Personal Ombudsmen in Sweden

Sweden (Socialstyrelsen – National Board of Health and Welfare) - ESTABLISHING A NATIONWIDE SYSTEM OF PERSONAL OMBUDSMEN

Guardianship, hospitalization, institutionalization, powerlessness, isolation, drug addiction, homelessness, suicide, and violence are among the negative situations and conditions that the Swedish system of Personal Ombudsman helps to prevent – proving to be a true ‘change maker’ in the lives of many persons with disabilities.

IN BRIEF

In 2000, Sweden established a nationwide system of Personal Ombudsmen that provides support in decision-making for persons with severe mental or psychosocial disabilities. Personal Ombudsmen (POs) are highly skilled persons who do outreach work and establish trusting relationships with individuals in need of support. They assist individuals in taking control of their own situation, identify care needs, and ensure that these individuals receive the necessary help. POs have no medical responsibility, nor do they make any decisions in the capacity of an authority; they work only to represent the individuals they assist.

FACTS & FIGURES

- Initial Year: 2000
- In 2014, 310 POs provided support to more than 6,000 individuals.
- In 2014, 245 municipalities (84 percent) included POs in their social service system.
- A 2005 study reported that individuals with disabilities who are supported by a PO require less care and that their psychosocial situation improves.

INNOVATION

Empowerment

A PO makes contact with persons living in isolation and poverty. As many individuals with severe psychosocial disabilities are very suspicious, the PO has to reach them step-by-step by developing a channel of communication, establishing a relationship, starting a dialogue, and gaining their trust.

Accessibility
There is no complicated formal procedure to enlist the support of a PO, since many psychiatric patients would back out of the process if they had to sign forms. Instead, they simply need to ask for help.

**Peaceful resolution of conflict**

Prior to having a PO, many individuals are angry about their social environment because of past bad experiences. POs help to solve most conflicts: with neighbours, with family, with psychiatry, and with social services.

**CONTEXT**

While the PO scheme has drawn on models found in the United States and the United Kingdom, it differs considerably from these. From 1995 to 1998 the government funded ten pilot projects, of which several were run by municipalities, some were set up by civil society, and one (PO-Skåne) was set up by an organization of persons who formerly used institutional and psychiatric care. As the pilot project evaluation showed both good qualitative and quantitative outcomes, the Parliament decided in 2000 to expand permanently the PO system to the whole country. A 2005 study reported that the scheme is profitable in socioeconomic terms since individuals with PO support require less care and their psychosocial situation improves. As a result, the National Board of Health and Welfare (Socialstyrelsen) began to promote the PO as a new social profession. In 2013 a new regulation entered into force that established permanent funding for the PO system.

“The PO does not act according to what he or she thinks is for his client’s own good. The PO only carries out what the client tells him or her to do.”

—Maths JESPERSON, PO-Skåne

**KEY FEATURES**

A PO holds an independent position in a municipality’s social services system and supports individuals who have a complex need of care due to a psychiatric disability. The first step of a PO is to establish a trusting relationship, which means he or she must be 100 percent on the side of the individual even if the individual’s interests should run counter to the opinions of other professionals. It is common for the individual to establish contact with a PO, or for the relevant social or psychiatric services to do so, or that it takes place through a user organization. Once trust is established, the PO maps the client needs. As a third step, the PO and the client draw up a joint action plan. Usually, POs
work for municipalities; in some places they work for foundations, voluntary or care associations, or even businesses. In general, two or three POs work together, each serving about 15 clients a year.

**OUTCOME, IMPACT AND EFFECTIVENESS**

- PO operations reduce costs by approximately €80,000 per assisted person over a five-year period.
- In 2013 a new regulation included the PO system in the regular welfare system.
- A 2014 report states that Swedish local governments see the PO system as a natural part of the services that are expected to be offered in a municipality.
- The National Board of Health and Welfare promotes the PO as a new social profession.

**TRANSFERABILITY, SCALABILITY AND COST-EFFICIENCY**

The PO project began in Oslo in 2010 and became a regular service in 2014, and it is also operating in Helsinki. Moreover, in 2014 the Czech Republic announced that it will soon provide such services as well.

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**SOURCES**


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