 2001). A lack of social support was more common among older people, and men fare worse than women, class differences also existed, with manual workers being most likely to lack social support. There was also a tendency for this kind of disadvantage to become more common among unskilled workers. All of these differences remain after age composition etc. has been controlled for in the statistical analysis.

Analyses commissioned by the Commission indicate that good, stable social relationships protected against disadvantage in the 1990s. Those who lost social support in the decade of unemployment were also more likely to experience a deterioration in their economic circumstances and health.

Alongside relationships with family and friends, our view of and attitude towards other people are important, both for the individual and for society at large. Being able to feel secure and safe from violence and threats is of utmost importance. A slight tendency towards an increase in the fear of violence can be noted, but this is concentrated to the younger age groups (Table 9). It is also in this age group that the real danger of violence and threats is greatest. Yet there is nothing to indicate that the actual risk of violence or threats increased during the 1990s, either among young people or others.

There is a clear difference between men and women when it comes to the fear of violence. While a quarter of all women have at some time or other refrained from going out for this reason, it is only reported by 6 to 7 percent of men. More men than women have actually experienced violence or threats, although a slight increase among women can be discerned. All of these differences remain after multivariate analysis.

Table 9. Sense of security. Percentage of those who refrained from going out because of the fear of assault, robbery or molestation, and of those who experienced violence or threats at the beginning (1990–91) or the end (1998–99) of the 1990s

	Did not go out for fear of violence		Experienced violence or threats	
	Beginning	End	Beginning	End
Population aged 16–84	15	16	7	7
Women	25	26	5	6
Men	6	7	8	8
16–29	10	15	14	14
30–49	12	13	6	7
50–64	15	14	3	5
65–84	28	28	2	2
Senior salaried employees	12	12	6	6
Intermediate salaried employees	13	16	7	9
Lower-ranking salaried employees	20	21	6	5
Skilled workers	11	15	8	8
Unskilled workers	10	10	6	7
Self-employed	25	23	6	5

Vulnerability to violence – or the fear of it – can be seen as an expression of a lack of trust in other people. On the basis of the indicators used here it appears that the 1990s did not give rise to any notable changes in these kinds of social relations at population level.

The concept of social citizenship implies that people have certain social rights in the form of economic protection and access to health care, other care services, and education (Marshall 1950). These rights are usually administered and produced by public institutions and authorities. As social citizens, everyone should have not only the formal right to assert their rights against the decisions of such authorities, but should also command the knowledge and skills to be able to file a written appeal against the decision of an authority.

Table 10. Political resources. Percentage of those both unable to appeal against a decision and unable to obtain help in doing so at the beginning (1990–91) and end (1998–99) of the 1990s

	Unable to appeal against a decision	
	Beginning	End
Population aged 16–84	8	7
Women	8	7
Men	7	7
16–29	8	9
30–49	4	4
50–64	7	6
65–84	14	11
Senior salaried employees	2	2
Intermediate salaried employees	3	3
Lower-ranking salaried employees	4	5
Skilled workers	9	9
Unskilled workers	13	13
Self-employed	7	6

Some 8 percent of the population does not know how to appeal against the decision of an authority, a figure which did not rise during the 1990s (Table 10). On the other hand, differences between younger and older age groups did change. The ability to appeal against a decision improved among the over-50s. This can largely be explained by the fact that the later birth cohorts, who command more resources, replaced earlier, less well-equipped members. In contrast, the proportion of younger people unable to appeal against a decision increased somewhat, in spite of the educational expansion. This negative trend in political resources among younger people was a new phenomenon in the 1990s. Class differences, on the other hand, were stable, with manual workers considerably less likely than others to be able to appeal.

2.6 Cumulative disadvantage

So far we have described welfare trends in the 1990s by means of data about a range of important areas such as work and health, each separately. It is now time to try to paint a more cohesive picture of

the trends in disadvantage and inequality in the 1990s. One way of doing this is to study the accumulation of various types of disadvantage.

It is not easy to sum up welfare problems in areas such as health, economic circumstances and work in one indicator of disadvantage, chiefly because we have no common measure which can be used to compare so many types of disadvantage. Strictly speaking this implies that we cannot say that a person with two welfare problems is more disadvantaged than another individual that only experience, for example, health problems. However, there is much evidence to support the contention that overall inequality in a society increases if certain members of that society experience multiple disadvantage, just as if the same people more or less permanently live in poorer circumstances than others (cf. Walzer 1983; Sen 1992).

Our report has so far clearly demonstrated that certain groups more or less consistently experience more disadvantage than others. Manual workers, for example, experience more poor health, worse economic circumstances and poorer working conditions than others. This does not mean, however, that it is the same individuals who are experiencing all these forms of disadvantage at one and the same time. So it is interesting at this point to look at which social groups were most likely to experience multiple welfare problems at the beginning and at the end of the 1990s. We also present an analysis of the likelihood of continuing to have two or more forms of disadvantage and an analysis of the risk of ending up in this group in the first place.¹² The choice of which types of disadvantage to include here was not entirely obvious. Given the unemployment problems of the 1990s, one obvious consideration was weak labour market ties. In addition we include lack of cash margins, self-rated health, lack of social contact outside the immediate family, the inability to appeal against a decision, and having been subjected to violence or threats in the previous twelve months. Anyone reporting at least two of these six types of welfare problem is regarded as experiencing multiple disadvantage (Table 11). It should be pointed out that the absolute levels of indicators of this kind are sensitive to how common the various

¹² These analyses are based on the people who were interviewed on two occasions in the ULF-surveys for 1990 and 1998 and 1991 and 1999. At the time of the first interview they were aged 16–76, on the second occasion they were 24–84. The analyses presented here are based on 4,506 people.

forms of disadvantage included are. It is therefore most useful to focus on trends and differences between groups.

Table 11. Cumulative disadvantage. Percentage of those experiencing one or two or more forms of disadvantage^a at the beginning (1990–91) and the end (1998–99) of the 1990s as well as the relative risk of remaining in or entering the group experiencing two or more forms of disadvantage

	Two or more forms of disadvantage		Relative risk of:	
	Beginning	End	Remaining	Entering
Population aged 16-84 ^b	14	16	45	10
Women	16	19	48	12
Men	12	14	40	8
16-29	11	14	29	9
30-49	10	15	58	9
50-64	21	21	40	11
65-84	17	16	58	12
Senior salaried employees	4	6	^{c)}	6
Intermediate salaried employees	6	10	[30]	6
Lower-ranking salaried employees	10	14	40	8
Skilled workers	16	20	48	10
Unskilled workers	23	27	46	16
Self-employed	11	11	[33]	10

- a Based on the following six types of disadvantage: weak labour market ties (not employee, self-employed, student, doing military service), lack of cash margin, self-rated ill-health, unable to appeal against a decision, limited contact outside the immediate family, vulnerable to violence or threats. Persons in the age group 65–84 cannot by definition have weak labour market ties, while young people aged 16–24 and living at home cannot by definition lack cash margins.
- b The analysis of remaining or entering the group with two or more forms of disadvantage is based on panel data and is therefore restricted to those who were aged 16–76 in 1990–91. In this analysis the information about age and class position refers to 1990–91.
- c Information based on 20–40 persons is shown within []; for fewer than 20 people no figure is given.

According to the above indicators, the likelihood of being affected by two or more forms of disadvantage increased somewhat in the 1990s, even if the situation improved after mid-decade. This increase applied to both men and women. The sole cause of this trend among men was growing labour market insecurity. Women, however, started increasingly to experience a variety of forms of

disadvantage, quite apart from labour market difficulties (not shown in the table). However, even when labour market insecurity is included, it was still more common for women than for men to experience two forms of disadvantage both at the beginning and at the end of the decade.

Multiple disadvantage was generally most common among older people, and it was only the choice of variables for the construction of the indicator which gave rise to a lower level of disadvantage in the oldest group.¹³ Yet, what is most interesting with regard to the 1990s is that the cumulative trend increased among the younger age groups but not among older people – which gave rise to a more equal distribution of multiple disadvantage. This negative equalisation was fuelled by the situation on the labour market, but this does not seem to be the entire explanation. If we remove labour market ties from the analysis, the numbers of young and middle-aged people with two or more forms of disadvantage increase, most strongly in the age group 30 to 49 (not shown in the table). Lack of labour market ties may nevertheless still be the underlying cause.

There are very distinct class differences in disadvantage. Multiple disadvantage was most common among unskilled workers and least common among senior salaried employees. In general, however, the 1990s were a period of deterioration for all groups except the self-employed. This remains the case if we disregard labour market ties.

The table demonstrates that 45 percent of those who reported two or more forms of disadvantage at the beginning of the 1990s were in the same situation in 1998–99. For those who did not report two or more forms of disadvantage at the beginning of the 1990s the risk was 10 percent. This demonstrates that cumulative disadvantage is not merely a temporary problem for those affected by it, even if the majority of people in this situation in 1990–91 had escaped from it by the end of the decade.

Clear variations are observable in the risk of still having multiple welfare problems at the end of the decade. The risk of remaining more permanently in such circumstances was clearly greater for women and manual workers. Women and manual workers also ran a greater than average risk of entering this group in the first place. These two effects together contributed greatly to the increase in the proportion of people with multiple problems, which can be seen in the left-hand part of the table.

¹³ Weak labour market ties do not apply to the oldest age group, which means that the restriction of the group with cumulative disadvantage is stricter (2 of 5 instead of 2 of 6).

All in all, the 1990s were a time when the numbers of people experiencing welfare problems of various kinds rose. This in turn gave rise to an increase in the numbers of people experiencing multiple forms of welfare problem. This was a particular problem among the young and the middle-aged, while differences between other broad social groups were stable. There is further a marked stability in these conditions, and nearly half of those experiencing multiple welfare problems in the early 1990s remained in this disadvantaged group at the end of the decade.

3 Individual Resources II: Developments in the Welfare of Particular Groups

The Commission was instructed by the Government to report on developments and changes in the welfare of a variety of groups in society. This was because it had previously been observed that the distribution of welfare varied from one social group to another. The Commission was directed to describe fluctuations in welfare for women and for men, for different socio-economic groups, and across the life cycle. These categories guided the work reported on in earlier sections of this report. Yet, given the results of our previous analyses and what is specifically mentioned in our instructions, we feel there is reason to focus further on welfare among children in Sweden in the 1990s. Our instructions also stipulate that particular attention should be paid to vulnerable groups in society, although these groups are not named. We chose a fairly broadly interpretation and viewed vulnerability in terms of having a generally low level of welfare, of having had a particularly hard time in the 1990s, and being more dependent than most on well-functioning welfare systems.

An alternative approach to studying vulnerability is to identify groups of people who end up in difficulties or have various problems, for example the unemployed or long-term recipients of social assistance. More serious problems are to be found in groups where substance abuse, criminality and homelessness, for example, are usual. However, our description of these latter groups will be more general and less systematic, partly because there is a lack of good data. In some cases we seek simply to establish the extent of the problems rather than to describe how the availability of resources have changed within the group. The unemployed and long-term recipients of social assistance are also examples of groups which fluctuate in size and composition according to the economic cycle, which makes the latter kind of account not particularly appropriate.

Our descriptions of the groups we address in sections 3.1 to 3.6 follows a fairly standard pattern. Each section starts with a table which describes the development and distribution of welfare for that particular group of people on the basis of five central dimensions: health, education, work, income/financial circumstances, and social ties/sense of security. We also report cumulative disadvantage, defined as having at least two of six possible welfare problems simultaneously. In other cases, however, a variety of indicators are used to describe the basic welfare dimensions. The purpose of the tables is firstly to describe the situation for each indicator of welfare for the group in question at the beginning and at the end of the 1990s. Secondly the general level of welfare for that group of people during the decade is described and compared with that of the rest of the population. Thirdly, we describe the development of each specific group's welfare resources during the period under observation in relation to the population as a whole, which enables us to identify whether a certain group won or lost ground in relation to others.

More specifically, the first column of each table describes *state of welfare* at the beginning of the period, while the second column merely gives this at the end of the period (as in Chapter 2). The precise year of the beginning/end of the period varies somewhat depending on the data sources used. As far as possible we tried to base our observations on the years 1990 and 1999, but there are a few variations. Exact details are to be found in the table footnotes in Methodological Appendix, where our sources are also given. The third column contains a description of the group's *level of welfare* in relation to that of the population as a whole. "Worse" means that the group demonstrated a low level of welfare (or high level of disadvantage) for that particular indicator. "Better" naturally indicates the opposite, while "similar" means that no significant differences could be observed between the group in question and others. The comparisons all refer to the average for the decade as a whole. The fourth column gives the *development of welfare* for the group in question relative to others in the 1990s by means of arrows. An upward-pointing arrow indicates a better development and an arrow pointing downwards indicates a poorer development than for the population as a whole. A horizontal arrow indicates a similar development to that of other groups. Two dots in the column indicate where it was not possible to make a meaningful comparison. All the comparisons refer to absolute changes over

time. In other words, it is changes in terms of percentages, Swedish kronor, etc. which are compared with each other rather than relative changes in comparison with original levels (usually expressed in terms of “a doubling of”, “a 25 percent increase”, etc).

This method of presenting our findings was mainly adopted in order to comply with the idea of a balance sheet and the associated ambition to present developments in as simple and lucid a way as possible. This approach deviated from the way the Commission usually dealt with data, where relative changes and adjustments for the effects of structural variations in the groups were often emphasised. We will therefore in our commentary, where necessary, discuss the extent to which differences in levels and changes remain when relevant background factors had been controlled for. In certain cases we also point out differences between absolute and relative changes.

3.1 Children¹

Table 12. Children's welfare resources. Percentage of children (10–18 years) unless otherwise indicated

	1990s		Welfare during the 1990s in relation to the rest of the population	Development 1990–1999 in relation to the rest of the population
	Beginning	End		
Psychosomatic problems and mental wellbeing				
Headache at least once a week	..	26	..	..
Stomach ache at least once a week	..	18	..	..
Often unhappy or low	..	16	..	..
School				
Not quiet in the classroom	..	48	..	..
Pace in school too high	..	13	..	..
Income and economic circumstances				
Equivalent disposable income in SEK 1,000 (0–17 years) ^a	111	112	Worse	→
Low income (0–17 years) ^a	9	11	Worse	↘
Long-term low income (0–17 years)	58	62	Better	↘
Social ties and security				
Number of separations per 1,000 children (0–17 years)	29	35	..	..
Doesn't get on very well with mother	..	15	..	..
Doesn't get on very well with father	..	17	..	..
Mother has too little time	..	10	..	..
Father has too little time	..	15	..	..
Doesn't have a close classmate	..	10	..	..
Subjected to one type of abusive treatment in class every week	..	9	..	..
Subjected to several types of abusive treatment in class every week	..	4	..	..

Source: Swedish Level of Living Survey for Children, see also Methodological Appendix.

a Information refers to the child's home circumstances. The unit of analysis is however the child and not the household (see Methodological Appendix).

Children are less able than adults to choose their circumstances and change their situation, which makes them a key group in terms of social policy. According to Article 12 of the UN Convention on Children's Rights children shall be given the opportunity to make their views heard. It is therefore appropriate to pay attention to

¹ Unless otherwise stated, the results in this section are based on the contribution of Jonsson, Östberg, Evertsson & Brolin-Läftman, to the Commission (SOU 2001:55).

children's own views on their lives. In the Swedish Level of Living Survey for Children (Barn-LNU) which was carried out in 2000 – and reported within the framework of the Commission's work – a nationally representative selection of children and young people aged between 10 and 18 were given the opportunity for the first time to paint a broad picture of their lives and circumstances. A number of the findings presented here are based on this survey. To be able to reflect changes over time we have wherever possible supplemented the findings with information based on a variety of other indicators.

Children in Sweden generally enjoy good lives with regard to such criteria as economic and material conditions, a secure environment, social support from parents and others, school situation, and physical and mental health. Yet it has also emerged that a degree of disadvantage is also to be found among children. We argue that it is important to draw attention to particularly serious problems of disadvantage even if they are not particularly common. We should also point out that disadvantage is often unequally distributed between children of different backgrounds.

The economic circumstances of families with children are usually poorer than those of the rest of the population (see Table 12). In some respects this situation deteriorated further in the 1990s, both in relative and absolute terms. For example, the proportion of children in households with very low incomes increased during the period, and this increase was greater than for the rest of the population. This was a particularly noticeable for children aged 0–6 (Fritzell 2001). There are often considerable differences between children from different backgrounds. It is considerably more common for the children of manual workers, parents born outside Sweden, and single parents to be living in households with poor economic circumstances. The differences in children's own *personal* finances, for example how much pocket money they receive or whether they can get hold of SEK 100 at short notice, are not so great. The same applies to material resources such as own mobile phone, television, computer and CD player. It would thus appear that parents with poor economic circumstances make great efforts to ensure that their children shall "have the same as everyone else".

A further important dimension in the lives of children and young people is their relationship with their parents. Most children have a good contact with both their biological parents. Only a minority report that that they do not get on well with their

parents or that their parents have too little time for them. Yet considerable differences can be observed between children from different types of family. A relatively large percentage of children in single-parent households lose all contact with the absent parent. Nearly a tenth of the younger children (0–9) with an absent parent and three out of ten of those aged 10 to 18 report that they never meet him or her. This is equivalent to some 4 percent of all children. This should be seen in relation to the erosion in family stability which continued in the 1990s.

Most children of working parents were however able to contact or visit them during working hours and accessibility increased during the 1990s. Increasing numbers of children had parents with flexible working hours, and the number of parents who could leave work if necessary also rose.

Older children and young people spend a large amount of their time at school. The situation there is obviously important for their ability to learn, but the physical and psychosocial work environment in school is in itself important for young people's welfare. In view of this it is alarming that many pupils are critical of their school conditions. For example, nearly half of the children and young people questioned reported that it was not usually quiet in the classroom during lesson time. Some pupils would also have liked to work at a slower pace and/or thought that they did not get help from the teachers. A small but far from marginal group of pupils feel insecure in school and have poor social relations there. They report that they do not have a close classmate or feel that some teacher treats them badly or unfairly. Nearly one-tenth report that they experience abusive treatment every week and 4 percent are extremely vulnerable in the sense that they are subjected to two or more incidents of abusive treatment every week. Children who are bullied often have other kinds of problem too, such as a low level of mental wellbeing and psychosomatic problems.

Even though the majority of children enjoy good mental health, psychosomatic problems are fairly common. One child in five reports stomach-ache, one in four headache, one in three reports sleeping difficulties, and four out of ten report that they feel under stress at least once a week. The mental health of children and young people is closely associated with their own economic circumstances and those of the household. A lack of money is related to low mental wellbeing and an elevated risk of

psychosomatic problems. On the other hand, good relations with friends and parents has a positive effect on health.

Problems found among children and young people are often grouped together under headings such as “children who fare badly” or “children/young people at risk”. The first typically refers to children whose problems are caused by parental behaviours such as physical violence and drug abuse. The second category usually refers to young people who put themselves at risk through their own drug abuse or criminality, for example.² Irrespective of the terms used, it is difficult to reach a consensus about definitions. Because of the lack of official or scientifically accepted definitions it is pretty difficult to be more precise about how many children in Sweden are faring badly (Lundström 2000).

One measure which is occasionally used to get an indication of the extent of the problem is the number of cases of suspected child abuse reported to the police. The number of reported cases of violence against children in the age group 0–14 rose continuously in the 1980s, and between 1990 and 1999 the figures increased from around 2,200 per annum to about 6,000 (National Council for Crime Prevention 2000; Swedish Government Official Report 2001:72). The 1990s also witnessed a sharp increase in the numbers of calls about child abuse and other problems made to the emergency child helpline run by BRIS (Acronym for ‘Children’s Rights in Society’ (Barnens rätt i samhället)).

This rise could indicate that the number of cases of child abuse actually did rise. On the other hand one cannot discount the possibility of a greater tendency to report such cases. The latter possibility is supported by the fact that the number of serious injuries linked to reported cases fell in relation to slight or non-apparent injuries (SOU 2001:72). Equally, there has been no rise in the number of deaths in the age group 0–15 resulting from murder, manslaughter or other types of violence.

Sexual abuse of children is a further, much-discussed issue in this context. As with violence against children, the methodological problems here are so great that it is impossible to establish the size of the problem with any reasonable degree of accuracy. The number of cases of suspected sexual abuse of children aged up to 15 reported to the police (rape, sexual coercion and sexual molestation) rose from around 1,800 cases per year in 1990 to

² For a discussion of custodial care of children and youth, see section 5.7.

around 3,000 in 1993, but then stabilised (National Council for Crime Prevention 2001). Uncertainty about how the tendency to report has changed over time means that here, too, it is very difficult to interpret changes accurately.

3.2 Young people³

Table 13. Young people's welfare resources. Percentage of 16–24-year-olds unless otherwise indicated

	1990s		Welfare in the 1990s in relation to the rest of the population	Changes in welfare 1990–1999 in relation to the rest of the population
	Beginning	End		
Health				
Self-rated ill-health	11	12	Better	→
Long-standing illness	24	28	Better	→
Fear, unrest, anxiety	6	17	Better	↘
Long-standing mental health problems	1	3	Better	↘
Education				
Incomplete leaving certificate from compulsory school (15–16 years)	3	5	..	..
Percentage of birth cohort which had not completed upper-secondary education by the age of 20	21	26	..	..
Low level of education (20–24 years)	12	8	Better	↘
University/higher education studies at the age of 25	25	39	..	..
Work				
Employed (20–24 years)	75	53	Worse	↘
Seeking work (20–24 years)	7	15	Worse	↘
Temporary work (employed aged 20–24)	26	52	Worse	↘
Physically demanding work	48	44	Worse	→
Stressful work	56	68	Better	↘
Hourly pay, SEK	70	85	Worse	↘
Income and economic circumstances				
equivalenced disposable income in SEK 1,000 (18–24 years)	130	116	Worse	↘
Low income (18–24 years)	11	17	Worse	↘
Lack of cash margin	23	26	Worse	→
Long-term low income (20–24 years)	44	46	Better	↘
Social assistance (18–24 years)	8	13	Worse	↘
Social ties and sense of security				
No close friend	7	7	Better	→
Unable to appeal against a decision	10	11	Worse	↘
Did not go out for fear of violence	10	14	Better	↘
Experienced violence or threats	16	16	Worse	→
Cumulative disadvantage				
Two or more forms of disadvantage	10	13	Better	→

Sources: The commission's analysis of the ULF-surveys; Gustafsson, Andersson & Hansen 2000; The National Agency for Education 2000a; The National Agency for Higher Education 2001; Statistics Sweden 1991; National Board of Health and Welfare 2000a, see also Methodological Appendix.

³ Unless otherwise stated, the results in this section is based on Börjesson's contribution to the Commission (SOU 2001:54).

Young people were one of the social groups whose circumstances deteriorated most clearly in the 1990s. Even though young people were to some extent able to take advantage of the improvements which took place in the closing years of the decade, their situation was generally still poorer at the end of the 1990s than it had been in the beginning. This was particularly the case in respect of their economic circumstances and labour market position. One of the other most apparent negative consequences of the 1990s for this group was an increase in having a sense of insecurity.

A number of contradictory tendencies can be observed for young people's physical health in the 1990s. Not surprisingly, young people generally enjoy better health than other groups of the population. Around nine out of ten young people report good general health. The number of deaths among young people from accidents, illness, etc. fell from an already low level. A majority of young people get regular exercise and there are signs that dental health has improved (National Board of Health and Welfare 2001c). On the other hand, the numbers of young people with weight problems has risen, as they have for the rest of the population. The 1990s also saw a rise in the numbers of young people reporting some form of long-standing illness. Vulnerability to violence or threats is a problem that is much more common among young people than for others. These figures were stable for young men in the 1990s, but increased somewhat for young women (Estrada & Nilsson 2001).

Available data indicates that the number of pupils who left compulsory schooling with an incomplete leaving certificate rose during the period 1990–1997 (Gustafsson, Andersson & Hansen 2000). Swedish Board of Education figures (2001a), which are based on the new Swedish marks system, demonstrate that the number of students leaving compulsory schooling with marks too poor to qualify them to go on to upper secondary education continued to increase in the period 1998–2000. The same trend can be observed for upper secondary schooling, where there was a rise in the percentage of students in each school year who had not satisfactorily completed upper secondary education by the age of 20. Some part of the rise in failure observed for the 1990s can probably be ascribed to the new system of marking which made the criteria for an upper secondary school leaving certificate stricter from 1997. The consequences of the raised demands were felt most of all by students on vocational courses of study. At the same time,

however, the Swedish Board of Education's statistics show that the percentage of students who had not successfully completed upper secondary education by the age of 20 also increased in the period 1997 to 2000, that is after the introduction of the new upper secondary school in Sweden (Swedish Board of Education 2001b). A factor of importance here is the increase in the number of immigrants in this age group.

The ULF-surveys indicate that the number of young people aged 20 to 24 with a low educational level, i.e. who only have compulsory schooling behind them, fell in the 1990s. This is explained by the fact that during the unemployment crisis young people were offered the opportunity to supplement their schooling in some form of adult education. The expansion of the higher education system, similarly, made it possible for more young people to go on to study at that level, and the 1990s saw a clear rise in the numbers of young people in higher education (see section 2.2).

There are very obvious differences between different groups of young people when it comes to compulsory school results and choice of upper secondary schooling. Girls, pupils born in Sweden, and the children of senior salaried employees generally did better than boys, the children of parents born outside Sweden, and the children of manual workers (Gustafsson, Andersson & Hansen 2000). Ethnicity seems to be of only minor significance here for study results when students' social background has been taken into account (Dryler 2001, see section 3.6). It should also be mentioned here that the degree of uneven social recruitment into higher education fell somewhat in the 1990s (see section 2.2).

Participation in education increased as the labour market situation worsened for young people. Unemployment rose rapidly in the first years of the 1990s; in 1993 nearly one in five 16–24-year-olds was unemployed. The situation became particularly acute for boys from working class families. These ran a greater risk than others of becoming unemployed, they remained unemployed longer than others, and they were less likely than young people from other social classes to go on to further education (Åberg & Nordenmark 2000). The situation for young people improved considerably in the last years of the decade, but it was still worse in 1999 than it had been at the beginning of the decade. Between 1990 and 1999, the age at which 75 percent of everyone born in a particular year had found employment (the "age of establishment")

rose from 21 to 26 for young men and from 21 to 30 for young women (Börjeson 2001). Average pay increased, but this increase was nevertheless weaker than among other working people and also started from a lower level. The reduction in labour market participation brought with it immediate consequences for young people as a group in the form of lower economic resources. In this respect, too, things improved at the end of the 1990s, but young people still did not recover the economic standard they had enjoyed at the beginning of the decade. In all, as a result of the developments in the 1990s, young people established themselves ever later on the labour market, which meant that they found it increasingly difficult to support themselves.

Young people's political resources demonstrated a negative tendency in the 1990s. In comparison with the rest of the population they became less able to appeal against the decision of an authority, either on their own or with help. Further analyses of this demonstrate that the birth cohorts which were young at the beginning of the 1990s were not noticeably more able to appeal against an official decision eight years later, that is when they were 25 to 34 years old (Fritzell & Lundberg 2000). The number of first-time voters exercising their right to vote also fell clearly from 80 percent in the 1991 general election to 74 percent in the 1998 general election. This reduction was particularly apparent among young women.

One of the most disconcerting trends of the 1990s was the strong increase in mental ill-health among young people. Young people under the age of 35 demonstrated a noticeably poorer development than others, in terms of fear, unrest and anxiety (Fritzell & Lundberg 2000) as well as long-standing mental problems (Szebehely, Fritzell & Lundberg 2001). This negative tendency was especially apparent for young women. Young people also reported a greater level of anxiety about being subjected to violence, young women in particular (Estrada & Nilsson 2001). A general rise in sense of insecurity, especially among young women, is therefore one of the most obvious changes in young people's circumstances observed for the 1990s.

3.3 Single mothers⁴

Table 14. The welfare resources of single mothers. Percentage of single mothers (16–84 years) unless otherwise indicated

	1990s		Welfare in the 1990s in relation to the rest of the population	Changes 1990–1999 in relation to the rest of the population
	Beginning	End		
Health				
Self-rated ill-health	22	29	Similar	↘
Long-standing illness	32	47	Better	↘
Fear, unrest, anxiety	23	34	Worse	↘
Education				
Low level of education	21	16	Better	→
Work				
Employed (16–64 years)	82	74	Similar	→
Seeking work (16–64 years)	5	16	Worse	↘
Temporary employment (16–64 years)	11	24	Worse	↘
Physically demanding work (16–64 years)	40	43	Worse	↘
Stressful work (16–64 years)	64	75	Worse	↘
Hourly pay (18–64 years)	77	96	Worse	→
Income and economic circumstances				
Equivalenced disposable income in SEK 1,000	102	98	Worse	↘
Low income	12	11	Worse	→
Lack of cash margin	32	50	Worse	↘
Long-term low income (25 years –)	47	53	Better	↘
Social ties and sense of security				
No close friend	7	11	Better	↘
Unable to appeal against a decision	6	7	Similar	→
Did not go out for fear of violence	24	23	Worse	→
Experienced violence or threats	13	15	Worse	→
Cumulative disadvantage				
Two or more forms of disadvantage	23	36	Worse	↘

Source: Gähler 2001, see also Methodological Appendix.

At the end of the millennium there were just over 200,000 single mothers in Sweden (Statistics Sweden 2001). These women belong to a group which has historically been particularly economically vulnerable, and this can be explained by three main factors. Firstly, single mothers are *women*, who in general earn less than men. Secondly, single mothers are family *providers*, which means that they have main economic responsibility for others. Thirdly, single

⁴ The results presented in this section are chiefly based on the report made to the Commission by Michael Gähler (SOU 2001:54), see Methodological Appendix.

mothers are, literally, *single*, which means that they do not benefit from the economies of scale which result from having more than one breadwinner in a household. However, women in Sweden and the other Nordic countries have fared far better than women in other western countries, largely due to the fact that so many of them are gainfully employed.

However, the 1990s gave rise to a number of negative trends for single mothers in Sweden (see Table 14). This is particularly the case for economic circumstances. The proportion of single mothers without cash margins increased from one third to half in the 1990s. Furthermore, many of the single mothers who *did* report having a cash margin could only obtain the money by means of borrowing, whereas in most other categories of household people reported that they had the necessary money in the bank.

Single mothers are also among the losers in terms of income, both absolute and in relation to others. While other groups in general experienced an increase in real income in the 1990s, single mothers saw their incomes drop. At the beginning of the 1990s, the adjusted median income was 27 percent higher for “all” compared with single mothers. At the end of the decade the gap had increased to 39 percent. More detailed analyses indicate however that single mothers experienced relatively great improvements in income at the very end of the decade (Fritzell 2001). *Income levels* naturally vary within the group, yet a generally poor overall *income development* can also be observed. Single mothers consistently experienced a drop in income, irrespective of background circumstances such as age, country of birth, and number of children. An exception to this rule was highly educated single mothers, whose income trends were clearly better than those of single mothers with a low educational background.

The poor income trends observed for single mothers cannot be explained by changes in the demographic or social make-up of the group, or by changes in positive transfers. Benefit levels were on average the same at the end as at the beginning of the decade and continued to be of utmost importance for this group. Furthermore, benefits on the whole redistribute income to the advantage of single mothers. Increases in negative transfers, primarily taxes, did however contribute the absolute drop in their income – although this was not unique to single mothers.

The single most important explanation of why single mothers' income trends were so much poorer than those of other groups

was that their income from gainful employment was lower. First of all, it was more common for single mothers not to have a job at all. In 1998/99, just under three quarters of all single mothers were in gainful employment, while the figure for mothers with partners was four of five. The group was particularly badly affected by unemployment (Lundborg 2000), with the consequences of losing a job being particularly serious for single breadwinners. Secondly, the wages of working single mothers improved only little in the 1990s, largely because the number of hours worked per week did not increase. The number of cohabiting mothers working full-time increased greatly in the 1990s but remained virtually unchanged among single mothers. At the end of the decade the total number of working hours per week was considerably higher for cohabiting than for single mothers, while these differences were very small at the beginning of the decade. However, in terms of hourly pay single mothers fared as well as the population in general in the 1990s.

None of our analyses indicate that the will to work is low among single mothers. Those who are not employed report that they want to work, and those who work part-time often want to work full-time. This cannot be explained by a shortage of childcare or the fact that working does not pay in Sweden; it seems rather to be a consequence of a shortage of work in general and full-time work in particular. It should be pointed out here that in Sweden, the total marginal effect of an increase in income from paid employment is higher for single parents than for any other group in society (Sjöberg & Bäckman 2001).

For much of the decade over 30 percent of single mothers received social assistance, although there are signs of a slight reduction (SOU 2000:3). However, like some other groups, an increasing number of single mothers received social assistance throughout the year and the length of benefit periods also increased (Sainsbury 2000). Our analyses demonstrate further that single mothers who are long-term recipients of social assistance find it more difficult to escape from their dependency on benefits from one year to the next. And among those who did manage to break this kind of long-term dependency, the combination of employment interspersed with short periods back on benefit was relatively common (Bergmark & Bäckman 2001).

The poor economic circumstances experienced by many single mothers were also linked to other problems. They were for

example more likely to experience violence and/or threats than other women, and this risk was strongly related to financial troubles. The absolute changes in this risk in the 1990s largely followed the same pattern as for the rest of the population, yet a slight tendency towards a poorer development among single mothers can be observed when age, country of birth, unemployment, economic circumstances, housing and region of residence in this group and in the comparison groups are taken into account (Estrada & Nilsson 2001). The health status of single mothers also worsened in the 1990s in comparison with other groups. At the end of the decade they were more likely than others to report poor physical and mental health and that they suffered from long-standing illness.

3.4 People with disabilities⁵

Table 15. The welfare resources of people with disabilities. Percentage of people with disabilities (16–64 years) unless otherwise indicated

	1990s		Welfare in the 1990s in relation to the rest of the population aged 16–64	Changes in welfare 1988–1999 in relation to the rest of the popu- lation aged 16–64
	Beginning	End		
Health				
Self-rated ill-health	52	48	Worse	↗
Fear, unrest, anxiety	26	38	Worse	↘
Pains in the joints	42	44	Worse	→
Assistance and help				
<i>Proportion of disabled people living at home and needing assistance who receive:</i>				
Municipal help	14	14	..	..
Privately purchased /other non-municipal help	5	7	..	..
Informal help only	80	77	..	..
No help	1	3	..	..
Education				
Low educational level	43	29	Worse	↗
Work				
Employed	68	61	Worse	→
Seeking work	3	9	Similar	→
Physically demanding work (employed)	44	38	Worse	→
Stressful work (employed)	64	67	Similar	→
Income and economic circumstances				
Equivalenced disposable income in SEK 1,000 ^a	119	129	Similar	→
Low income	6	7	Similar	→
Lack of cash margin	17	26	Worse	↘
Social ties and sense of security				
No close friend	29	27	Worse	→
Unable to appeal against a decision	9	8	Worse	→
Did not go out for fear of violence	19	19	Worse	→
Experienced violence or threats	6	11	Worse	↘
<i>Cumulative disadvantage</i>				
Two or more forms of disadvantage ^a	45	46	Worse	→

Source: Szebehely, Fritzell & Lundberg 2001, see also Methodological Appendix.

^a Figures cannot be compared with the corresponding figures in other tables in Chapters 2 and 3, see Methodological Appendix.

⁵ In addition to additional analyses of Statistics Sweden's ULF-material this section is based mainly on the report presented to the Commission by Marta Szebehely, Johan Fritzell & Olle Lundberg (SOU 2001:56). It should be noted that all the comparisons in this section are of the years 1988–89 and 1998–99, and that the group of people with functional disabilities are aged 16–64 only.

People with disabilities are at a disadvantage with regard to many of the aspects of welfare we are considering in this report. In spite of the ambitious disability policies of the 1990s – but on the other hand also in spite of the deep economic recession – the extent to which people with disabilities lagged behind was as great at the end as at the beginning of the decade.

The way in which we define “people with disabilities” is of consequence for the size of the welfare gap between them and others – the stricter the definition, the greater the differences in welfare will be. On the other hand, improvements over time are similar irrespective of definition. In Table 15 we chose to present how welfare resources evolved in the 1990s for a fairly broad category, namely people with at least one of the following disabilities: impaired sight, impaired hearing, impaired mobility and long-standing mental health problems. With such a broad definition, this group included about 13 percent of the population aged 16–64 at the end of the 1990s, or some 700,000 people in all. This group grew in size during the 1990s, largely because the numbers of people with impaired hearing and long-standing mental health problems increased among those aged under 55.

People with disabilities have poorer health than others in the same age group. This may not be surprising, but it should be noted that the difference is substantial even where there is no particular reason to expect an association between the disability and the health indicator in question. For example, people with impaired sight or hearing also experience more aches and pains and anxiety/fear than others. Changes in the 1990s vary for the different health indicators. The incidence of fear, unrest and anxiety increased more among people with disabilities than among others⁶, while the proportion of people assessing their own health to be less than good fell slightly among people with disabilities and increased somewhat in the rest of the population.

The numbers of people with low levels of achieved education fell more among people with disabilities than among others, but at the end of the decade they were still far more likely than the rest of the population only to have a basic education. This remains the case

⁶ It should be noted, however, that we here compare the size of the increase in absolute terms (in percentage units). The relative increase is of about the same magnitude among people with disabilities as among the rest of the adult population (Szebehely, Fritzell & Lundberg 2001).

even when we take age differences between the disabled and others into account.

The fact that levels of gainful employment are lower among people with disabilities than in other groups cannot be explained entirely by differences in the ability to work. Low employment levels can be found for all the disability groups that were studied (except for impaired hearing), and the differences were as great at the end of the 1990s as they had been ten years earlier. This means that disabled people left the labour market to the same extent as others during the recession, and the upturn in employment at the end of the decade followed the same pattern for them as for the rest of the population. In an international perspective it is perhaps surprising that people with disabilities were not more affected by the economic crisis of the 1990s.

It is also remarkable, in international comparison, that the disposable incomes of people with disabilities do not differ noticeably from those of other people. From a welfare perspective, however, it is a problem that disabled people at all income levels are far more likely than others to experience day-to-day economic difficulties, and that this also applies to families with disabled children. Economic difficulties are particularly common among people who are dependent on help on a daily basis. Their economic problems include a lack of cash margin and difficulties with day to day expenses. The reason for people with disabilities being more likely than others to have financial difficulties despite the fact that they have average incomes is that they have extra expenses in the form of higher costs for medical care, drugs, municipal help and also often for transport, accommodation, food and the like. In the 1990s, the proportion of people with financial difficulties increased more among the disabled than elsewhere.⁷

People with disabilities are generally more dependent on daily help than other people. They consequently tend to be more affected by changes in the public help services. However, most disabled people who needed practical help received all that help from members of the family or other close friends, both at the beginning and at the end of the decade. This was the case for nine out of ten cohabiting disabled people, yet even among those who lived alone it was more usual to receive help from relatives than from the local authority (in the form of home help or a personal

⁷ This refers to the difference in absolute terms whereas the relative increase is of about the same order in both groups.

assistant). All in all, the number of people receiving local authority help did not increase in the 1990s, but while those with fairly small needs received less help, those with the greatest help needs received more. The changes which took place in the municipal help services (see section 5.5) meant in practice that the ability to appeal against an official decision became an increasingly valuable resource for people with disabilities – and here it is important to note that it is precisely people with disabilities (and in particular those with long-standing mental problems) who are most likely to lack this ability.

In most areas of welfare, gender differences follow the same pattern among people with disabilities as among others, which means that disabled women have poorer welfare than disabled men. The reduction in welfare resources which took place during the 1990s were generally of the same magnitude for men and women. One exception is that the numbers of people with long-standing mental health problems who were in gainful employment fell considerably more among men than among women, and the overall reduction in employment rates was also particularly great in this group of the disabled. A further exception concerned the risk of being subjected to violence or threats – a welfare problem that increased more among people with disabilities than in the population at large. This increase was greater for women than men, and was particularly noticeable among women with mobility impairments (a rise from 2 to 11 percent in the course of the decade). All groups of people with disabilities were at greater risk than others at the end of the 1990s, and women with mobility or sight impairments were more likely to encounter violence or threats than men with the same disabilities. This is remarkable because in the population at large it is generally men who are at greater risk of violence and threats. Violence against women with disabilities was recently identified as a prioritised field of work for the government-appointed 'National Council for Protection of Women' (Kvinnofrid). For the moment, however, very few public statistics or research is available in this field.

3.5 Elderly⁸

Table 16. The welfare resources of elderly people. Percentage of the elderly (75–84 years) unless otherwise indicated

	1990s		Welfare in the 1990s in relation to the rest of the population	Changes in welfare 1990–1999 in relation to the rest of the population
	Beginning	End		
Health				
Self-rated ill-health	53	52	Worse	→
Longterm illness	79	84	Worse	→
Fear, unrest, anxiety	23	21	Worse	↗
Pains in joints	30	37	Worse	↘
Assistance and help				
Special housing (80 years+)	23	22	..	..
<i>Proportion of those with help needs and living at home who receive:</i>				
Municipal help	46	33	..	..
Privately purchased/other non- municipal help	4	13	..	..
Informal help only	49	53	..	..
No help	1	1	..	..
Income and economic circumstances				
Equivalenced disposable income in SEK 1,000 ^a	91	103	Worse	↗
Low income ^a	13	6	Similar	↗
Lack of cash margin	15	13	Better	↗
Long-term low income ^a	82	85	Worse	↘
Social ties and sense of security				
No close friend	35	33	Worse	→
Limited contact outside the immediate family	8	7	Worse	→
Unable to appeal against a decision	17	14	Worse	→
Did not go out for fear of violence	33	34	Worse	→
Experienced violence or threats	1	1	Better	→
Cumulative disadvantage				
Two or more forms of disadvantage	22	19	Worse	↗

Sources: Ministry of Health and Social Affairs 2001:41; The commission's analysis of the ULF-surveys, see also Methodological Appendix.

^a 75 years+

In this section we look primarily at the welfare situation of the around 600,000 people in Sweden who are aged between 75 and 84. Nearly half of these are cohabiting, 40 percent are women living on their own and 14 percent are men living on their own. The percentage of women living on their own is higher here than it was

⁸ Apart from the Commission's own analyses of the ULF-surveys, this section is based largely on Marta Szebehely's previous report to the Commission (SOU 2000:38).

for the elderly people aged 65 to 84 we studied in Chapter 2. This affects the overall picture of welfare. We should also point out that because of the upper age limit in SCB's ULF-surveys, we know very little about the welfare of the 200,000 members of the population aged 85 or over – a group largely made up of single women.

Elderly people in general, and elderly women in particular, have poorer welfare resources than the rest of the population according to many of the indicators of disadvantage we use here, such as health, income, political resources, social relations and the fear of violence. There are however a few areas in which elderly people enjoy better welfare than others. Fewer elderly people experience financial difficulties, for example, and fewer are subjected to violence. If we focus on changes in welfare, the elderly as a collective appear to be something of a winning group in the sense that they were less affected than others by the worsening of welfare witnessed in the 1990s. In certain areas, for example economic circumstances, the welfare of elderly people developed in a positive direction whereas others experienced negative developments. However, it is important to distinguish here between the elderly as individuals and as a group. The collective improvements are partly explained by the fact that the new generation of pensioners with fairly high statutory earnings-related (ATP) and other supplementary pensions replace the older generation whose pensions were poorer. The welfare trends of the 1990s appear less favourable when we look at the elderly as individuals. For example, the percentage of elderly people with low incomes who are poor in two consecutive years is considerably higher than for other age groups, and unlike for the rest of the population, this proportion increased somewhat between the two survey occasions.

Even if people over 75 had considerably lower incomes than the rest of the population throughout the 1990s, the gap was smaller at the end of the decade than at the beginning. In the population at large, disposable incomes scarcely rose at all between 1991 and 1999, while household income increased by 20 percent among elderly men and 12 percent among elderly women – which also means that gender differences in income increased in the course of the decade.⁹

⁹ That elderly women have lower disposable incomes than men is partly dependent on the fact that a higher proportion of the women are living alone and therefore cannot benefit from the 'economies of scale' of a larger household. However, even if we compare single

Despite the fact that average incomes were lower among the elderly, the relative numbers of those with low incomes at the end of the 1990s were not higher than in the rest of the population. People over the age 75 were clearly concentrated in the lower parts of income distribution, but on the whole were above the low-income level we apply. The pattern is the same for economic difficulties, in the sense that the number of people without any cash margins increased in the population as a whole but decreased a little among the elderly. Gender differences in economic vulnerability were greater among elderly people than among others, irrespective of the indicator used. In 1999, for example, having a low income was three times more common among women than among men. Elderly people with disabilities are considerably more likely than other elderly people to have low incomes, and elderly people who need daily help are particularly likely to experience financial difficulties.

It is scarcely surprising that elderly people have poorer health than others. Yet the changes observed for the 1990s are in some ways contradictory. The mental well-being of elderly people improved, for example, which was not the case for other age groups. On the other hand the incidence of aches and pains in the back, joints and other locomotor organs increased substantially more among the elderly – most noticeably among women – than others, even though general mobility improved.

Access to good elderly care is an important welfare resource for many in that age group and we look at developments in this field in more detail in section 5.6. The percentage of people who received help from the municipal services for the elderly (chiefly home help) fell in the 1990s (although the fall was even greater in the 1980s). In the age group 75–84, the amount of practical help received from municipal services by people with needs living in their own homes decreased more among women than among men, and in relative terms more among elderly couples than among people living alone. The threshold for receiving home help was raised in many municipalities, although higher charges and changes in the nature of the help available were probably also behind this reduction in help. At the end of the 1990s, approximately one in six of everyone aged 75+ who needed assistance refrained from having

women and men, the gender differences are considerably larger towards the end of the decade than they were in the beginning.

home help because of the cost – a phenomenon which is most common among elderly people with low pensions (National Board of Health and Welfare 2001f).

While municipal home help services became less common, a certain increase took place in informal types of help, in other words help given by a spouse or other close kin. An even greater increase took place in the amount of services bought on the private market, chiefly laundry and cleaning. These shifts in help patterns affected the elderly in a variety of ways. There was a rise in the numbers of elderly people with a low educational background receiving informal help only. This increased from 50 percent to 61 percent, compared to a reduction from 44 percent to 35 percent among elderly people with a higher educational background. The latter group started instead to buy services on the private market more than previously, with the figures rising from 4 percent to 26 percent (which can be compared with a rise from 4 percent to 8 percent among elderly with a lower education).

Because elderly people have relatively poorer health and greater help needs than others it is likely that they also have more reason to communicate with the authorities. Consequently, the ability to appeal against an official decision is probably a more important welfare resource for elderly people than for most others. It is therefore important to note that elderly people are twice as likely than others to report that they do not know how to appeal against a decision.

3.6 People born outside Sweden

Table 17. The welfare resources of people born outside Sweden. Percentage of 16–84-year old unless otherwise indicated.

	1990s		Welfare in the 1990s in relation to the rest of the population	Changes 1990–1999 in relation to the rest of the population
	Beginning	End		
Health				
Self-rated health	38	36	Worse	→
Long-standing illness	48	48	Similar	↗
Fear, unrest, anxiety	18	29	Worse	↘
Education				
Low level of education	33	29	Similar	↘
Work				
Employed (16–64 years)	70	55	Worse	↘
Seeking work (16–64 years)	6	15	Worse	↘
Temporary employment (16–64 years)	12	25	Worse	↘
Physically demanding work (16–64 years)	39	36	Similar	→
Stressful work (16–64 years)	60	67	Similar	→
Hourly pay, in SEK (18–64 years)	85	108	Worse	→
Income and economic circumstances				
Equivalenced disposable income in SEK 1,000	103	104	Worse	→
Income from gainful employment	138	119	Worse	↘
Low income	20	21	Worse	→
Lack of cash margin	26	35	Worse	↘
Long-term low income (25 years –)	65	69	Similar	↘
Social assistance	26	25	Worse	→
Social ties and sense of security				
No close friend	24	24	Worse	→
Unable to appeal	12	11	Worse	→
Did not go out for fear of violence	23	23	Worse	→
Experienced violence or threats	9	7	Similar	→
Cumulative disadvantage				
Two or more forms of disadvantage	30	36	Worse	↘

Sources: Edin & Åslund 2001; Statistics Sweden collations to the Commission, see also Methodological Appendix.

There are nearly a million people living in Sweden today who were born elsewhere. One of the main characteristics of the 1990s was the employment and economic difficulties faced by this group. By far the greatest wave of immigration took place in the period 1992 to 1994, which coincided exactly with the deepest phase of the recession in the labour market and the economy. This made it very

difficult for the new refugees to find a way of earning a living here. Because no other safety nets were available to them, they were chiefly expected to manage with the help of social assistance paid by the local authority.

The above table demonstrates that immigrants as a group generally have poorer resources than the population as a whole, and that they fared worse than others in the 1990s with respect to employment, unemployment, pay, cash margins, and the incidence of anxiety and fear. The economic recovery towards the end of the decade has meant that some, though not all, levels are comparable with those that applied at the beginning of the decade. What cannot be seen from the table is the considerable degree of heterogeneity that so often applies to broad groups such as “immigrants” or “those born outside Sweden”. Overall one can say that labour market ties and welfare levels generally are poorer the shorter the time the person has been in Sweden and the less economically developed the part of the world he or she comes from (see for example Edin & Åslund 2001). Groups that experienced especially severe problems during the decade were immigrants coming mainly from former Yugoslavia, Iran and Iraq who arrived in the first half of the 1990s.

Because the figures in the table only describe the situation at the beginning and the end of the decade we cannot follow variations over time which to a large extent reflect movements in the national economy. This means, for example, that the similarity between the two survey occasions in the numbers receiving social assistance is *not* an expression of stability over time; it rather describes the two end points of a development characterised by a sharp initial upturn followed by an even steeper fall (the highest level for those born outside Sweden was reached in 1996, when benefit receipts in this group reached over 40 percent). At the same time, incomes in this group at mid-decade were at a level which implies that they had considerably poorer resources than are indicated by the figures in our table. In other respects a real stability can be observed, for example in the amount of ill-health or long-standing illness. The numbers of people reporting anxiety and fear, however, increased substantially between the two survey occasions. This increase was greater than for the rest of the Swedish population, although the extent of the increase was not significantly greater than for other groups when relevant background factors were taken into account.

The 1990s were also characterised by rising ethnic and socio-economic segregation. The ethnic segregation in housing rose in Sweden's three main conurbations in the first half of the decade but then stabilised between 1995 and 1998. In contrast, in the second half of the decade segregation increased outside the main cities (Andersson 2000). One consequence of the growing segregation was that schools began differ from each other in terms of pupil composition. The analyses of the effects of segregation on school results commissioned by the Commission indicate that at the beginning of the 1990s average marks (when pupils' backgrounds have been taken into account) were affected negatively in schools with a high proportion of pupils from immigrant families. However, this type of negative association was no longer be found at the end of the decade. The risk of leaving school with an incomplete leaving certificate was greater throughout in immigrant-dense schools, but this risk did not increase over time. When pupil composition had been taken into account it could also be noted that children in schools with a high proportion of pupils with immigrant backgrounds were more likely than others to go on to academic rather than vocational studies at upper-secondary level, both at the beginning and at the end of the decade (Dryler 2001). The above table also indicates that educational levels for immigrants as for the rest of the population improved in the course of the 1990s. However, even though levels for immigrants and others are generally comparable, there are some indications that the former group lost ground during the period under study, even when one takes into account the changes that took place in the composition of the groups.

People born outside Sweden had generally fewer social ties, poorer political resources and were more afraid of violence than the rest of the population. These differences are fairly well established but did not increase in the course of the decade. Differences between immigrants and others were to all intents and purposes the same at both ends of the decade. Similar levels of having experienced violence were reported by both groups, even if it was marginally more common among immigrants, taken over the whole decade. However, when relevant background factors are taken into account no significant differences between the groups are discernible. This adjustment does indicate, however, that changes over time in degree of vulnerability to violence were most negative for Swedish-born women (Estrada & Nilsson 2001).

3.7 Unemployed¹⁰

The 1990s can be described as a decade of mass unemployment in Sweden. A considerable part of the population was affected by unemployment at some point in the course of the decade. As many as 1.8 million people – almost 40 percent of everyone aged between 18 and 60 in 1991 – was registered as a jobseeker some time between 1992 and 1999. Almost 1.6 million people were openly unemployed at some time during those years, with the average period of unemployment being 17 months.

This had its background in the dramatic changes in the unemployment and employment figures for the decade. In 1999 there was 5.6 percent open unemployment in Sweden, compared with 1.6 percent in 1990 (yearly average according to the Labour Force Surveys (AKU)). The situation was at its worst in 1993, when open unemployment reached 8.3 percent, or 350,000 people. The figures for labour market participation show a similar trend, with participation in the age group 16–64 just over 84 percent in 1990 and around 77 percent in 1999.

An important difference between the unemployment which affected the country in the 1920s and 1930s and the crisis of the 1990s was that large sections of the population were affected this time round. The rise in unemployment in the 1990s also hit traditionally strong labour market groups such as the well-educated and the middle-aged. The new make-up of the unemployed as a group made its members materially stronger than they had been during the economic boom of the 1980s. For example, the number of unemployed people who were entitled to unemployment benefits (see section 6.3) increased and the risk experiencing a poor standard of living fell, at least during the initial years of the crisis (only then to rise during the final period of the crisis).

In spite of the fact that unemployment hit such large sections of the population, some groups were nevertheless affected more than others. Among single parents and non-European immigrants the average number of days of unemployment rose by 56 percent and 39 percent respectively between 1992 and 1997. Recovery in the later half of the decade was particularly weak among single parents and immigrants (see sections 3.3 and 3.6). Young people, on the

¹⁰ This section is based on research reports presented to the Commission by Per Lundborg (SOU 2000:37), Rune Åberg & Mikael Nordenmark (SOU 2000:37), and Tomas Korpi & Sten-Åke Stenberg (SOU 2001:53).

other hand, are a group that managed to escape from unemployment relatively well, which is why their periods of unemployment tend on average to be shorter than other groups. Further study is a more common way out of unemployment for young people than for others. The fact that youth unemployment was particularly sensitive to the economic situation was, however, in no way unique to the 1990s. It is worth noting that considerable class differences in the risk of becoming unemployed can be observed among young people. As was demonstrated in section 3.2, young people from working class families were considerably more likely than their contemporaries from white-collar homes to be affected by unemployment. Equally, once young working class people became unemployed they were also more likely to remain out of work for a long period. Going back into education was less of an alternative to unemployment for young people from working class families than for those from other backgrounds.

Even if the unemployed as a group were materially stronger during the crisis years of the 1990s than they had been previously, there is no doubt that long-term unemployment in particular had a negative impact on welfare at individual level. Among people aged 24–55 in 1991 who did *not* report having experienced unemployment when they were followed-up in 2000 (when they were aged 33–64), the numbers of those reporting no cash margins fell from 18 percent to 13 percent. In the same period this figure rose from around 35 percent to just over 40 percent among people who had experienced long-term unemployment. This negative trend is also reflected in the fact that people who experienced long-term unemployment in the 1990s also demonstrated much poorer mental health than others, a rise from almost 5 percent to just over 13 percent (compared to a rise from 4 percent to 7 percent among those who had not been long-term unemployed). No differences were found here between the long-term unemployed who had been in labour-market training schemes and those who had simply been long-term jobseekers.

3.8 Long-term recipients of social assistance¹¹

Levels of social assistance followed changes in the Swedish national economy fairly closely in the 1990s. Until 1997 a steep rise could be noted, with rising benefit costs, longer periods on benefit and ever-greater numbers of people needing assistance. As times improved in the last two years of the decade, both costs and the numbers of recipients in the population fell, although the duration of receipt continued to rise. In 1999, the numbers of people receiving social assistance for ten months or more in one calendar year had more than doubled since 1990, while short-term receipt in 1999 was back at the same level as it had been in 1990.

In other words, long-term receipt of social assistance is not merely a characteristic of the last decade but was rather a problem which had established itself at considerably higher levels than previously in modern times. In terms of welfare policy, long-term dependence on social assistance must clearly be seen as a greater problem than the occasional difficulties which cause people to seek financial help from the local authorities. This is the case irrespective of whether you view the receipt of benefit as an indicator of how well or badly other parts of the welfare system are working or whether you look at the level of marginalisation or exclusion affecting the recipients as individuals. Long-term recipients of social assistance generally differ from people with more short-term benefit needs in a similar way to how social assistance recipients as a group differ from the rest of the population. Thus the duration of social assistance receipt covaries with poor labour market ties, low educational level, poor political and economic resources, refugee status, and poor physical and mental health (National Board of Health and Welfare 1999a). The large numbers of refugees who arrived in Sweden in the 1990s clearly left a mark, and the number of non-Swedish citizens among long-term recipients of social assistance (at least ten months during one calendar year) increased five-fold in the period 1990 to 1998. The comparable increase among Swedish citizens was around half as great. The rise in long-term social assistance receipt was found in particular among non-European immigrants and those who had only been in Sweden for a relatively short time (National Board of Health and Welfare 1999a).

¹¹ This section is based on the research report presented to the Commission by Åke Bergmark and Olof Bäckman (SOU 2001:54).

The Commission's analyses demonstrate that once people became dependent on social assistance for lengthy periods (at least 10 months during one calendar year) they continued throughout the decade to find it very difficult to establish their independence. Very few made the transition into the open labour market and social assistance was a vital source of income for remarkably many people over periods of sometimes several years. Table 18 shows the numbers of long-term social assistance recipients who made the transition to other sources of income between 1990 and 1991 and between 1997 and 1998 respectively. If, for example, 54 percent transferred to the category "not long-term social assistance" in one particular follow-up year, this means that the remaining 46 percent remained in long-term receipt of social assistance during that year.

Table 18. Transition from long-term dependency on social assistance to another status between 1990 and 1991, and 1997 and 1998 respectively, for men and women. Percent.^a

	Status follow-up year: 1991	Status follow-up year: 1998
Women:		
In the workforce	3.4	2.7
No social assistance	6.8	4.5
No long-term social assistance	45.9	35.3
Men:		
In the workforce	8.2	5.7
No social assistance	6.6	5.1
No long-term social assistance	48.8	37.7
Young people aged 16–24:		
In the workforce	4.5	4.3
No social assistance	9.3	5.6
No long-term social assistance	56.3	54.0
Immigrants –5 years in Sweden:		
In the workforce	4.8	3.6
No social assistance	7.2	4.7
No long-term social assistance	43.8	26.7

^a The categories for "another status" are a selection of those presented by Bergmark & Bäckman 2001.

The table demonstrates that difficulties increased over time for virtually all groups, irrespective of how we measure this. Young people were an exception, because their transition from social

assistance receipt to work was at a similar level at the beginning and at the end of the decade. Given the fact that the social assistance needs of young people can largely be seen as reflecting the state of the national economy, the relatively favourable trend in their case is not particularly surprising. However, in terms of levels of social assistance receipt the figures for young people are far from encouraging. The poorest development over time can be observed for immigrants who had not been in Sweden long and their chances of ever managing to break their long-term dependency on social assistance. Given that refugees' income-maintenance problems are also intimately linked to the state of the labour market, the fact that only around one in four persons in this group was able to escape their social assistance dependency during the upturn at the end of the 1990s must be seen as remarkable. The picture of the difficulties facing this group is further strengthened if we follow them up over a number of years.

The data at our disposal did not allow detailed analyses with 1999 as follow-up year, but we do know that the number of people who managed to break their long-term dependency on social assistance was around 10 percent lower than in 1990 (men and women). Thus, only a very limited recovery took place during the more favourable final years of the decade.

3.9 Particularly vulnerable groups and social problems

Alcohol and narcotics abuse¹²

The abuse of alcohol and narcotics gives rise to serious social problems, both in terms of direct physical injuries to the people involved and in terms of damage to society as a whole. The latter includes physical abuse and other substance-abuse-related criminality and the harmful consequences for children growing up in homes where alcohol or narcotics abuse occurs.

Alcohol consumption is generally closely linked to alcohol-related injuries and mortality. The 1980s saw the stabilisation of a long-established, rising trend with respect to a number of indicators of alcohol abuse. Sales figures demonstrate a fairly stable level in the 1990s – sales fell from 6.4 litres of pure alcohol per

¹² This section is chiefly based on the research report presented to the Commission by Lars Oscarsson (SOU 2000:38), and on information from 'Swedish Council for Information on Alcohol and other Drugs' (2001).

inhabitant aged 15 and over at the beginning of the decade to 6.1 litres in 1999. Estimated total consumption, on the other hand, indicates a slight rise from 7.8 to 8.4 litres per person per year (Kühlhorn *et al.* 1999; Leifman *et al.* 2000). Yet there are no indications, in the form of a rising incidence of cirrhosis of the liver, alcohol-related deaths or deaths from alcohol-related diseases, that heavy alcohol consumption generally increased in the 1990s.

The survey shows that certain shifts in the pattern of alcohol consumption between groups took place over time. There was a slight rise in alcohol consumption among women, but not among men. Men, however, still reported a considerably higher consumption. A clearer trend can be observed for alcohol consumption among young people. Both average consumption and binge drinking increased among boys and girls in the 9th grade at school (age 16) in the 1990s, although binge-drinking fell slightly among girls in the second half of the decade. It is also possible to discern a relationship between the rise in young people's alcohol consumption and the increase over recent decades in the proportion of alcohol consumed in restaurants. All in all, the Swedish parliament's goal, set at the beginning of the 1980s, of reducing total alcohol consumption by 25 percent by the year 2000, was not achieved.

The 1990s saw an increase in both occasional, experimental narcotics consumption and heavy narcotics abuse. Surveys indicate that both the percentage of young people who had tried narcotics "at some time or other" and the percentage of those who used narcotics "in the previous month" rose sharply. In the first case there was a rise among military conscripts from 6 percent in 1992 to 17 percent in 1999, and in the latter case from 4 percent of grade 9 pupils in 1990 to 9 percent of boys and 7 percent of girls in 1999. The levels reported for the end of the 1990s are in the similar to those found in the 1970s. The proportion of the adult population reporting having tried drugs on some occasion also increased in the 1990s. Heavy abuse (defined as all needle-use or the regular use of narcotics irrespective of method) can be traced by means of a number of indicators. Estimates of the numbers of heavy substance abusers in Sweden were carried out in 1979, 1992 and 1998. A number of difficulties are associated with these surveys, so their findings should be treated with caution. But they do show that there was an increase in heavy substance abuse in Sweden,

especially between 1992 and 1998, when the estimated number of heavy narcotics abusers rose from around 19,000 to 26,000 (Olsson *et al.* 2001). Part of this increase can be explained by increasing numbers of new recruits (an increase in drug addicts under the age of 30). A further explanation is that relatively few long-term drug addicts have been helped to give up their habit. It is for this reason that the average age of drug addicts rose from 32 in 1992 to 35 in 1998. The number of female drug addicts remained fairly stable at around 25 percent.

Other indicators of heavy substance abuse (such as police and customs catches, number of people suspected of narcotics-related crimes, number of people treated for narcotics-related conditions, and number of narcotics-related deaths) support the contention that the number of addicts increased in the 1990s. However, some of the increases in the levels of these indicators may have been caused by factors other than a rise in the number of addicts. For example, the increase in narcotics-related mortality may in part be explained by the fact that addicts became older, as was mentioned earlier. Yet it seems reasonable to conclude that the results of the three counts and together with the other indicators do reflect a real increase in heavy narcotics abuse in Sweden during the 1990s.

We have only limited knowledge of welfare developments among drug abusers, even if we do know that the group as a whole suffers from considerable disadvantage. Available data indicates that the first years of the crisis-ridden 1990s saw a shift towards an increasingly marginalised population of addicts (Svensson 2000), and that the situation then worsened, at least with regard to the labour market ties of heavy drugs abusers (Olsson *et al.* 2001).

Criminality¹³

Criminality can be seen as a welfare problem in a number of ways, not least for the victims of crime. We have previously shown that the proportion of the total population experiencing violence or threats did not rise in the 1990s. We also know that those at greatest risk of being the victim of crime are groups who also have other welfare problems, and that there was a tendency in the 1990s towards a greater risk of violence in certain particularly vulnerable

¹³ This section is based mainly on the research report presented to the Commission by Felipe Estrada & Anders Nilsson (SOU 2001:54).

groups (see the above and Estrada & Nilsson 2001). It is also important to observe criminality given the fact that the childhood and other circumstances of particularly the most marginalised criminals are often disadvantaged (Nilsson 2001).

The more or less continuous rise in the number of crimes in Sweden reported to the police was broken in the 1990s and stabilised at around one million reported crimes per annum (National Council for Crime Prevention 2001). Just over 70 per cent of these reported crimes concern theft or damage. The incidence of reported crimes of violence deviated from this general trend by increasing sharply in the 1990s. There are certain difficulties associated with using criminal statistics as indicators of crime trends, in particular crimes of violence, because changes in the tendency to report crimes clearly influence findings. Statistics Sweden's ULF-surveys, where a selection of the Swedish population has been asked questions about their experiences of crime ever since 1978, provide a useful supplementary source of information. The proportion of the Swedish population reporting having experienced theft or damage increased up to 1990, after which it levelled out. In other words, people's self-reported susceptibility to theft or damage can be said to confirm the trend indicated by crime statistics. In contrast, the sharp rise in violent crime indicated by crime statistics is not supported by victim surveys. The number of men who experienced violence or threats remained stable at a level of around 8 percent in the period 1990 to 1999. The risk for women rose marginally from 5 percent to 6 percent (see section 2.5). A further source often used when looking at crime trends is cause-of-death statistics. The advantage of these is that the number of unrecorded cases is very small because in principle all violence with fatal outcome comes to the notice of the police. Violence-related deaths are also an indicator of the more serious violence that occurs in particularly vulnerable groups. According to cause-of-death statistics, fatal violence did not increase in Sweden in the 1990s.

Much of our interest in criminality focuses on youth criminality, a controversial issue among criminologists (Estrada 1999). However, there is much evidence that the number of young criminals (usually in the age group 15–20) has been relatively stable since the mid-1970s, after a rapid increase in the post-war period up till then. Violent crime is an exception; as with violent crime in other age groups the trends here are difficult to interpret. On the

one hand, criminal statistics from the end of the 1980s show a clear rise in crimes of violence committed by young people. On the other hand, a more stable pattern emerges from other sources such as victim surveys, self-reporting, and the incidence of fatal crime among the young (Estrada 2001).

There is essentially no information about developments of the welfare resources of criminals. However, a level of living study carried out by the department of criminology at Stockholm University gives us an insight into the welfare of some 4,000 prisoners (representatives of the most marginalised criminals) on one particular day in the late 1990s (Nilsson & Tham 1999). The survey used a number of the measures that the Commission used in its analyses of the population as a whole. Not surprisingly, the differences between the prisoners and the rest of the population were very great. According to virtually every definition used, the prisoners are a group which is marginalised or socially excluded.

Homelessness¹⁴

Our knowledge of the causes, extent, nature and consequences of homelessness are limited today. This is partly because there is no accepted definition of homelessness. Nation-wide surveys have only been carried out sporadically and often on the basis of differing definitions and restrictions. All available estimates of the number of homeless people in Sweden should therefore be interpreted with caution.

One rough estimate indicates that homelessness remained fairly constant or possibly fell somewhat in the 1990s. The nation-wide count of homeless people carried out in 1993 (National Board of Health and Welfare 1994) arrived at the figure of nearly 10,000. The National Board of Health and Welfare carried out a further study in 1999 (National Board of Health and Welfare 2000) and found just under 8,500, a fall of around 15 percent. This figure cannot however safely be interpreted as a real reduction because homelessness was more strictly defined on the second occasion. It should also be noted that there are some dangers involved in drawing conclusions about homelessness in the 1990s on the basis of information from the two survey years of 1993 and 1999. There

¹⁴ This section is chiefly based on the research report presented to the Commission by Hans Sward (SOU 2000:37).

are some indications that the situation deteriorated particularly in the first years of the decade – for which there are no nation-wide statistics. It is known, for example, that evictions increased between 1990 and 1993, which could have had consequences for homelessness (Flyghed & Stenberg 1994).

Even if available data does not indicate a rise in the numbers of homeless in the 1990s, some evidence does nevertheless suggest that the number of homeless people with serious and extensive problems was greater at the end than at the beginning of the decade (Finne 1999; Ministry of Finance/ESO 1999). According to the National Board of Health and Welfare there was an increase between 1993 and 1999 in the numbers of homeless with drug dependency problems (up from around two-thirds to almost 80 percent) and such severe mental health problems that treatment was necessary (from 17 percent to 35 percent). Further, the number of homeless people who were sleeping rough or living in shelters – a fairly small percentage of all homeless people – was greater in 1999 than it had been in 1993.

4 Summary: Individual Resources

A review of this type presents a wide variety of welfare resources and a whole series of changes. When these are looked at together, they cannot always be interpreted in terms of changes for the better or the worse. However, in this final report we focus less than in our previous work on the fluctuations in resources in the course of the decade and more on the situation at the beginning and the end of the 1990s. The sheer amount of information presented here might seem somewhat overwhelming. Not only do we deal with a great many criteria for welfare problems but they are also taken from a great many sources and are reported on separately for a large number of groups. However, we feel that what we have chosen to present here is of great relevance for Swedish welfare policy. This is not only the case for those trends which indicate that social divisions increased in the 1990s or that there was a general deterioration over time. It is equally important to note and try to learn from those cases where welfare standards were maintained or even improved in the course of the decade.

If we first turn to the course taken by the social welfare of the Swedish population as a whole in the 1990s we can see that in a great many ways people's circumstances were better at the end of the decade than at the beginning. These include wages, levels of education, amount of physically demanding work, and mortality (general and for infants). Positive developments took place in all of these areas during the decade, even if there was considerable variation in the degree of improvement.

Overall, however, the 1990s were a period when social welfare in Sweden was under great pressure, and this is reflected in the fact that the number of areas which experienced improvements was outnumbered by those in which welfare deteriorated. Reduced levels of employment, mental health and cash margins together with a rise in unemployment, the numbers of people on low in-

comes and with stressful jobs all indicate a deterioration in levels of welfare. The numbers of long-term recipients of social assistance increased substantially, even the problem of drug abuse grew after a lengthy period during which it had fallen. A tendency towards greater inequality can also be observed in the form of a slight rise in levels of poor health and what we have chosen to call 'cumulative disadvantage'. Some of the areas which demonstrated a net 'welfare deficit' over the decade as a whole are clearly linked to the labour market and the earnings from it. However, an upturn at the end of the decade and into the new century helped to improve the situation. In areas which are less directly linked to developments in the economy the recovery was more limited or even non-existent.

To judge from a number of further indicators, people's circumstances at the end of the decade were to all intents and purposes the same as they had been at the beginning. These indicators include disposable income, political resources, social ties, and the fear or experience of violence. There was an overall increase in income inequalities during the period in question, but this was more a consequence of changes at the top than at the bottom of the income distribution. No straightforward evaluation of this change is possible on the basis of the concept of welfare chosen by the Commission, but we can say that in the long-term it is likely to strengthen or make permanent existing social class differences in resources.

Class is a fundamental socio-economic category that means that welfare is distributed differently according to where in the hierarchy the individual finds himself. Manual workers, and particularly unskilled ones, have poorer resources than salaried employees in virtually all fields of welfare. At the beginning of the 1990s, there were substantial class differences in health, education, physically demanding work, income, and pay. These differences remained throughout the decade, but did not increase to any noticeable degree. This means that the tendency of earlier decades towards a reduction in class differences halted. One area in which class differences were considerably greater at the end than at the beginning of the decade was unemployment and employment, where manual workers generally fared worse than other groups.

If we turn to gender and individual welfare, our major conclusion must be that the very obvious gender differences which existed at the beginning of the decade persisted. According to a range of important criteria such as economic circumstances,

employment and health, women's welfare was poorer than men's. Poor economic circumstances, for example the lack of an economic margin, were more common among women than among men. Women's employment rates were lower than men's, and more women than men reported having a stressful or physically demanding job. Women also had poorer self-reported health and reported more long-term illness and more fear, unrest and anxiety. There were, however, a numbers of areas where women enjoyed better welfare than men. Women lived longer, had better social ties and were somewhat better educated. There was also a particular improvement in the numbers of young women with university degrees. All in all our analyses demonstrate that women were not generally hit harder than men by the economic crisis and the changes in the welfare system of the 1990s. Gender differences remained but did not increase, although there were a number of important exceptions. Firstly, the psychosocial work situation deteriorated more for women than for men, and secondly, the rise in temporary employment affected women far more than men.

Single mothers are a particularly vulnerable group among women, mainly when it came to supporting themselves. Throughout the 1990s single mothers had lower incomes, greater difficulties in supporting themselves, higher levels of unemployment and lower pay than the rest of the population. They also reported more stressful and physically demanding jobs, more cumulative welfare disadvantage, and more experience of violence than the population in general. Single mothers are also a group for whom general developments over time were poorest in relation to the rest of the population. This was especially the case for welfare problems related to work, income and health. Trends in income from gainful employment were particularly poor in this group, something which can be attributed to high levels of unemployment and high levels of part-time working among those single mothers who did have employment.

Immigrants were another group that suffered severe labour market problems in the 1990s. Like many other groups which lost ground during the decade, immigrants were already at a disadvantage with regard to health, mental well-being, employment, income, social ties and political resources at the beginning of the 1990s. The group's relative position then weakened further, chiefly in terms of employment and consequently also income from gainful employment. Immigrants are however a highly hetero-

geneous group and their welfare levels are largely determined by how long they have been in Sweden and by their country of origin. Their individual resources are poorer the shorter the time they have been in Sweden and the less economically developed their country of origin is. In other words, the particular problems experienced by this group are most common among those whose arrival in Sweden as refugees coincided with the crisis on the Swedish labour market.

What young people as a group shared with the newly-arrived immigrants in the crisis years of the 1990s were very obvious difficulties in establishing themselves on the labour market. This problem was caused not only by falling employment rates but also by the relative difficulty experienced by both of these groups in competing for the jobs that did exist. Their lack of previous ties with the labour market meant, furthermore, that they seldom qualified for unemployment benefits and were therefore obliged to claim social assistance. For others, education was a way to escape unemployment. The combination of all of these factors meant that the "age of establishment", i.e. the age at which 75 percent of everyone born in a certain year have found employment, rose in the 1990s by five years for men and nine years for women. A further disturbing trend observable for the 1990s was the substantial increase in levels of poor mental health among young people, and particularly among young women. The 1990s saw an overall age shift in the distribution of welfare, whereby trends in incomes and economic resources generally favoured older rather than young people.

Finally, our analyses also show that children as a group did not fare well in the 1990s. The financial circumstances of families with children were generally worse than for the population as a whole. The proportion of children living in families with very low incomes or no cash margin increased somewhat during the decade. This was particularly noticeable for children in the age group 0–6. Because the named income problems are measured on a household basis, children's economic circumstances follow those of their parents to all intents and purposes, which means that the children of manual workers, immigrants and single parents often experience conditions of financial hardship.