



# Center for the Advanced Study of Aging Services

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## **Aging in Sweden and Denmark** **Professor Andrew Scharlach** **July, 2011**

Sweden and Denmark face many of the same issues associated with an aging society as the United States. While Sweden and Denmark traditionally are thought of as strong welfare state societies, their governments' role has been shrinking in recent years. As is the case in the United States, the challenge is finding the appropriate balance among public sector, family, community, and private responsibilities.

All three societies share a strong value of self-reliance and independence; they are also examining what happens to individuals who require assistance in maintaining their independence or meeting basic needs. In the United States, the family has traditionally played the primary supportive role, while in Sweden and Denmark, the welfare state has been providing that assistance for the past 40 years or so. With declines in the role of the welfare state, these countries are looking to civil society – such as voluntary associations and nonprofit organizations -- to fill this secondary role, just as they have in the United States for those without family support.

For many years, Sweden and Denmark have been leaders in creating “homelike” living environments for older adults who have care needs. Sweden's service houses are a model for combining supportive housing with a rich social experience. Older adults have their own apartments, complete with full kitchens. They also have on-site restaurants or cafeterias, health clinics as well as a senior center or other social programs. Until recently, they also had access to a coordinated, well-trained group of care providers available 24 hours-a-day to provide assistance.

As is true for all types of care in Sweden, individuals pay for room and board while the state pays for health and social care services, with eligibility based solely on level of need, not income. An effort is underway to unbundle these services to enable individuals to contract privately with healthcare and in-home assistance providers, placing more responsibility on individuals and their families while potentially reducing the coordination and integration of services.

Unlike in the United States, Swedish nursing homes and other care facilities for disabled individuals feel very much like a true home. Virtually everyone has their own room, complete

with a private bathroom and kitchenette. The rooms are furnished with personal possessions, allowing the space to feel like a small studio apartment rather than a healthcare facility, with nurses and nurse aides stationed outside the immediate line of sight.

As residents are expected to be as independent as possible and only ask for help when needed, every room is outfitted with various technological supports designed to reduce the need for human assistance as well as the physical strain on care providers. Additionally, the buildings themselves are located in quiet areas, often surrounded by grass and sometimes parkland. These settings provide a more peaceful and pleasant ambience than is normally associated with nursing homes in the United States.

The United States, Sweden, and Denmark seemingly have much to learn from one another. Sweden and Denmark provide strong models for more humane aging, especially for people with disabilities. Danish elders, for example, are frequently ranked as among the most satisfied and healthiest in the world. At the same time, the United States offers a strong knowledge base in the roles of the voluntary and nonprofit sectors as well as innovative approaches to meeting the needs of an increasingly diverse elderly population.