

Article

New Institutions for the Elderly in Sweden Senior House and a New Form of Homes for the Aged

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Abstract

In order to consider how institutions for social welfare should be in Japan, which has an aging society of 20% aging rate, this is a part of a study which analyses the social welfare policies and institutions in Scandinavian countries; so called welfare states.

In 1960s, the Swedish Government announced the abolishment of the homes for the aged which had inferior living environment by 1990, the notable feature of the newly developed at-home-like facilities for the elderly attracted considerable attention although some subsidies were abolished. However, the government has started to subsidize the homes for the aged again and it is their small scale homes for the aged with superior living environments as well as group homes that are the feature of the Swedish welfare institutions.

As individualism developed, homes for the aged have become more and more like private rooms and welfare service at home has developed, however in order to take the elderly's isolation and anxiety away, group homes or a room for two persons' use are drawing attention. Sweden has provided more and more Senior Houses which were made with an intention to make an aging society without isolation or anxiety by creating a good community from one's youth and carrying out good care mainly by a mutual help or cooperation for the elderly after one gets older.

Thus Sweden is reaching an age of cooperation that we may call 'a positive measure of providing a room for two persons' as a second stage after having experienced an age of a private room for the elderly respecting individual privacy.

Key Words: Sweden, Welfare Institutions for the Elderly, Senior House, Group Homes

In Japan where welfare for the elderly is becoming a matter of concern, the system of welfare in Scandinavian countries, the so-called welfare states, are attracting quite much attention. However the advantage of the welfare system in these Scandinavian countries has not actually had an effect on Japan's welfare system so far and there is still much for us to study regarding Scandinavian institutions and facility buildings. In particular, with what a new institution for the elderly should be like, and that which Sweden is attempting to establish. This paper reports on the actual situation of welfare institutions in Sweden based on an investigation carried out from July 16 to July 20, 1995. This investigation was conducted by observing their facilities and by interviewing administrative officials concerned, staff and residents.

The Present Situation in Sweden

Population

Sweden has a population of 8,688,000 at present. The elderly population in Sweden is steadily increasing just as in Japan, and the aging rate is expected to exceed 20% in 2025 and it is said that elderly persons over 75 years of age is increasing (Fig.1).

The present aging rate is 17.7% ; higher than in Japan (13.5%) and is also higher than Denmark(15.6%) (Fig.2). The average life of men is 75.35 and of women is 80.79 years old (1992).

An Outline of the Welfare System in Sweden

Care of the elderly in Sweden has served for a long time as a model from its synthetic system and the range of its financial support for other countries all over the world which hold aging societies. However in practice it does not have so long history. The government rarely dealt with its housing problem especially until 1930 and they began to deal with it after the social welfare system was set up in 1940 and their Poor Houses (facilities where a disabled elderly or a senile dementia was instituted) were abolished.

Sweden has been protected all the people as a welfare state and it is not a responsibility to a family who holds the elderly, especially physically or mentally handicapped elderly. Instead, the nation takes this responsibility. The basic objective of the care for the elderly in Sweden is to secure the life that the elderly can get medical or special care, that he/she can live in a modern housing and that he/she can live a financially steady life. Besides this principle, Sweden National

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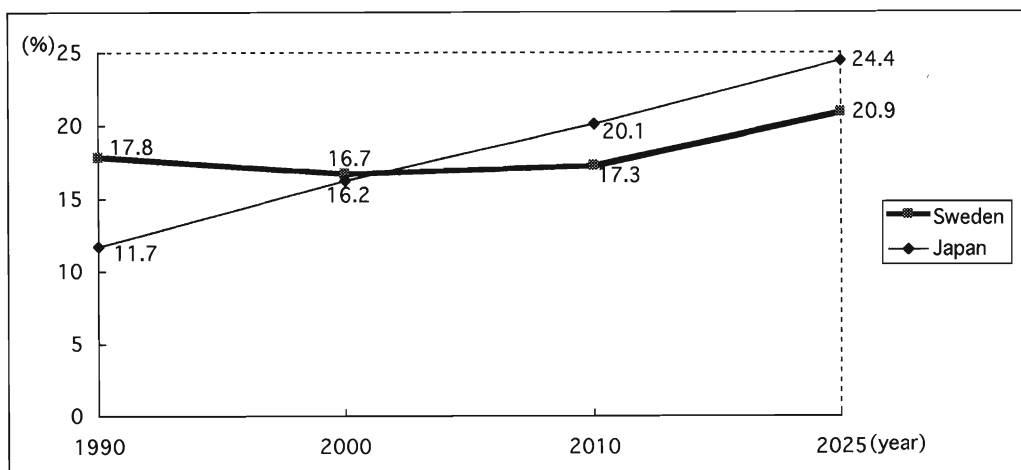


Fig. 1. Aging Rate Trend
(Data: United Nations, World Population Prospects-1992)

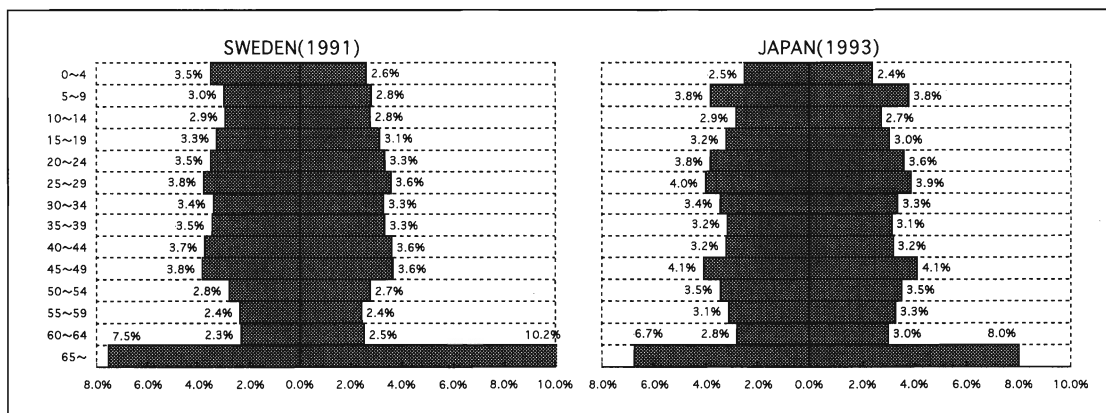


Fig. 2. Population pyramid
(Data: United Nations, Demographic Yearbook-1992)

Research Institute set up in 1981 five guiding principles against each self-governing body.

1. Normalization

This means that each person should be given the maximum opportunity to live and function in a possibly normal environment or under possibly normal conditions.

2. Viewing a Person as a Whole

This means that they should value and deal with the psychological, physical and social welfare needs of each individual for a single context.

3. Self-Determination

This means to respect individuality. Individuals must have the right to determine their own life. Regarding elderly

care, the right to receive social security and the right to determine their own life must be combined.

4. Influence and Participation

This means that individual must be able to influence not only their immediate environment, but also society as a whole. The elderly wish to feel that their existence is necessary by executing their duties.

5. Property Managed Activation

This means that a meaningful theme to carry out closely in cooperation with others in normal and exciting environment should be prepared.

An Outline of Housing and Institutions for the Elderly

Sweden is providing the elderly many apartment houses with care by giving their first priority to equip the environment (barrier free styled, supplementary tools installed or with medical care) in which the elderly can live in an ordinary house. In addition, there are institutions as described in the following sections.

Homes for the Aged

In 1960s, the Swedish Government announced a policy of 'abolition by 1990' of the homes for the aged with inferior living environment and stopped some of the subsidies. However their at-home-like homes attracted attention and they started to subsidize the homes again. It is their small scale homes for the aged with good living environment which take the second half elderly's anxiety away as well as group homes that may feature the future housing supply.

On the other hand, there still exist the conventional homes for the aged which have inferior living environment for the elderly to live together. Those provided in 1950s or 1960s are still remaining. They are changing into private rooms or group houses.

The facility with rooms for two persons' use which were built during the period of the shift took the elderly's isolation and anxiety away as a result and those rooms for two persons are being reexamined and some amendment will be taken in their adopting private rooms.

Local Nursing Homes

These are the medical institutions only for the elderly who are physically handicapped to get long-term medical treatment. They were originally the institutions which were providing rooms for the elderly to live together however they were not an environment enough for the elderly to live as their own house. Now these institutions have become more and more like houses where the residents' independence and privacy are guarded.

Service Houses

These are the residential form institutions which the elderly can optionally choose to live in an independent room or to get life supporting service. These service Houses give support necessary for the elderly to be independent in some respects such as financial, housing and physical support. Also, the Service Houses are equipped with many public facilities (restaurants, rooms used for activities, medical clinics and shops, etc.) Each room can contact with staff rooms and the elderly can reach staff with an emergency warning bell. They also have a passive type of warning system if residents do not flush or use the toilet for 24 hours to guard against certain accidents.

Group Homes

When the elderly reach older and grow physically weaker, or when their disease or senility become worse, it becomes impossible to keep on living in their houses. Group homes were made for these cases as residential institutions with care, each of which is composed of a central public space and of rooms (independent house) with care with staff on duty 24 hours a day.

Senior Houses

These are the houses which the elderly over 55 years old can enter into and which will in the future convert into houses with their aging care mainly by mutual help or cooperation. It is an attempt to let the elderly get older with a reason for living in a community formed before they reach older.

Examples of Housing

Homes for the Aged: Råksta (photos. 1-4, Fig. 3)

This was originally an institution for alcoholic sailors, with 160 rooms built in 1969. It was rebuilt into a home for the aged after 1977. Currently there are 5 buildings used as homes for the aged and 1 building used as a mental hospital. 3 floors are used for the aged in each building and there are

Table 1. Number of staff in Råksta.

There is also a nursing home attached to these homes for the aged with 204 staff.

	Staff
Day Center on the first floor	1 occupational therapist 1 physical therapist 3 nurses
on each floor	1 helper (only helpers are on duty at night)
Group Homes	40 helper per a day
Homes for the Aged	37.5 helpers per a day

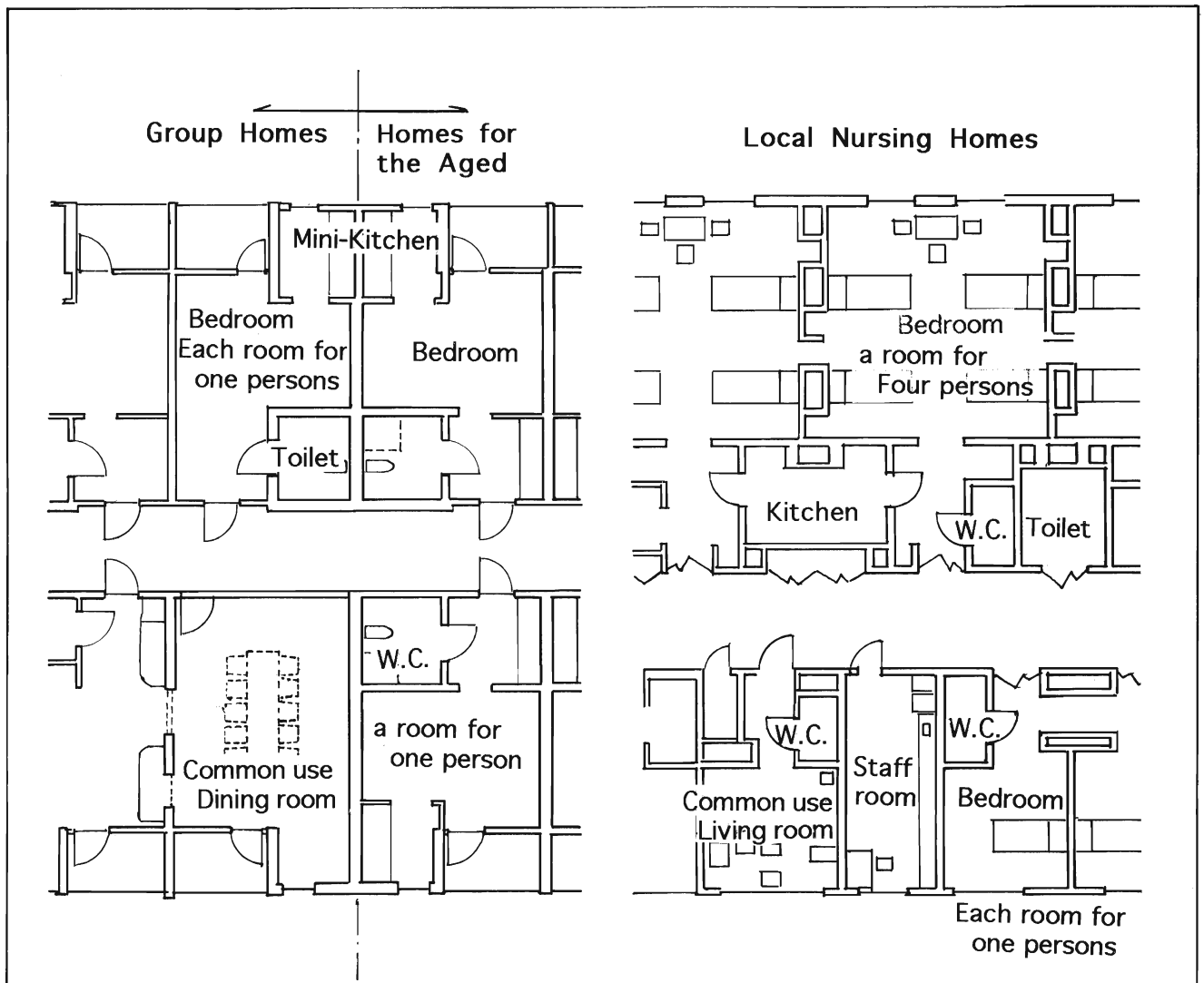


Fig.3. Råksta; plan of a room

8 rooms for two persons' use and 12 private rooms on each floor. A further, 2 floors are used for residents with senile dementia and is used as group homes for 7 to 8 persons' use. Numbers and classification of staffs in this institution is as shown in Table 1.

Senior House Eken (Photos. 5-7, Figs. 4, 5)

In this institution 74 Residents live in 42 housing lots.

There are facilities to enjoy such as a hobby room, party room and sauna.

Mutual help is their basic principle, however when they can no more care for themselves, home helpers (municipal) will be sent or security service (municipal) will be provided. In cases where 24 hour care is needed, they enter into nurs-

ing homes. Thus each level of care is being used effectively in these houses.

Conclusion

As stated above, the welfare system in Sweden has become synthetic and they do not deal with it only by its facilities. It should be understood from the standpoints that: the government takes responsibility to take care of the elderly instead of it being their familie's responsibility and that "Normalization" is rooted in the welfare policies. Since the average family has downsized, the system where the nation takes care of the elderly works in Sweden, however, further investigation is needed including our family form whether it is

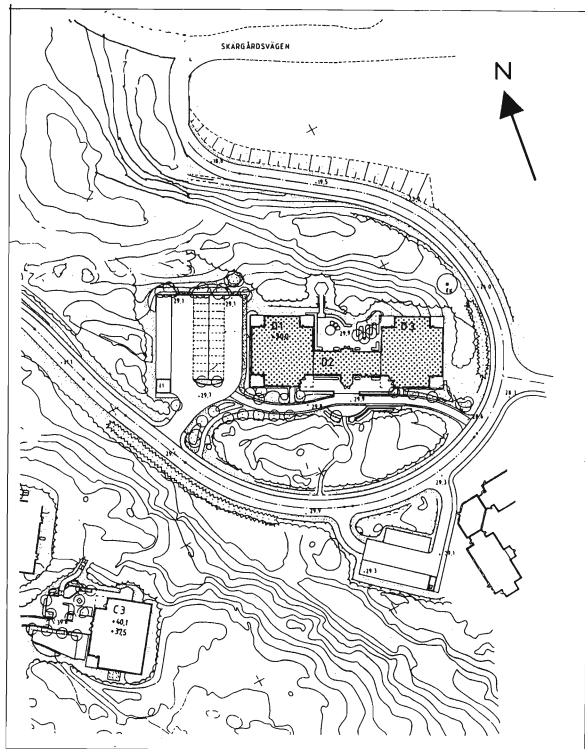


Fig.4. Eken; Site Plan
(HSB STOCKHOLM, Bofakta Brf Eken)

mentally possible in Japan, which has a traditional family form, for the elderly to get security of welfare as one individual elderly by breaking off his/her relationship with his/her family.

In providing and planning the facilities, Sweden has changed the homes for the elderly to live together into group homes which enable the elderly to feel at home. It has also changed the form of its nursing homes into those with private rooms, thus having many points which Japan should learn from. On the other hand, rooms for two persons' use in the homes for the elderly built during the change in welfare policies were once planned to be thoroughly abolished, however those rooms for the two persons have come to be reevaluated because they take the elderly's isolation or give them a sense of security and the Swedish Government will make an amendment in their policy of adopting private rooms for the

homes for the elderly. This is also a subject which needs further investigation. Also need to consider it as another way of providing facilities.

For future reference, enough consideration must be given to the at-home-like environment of the small scale homes for the aged with excellent living environment as well as group homes .

Recently, their Silver Houses or 'Collective Houses' i.e. public houses which are not mentioned in this paper, serve as a reference when providing housing for the elderly.

Currently, there are many group homes which were purchased and rebuilt instead of being newly built. This is due to the heavy financial burden and it is also necessary to drastically review facility planning such as covering the shortage by rebuilding old houses or providing good quality homes.

Regarding investigation of the actual situation of the facility buildings and notable features in Swedish architectural planning in detail, I would like to further study and arrange data using the same method as in other investigations of other welfare countries.

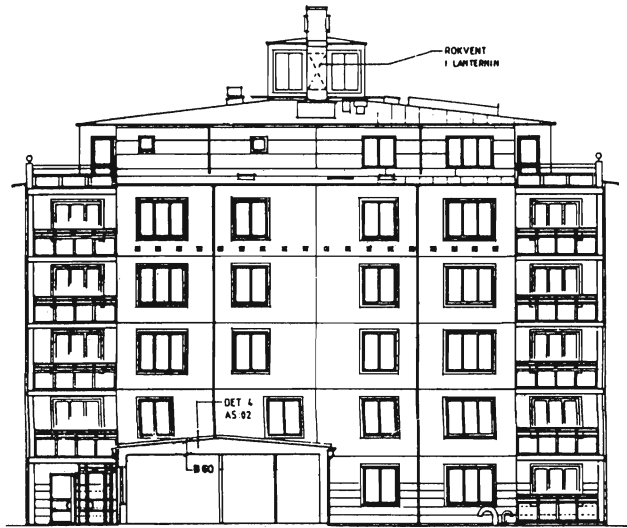
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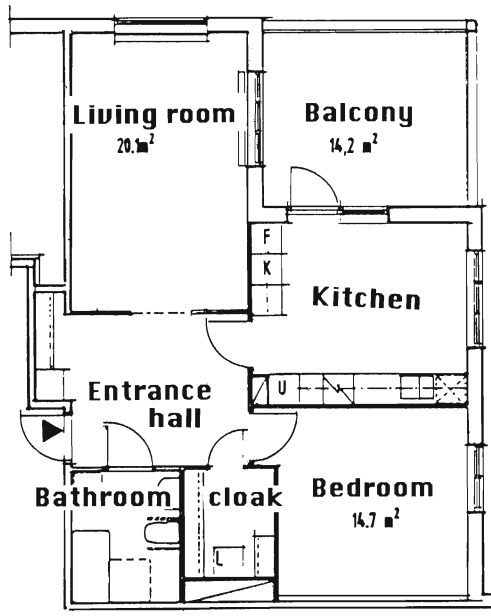
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2 rum och kök
TYP D2:1 73.5 m²



3 rum och kök
TYP D3:1s 89.0 m²

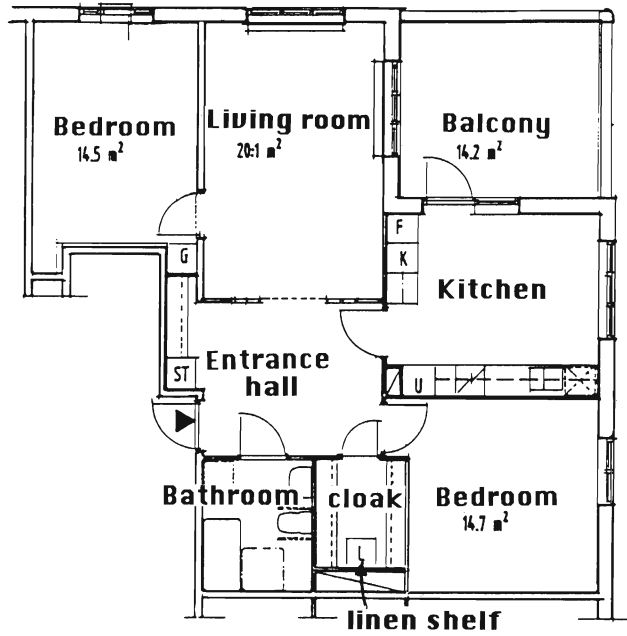


Fig.5. Eken; Plan, Elevation
(HSB STOCKHOLM, Bofakta Brf Eken)



Photo. 1. Råksta, the View from the Front



Photo. 3. Corridor



Photo. 2. Living room in common use
It is always used by the residents and is a beautiful.



Photo. 4. The inside of the room
The inside of each room is not small and the residents can bring their own furniture in and live as if they were in their own houses.



Photo. 5. Eken, the View from the Front



Photo. 6. The view of the living room in common use from the public garden.



Photo. 7. Living room in common use.
It was equipped with the intention of activate communication among the residents and various activities are carried out.