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Some Trends and Issues in Social Work Education – the Case of Sweden

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1. Introduction

I will talk about some trends and issues in Social Work education in Sweden. First I will give you some information about the academic discipline Social Work. After that I will talk about important issues and trends in Social Work education. Finally, I will focus on a global problem and that is population ageing and I will discuss its implications for elderly care and consequently for training in Social Work in Sweden.

Sweden is a universal welfare state and social security is provided for the entire population. Doing so is primarily the responsibility of the public sector, i.e. of both the national government and local authorities.

Local authorities in Sweden have a high degree of autonomy. Local authorities set their own taxes and local income tax is the main source of revenue for municipalities. Local authorities are responsible for a wide range of care services directed to children, dependent older people, mentally and physically impaired peole and for social assistance.

Social services departments in local authorities are by far the biggest employers of graduates in Social Work in Sweden. They offer work in social welfare e.g. with:

- children, youth and their situation (including investigation concerning custody and adoption)
- drug abuse
- poor people and social assistance
- care of disabled persons and elderly

How are social workers trained? The basic programme in Social Work education takes 3 1/2 years that is seven terms. At Lund university, six of the seven terms consist of theoretical studies i.e. compulsory courses in Social Work and complementary subjects e.g. psychology, sociology and law studies. On the 7th term courses are optional. During one term, and that is the 5th term of the programme, we have compulsory supervised field work. When having fulfilled all requirements of the programme the student gets a Bachelor degree in Social Work. Most social workers in Sweden have passed this Bachelor degree. Some social workers, but a minority, have also passed a Master degree in Social Work.

For Bachelors we have voluntary Master-programmes of one or two years′ study. Being a Bachelor in Social Work is a precondition to enter the Master-programme.

Social Work was established as an academic discipline in Sweden in 1977. So Social Work is quite a new academic discipline. The discipline Social Work, as defined in Sweden, includes studies of causes of social problems affecting individuals, groups and communities as well as problems in relations between individuals and their social environment. It also includes studies of different solutions to social problems and preventive measures which can be taken, from a macro-level (i.e. social policy) down to a micro level (i.e. work with individuals). This is a very broad definition and Social Work in Sweden also includes what in other countries are called social policy, welfare policy or social administration.

Social Work is an expanding discipline in Sweden. Ten years ago we had training for Social Work at seven universities or university colleges. Today, this figure has been doubled. And in the near future we will probably have Social Work training in about 20 places. I will say more about this expansion later on, but first I will say something about a big issue of today for all kinds of higher education in Sweden. And that is the so called Bologna Process.

2. The Bologna Process

According to the "Bologna Process" 45 countries have decided to create a unified design for higher education in Europe. Three points are important for the participating countries: the degree-system, the recognition of degrees and periods of study and quality-assurance. The goal is to promote mobility between countries and to increase the possibilities for graduates to get relevant employments within Europe.

The new degree system contains three levels: basic level (3 years), advanced level (2 years) and PhD level (3 years). One important word here is "progression" meaning e.g. that students must have a Bachelor in Social Work to enter a Master-course in Social Work. The new system also contains a new credit-system. Full-time studies during one year correspond to 60 credits. So our credit-system has nothing to do with hours in a class; only time of study is important.

For Sweden this reform has just started. So now we have a new degree structure and a new credit system at our universities.

One consequence for my university is a new Master- programme. Earlier we had a course which only lasted one term after the Bachelor-degree in Social Work. Now the main Master- programme in Social Work corresponds to 4 terms, according to the Bologna-declaration. Which are the requirements to pass the

Master`s degree in Social Work? We have compulsory courses during three terms:
Writing and defending a thesis
Science of science and research methods
In-depth studies in professional social work.
During one term we have optional courses.

We also have a one-year Master degree containing half of the credit requirements for the two-year master. This one-year-master degree can be seen as an intermediate degree in the main master-programme.

We have part-time courses and internet-courses in the Master- programmes. These courses are suitable for further training for professional social workers so that they can combine work with studies. A lot of development work is going on regarding these courses. The goal is to increase accessibility to higher education in Social Work. To increase accessibility to academic studies in general has for many years been an important goal for the Swedish government.

Something very new is that, according to European guidelines, the goals of a course must be expressed as "learning outcomes". The goals must be stated in the syllabus or the curriculum. Before, the goals of a course encompassed the contents i.e. what is to be done during the course. Learning outcomes means that goals are expressed about which knowledge and/or skills the student shall have accomplished after having passed the course.

So as you understand the Bologna Process has implied a lot of thinking, energy and work at the Schools of Social Work and in the whole university system.

3. More focus on quality

We have nowadays a strong trend towards focusing on quality in higher education and one important point in the Bologna Process concerns quality assurance. Here guidelines have been established and these encompass both internal and external quality assurance.

Quality assurance of courses means mainly course evaluations. A course evaluation is based on a compilation of the students` evaluations of the course and a compilation of the experiences of teachers. Results from examinations and changes in these across terms can also contribute towards a total course evaluation.

There is a strong focus on quality evaluations at present, both by the national government and by the universities themselves. In order to create incentives for

quality development, part of the funds for study programmes will probably in the near future be allocated according to results from evaluations. Such a system has recently been introduced for research at Lund University.

Students have a strong position at Swedish universities. In our Higher Education Act students` evaluations should play a role in the efforts of improving education. And students must always be represented in committees working with reviewing a syllabus or curriculum. Students are also represented in other committees and boards including the University Board. They are represented, but they are always in a minority position. Teachers form the majority.

A novelty is that all university teachers must have passed a course in teaching methods. So new teachers must have some form of educational training before being employed. This has for many years been a requirement from Swedish university students. The same holds nowadays also for supervisors for PhD students.

Traditionally, Schools of Social Work have employed many teachers with a background in practical social work. These teachers have normally not passed a PhD. Recommendations from the Swedish government say that all academic teachers should have passed a PhD. So a PhD is now a requirement for all new teachers in Social Work, at least in principle. Here you find the strong focus being put on research connection and on developing the scientific basis of Social Work. Consequently, research connection is regarded as an important dimension of quality.

Many quite small university colleges have now established the subject Social Work. As there is a shortage of PhDs in Social Work, these university colleges in many cases either have to recruit teachers without a PhD or to recruit teachers with exams in adjacent disciplines. One consequence of this is that people with a PhD in Social Work have a very good position in the labour market.

4. Evidence based social work

At present there is in Sweden a growing interest in so called "evidence based practice" (EBP) in social work. The concept evidence based practice can have different meanings but common to most definitions is how research evidence is incorporated into professional decision making. According to a dynamic interpretation, EBP in social work is a process that includes a combination of research evidence, client preferences and actions and professional expertise. So it is about bridging the research-practice gap. In order to do so social workers in the practice field must inform researchers by conducting studies that are

applicable to practice decisions and researchers must inform practice by making relevant research available to policy makers and to social workers.

Access to and appraisal of relevant information is a cornerstone to EBP and this means that students in the Social Work programme must be trained in research and critical appraisal of research and the application of evidence including the process of sharing it with service users. What is hoped is that this will increase quality in decision-making and that this will lead to a reduction in the use of harmful practices and an improvement in the likelihood of achieving desired results.

Some years ago the Swedish National Board of Health and Welfare announced funds for some full-scale experimental programmes on evidence based practice in social work. Our School of Social Work took part in this and we now have a close cooperation with a municipality in our neighbourhood. As a consequence, our study programme has become more field-oriented and some of our researchers produce knowledge that social workers need in that municipality. The social workers shall be more research-oriented, that is interested in using scientific knowledge in their work. To achieve this, we arrange seminars and short courses for the social workers and our students are getting more research knowledge in their training.

EBP in social work is quite a big issue at present in Sweden and some academic scholars are critical to the use of EBP in social work. In short they mean that EBP only is a cost-cutting tool and that it suppresses clinical freedom.

5. Population ageing

Population ageing is an important issue in many developed countries and it has implications for care of the elderly and for training in social work.

The first stage of population ageing in the industrialised countries was primarily driven by fertility decline. Many people think that the cause of population ageing has been the huge increase in life expectancy at birth over the past 150 years, from approximately 40 to 80 years in industrialised countries. However, one should bear in mind that the years gained predominately have been in years below 65 years. It was not until life expectancy reached above 70 years of age that it started to contribute to population ageing, which is quite recently. But now and for the future it is expected that population ageing in the industrialised countries will more be driven by declines in mortality in older ages than anything else. Thus, population ageing has shifted from being driven by a decline in fertility to being driven by mortality decline among the elderly.

Sweden is of particular interest when it comes to population ageing. Until recently, Sweden had the highest proportion of elderly in the world. Average life expectancy in Sweden is also very high. Today the elderly (65+) constitute around 18 percent of the population and prognoses indicate that the figure will be 25 percent in the year 2030.

Those producing prognoses agree that the remaining years of life will increase in the future for those over the age of 65. The difficult question is what will happen to the general health, and therefore with the need for nursing and care, during these increased years. Two competing hypotheses are commonly put forward:

1. A better general health leads to postponed illness and periods of illness are pushed forward towards a higher age as the years of life increase.
2. The period of illness and reduced functional capacity is increased. This increase in illness is due to more people surviving acute cases of illness but with permanently reduced functional capacity.

A lot of studies lend a certain support to the first hypotheses. Some recent studies, however, lend a certain support to the second one. One factor that is also considered here is that the prevalence of reductions in cognitive capacity increases with age. Even changes in life style of the population (e.g. increase in the number of overweight people or increase in alcohol consumption) will affect the future pattern of morbidity. As we can see it now, this will have implications for nursing and care of elderly.

6. Elderly care in Sweden

Elderly care has for many decades been an important municipal task in Sweden. Care of the elderly is a social right and regulated in the Swedish Social Services Act. Elderly care includes both home help services and institutional or special-housing care (old people's homes, nursing homes etc). 15 percent of all old-age pensioners receive either of the two forms of elderly care.

The municipal care of the elderly has evolved historically from poor relief. Prior to 1918, no specific care for elderly people existed within the regulated municipal poor relief system. Not until 1918 did local authorities assume responsibility to provide special care for the elderly, but this included only establishment of old people`s homes. The development of elderly care has developed in terms of a three-stage process:

Between 1918 and 1949 municipal elderly care consisted of care in old people`s homes

From 1950 to about 1990 home help services were introduced and developed

From 1990 and onwards the responsibility for home-based nursing has been transferred from county councils to municipalities and these have attained a higher degree of choice when organising the care of the elderly

There has been two critical junctures in the development of elderly care in Sweden. One around 1950 and one around 1990.

In 1950 home help services started and that was done by voluntary organisations. Experienced housewives were recruited for this purpose and the outcome was successful: the elderly were pleased, the demand for places in old people's homes went down, and recruiting predominantly middle-aged housewives who were not normally at the disposal of the labour market turned out to be fairly easy. Often initiated by voluntary organisations, home help services after some time shifted over to the local authorities due to the increase in the number of recipients of care.

Home help services expanded substantially and in contrast to the old people's home system, the stigma of being associated with poor relief was never present.

The expansion was prolonged and peaked in 1978. The notion of home help service as a cheap form of elderly care had prevailed from its initial phase when housewives, paid only symbolic wages, had constituted the majority of workers in home-based care. From the mid-1970s, however, full-time housewives had more or less disappeared in Sweden and it became vital to recruit care staff based on competitive market wages. At the same time, the demand of care per recipient increased which elevated the required level of competence and education of the care staff. Hence, costs for home help services went up. Home help services to the elderly became more expensive, and this came about at the same time as public finances were under pressure.

At that time medical treatments of the elderly were the responsibility of county councils and difficulties in the shared responsibility of elderly care between the local municipalities and the county councils occurred regarding who should pay for what.

Problems within the elderly care system were politically addressed seriously in the late 1980s. In the beginning of the 1990s reforms were implemented. The local authorities were given more extended options of choosing how they wished to organise their services. A noteworthy change was the ending of municipal monopoly of elderly care and the municipalities now became free to engage private companies to provide care for their elderly. A Community Care

Reform was also enacted, by which the municipalities were appointed the sole authority of all care and home-based nursing for the elderly.

Thus, around 1990 Swedish elderly care entered a new path. In effect, the local governments were given more responsibilities but also more freedom.

An important organisational change which was made possible after 1990 was the purchaser-provider split. Community care of the elderly in Sweden was characterised earlier by a monopoly of the local authorities regarding both the assessment of an elderly person's need of care and the providing of care. The person who assessed the care an elderly person needed was usually also in charge of the personnel who provided the service.

The purchaser-provider split involves keeping assessment of the elderly person's need of care separate from the providing of care. Today almost all Swedish municipalities have adopted this model. This new model made new ways of delivering elderly care possible.

At the beginning of the 1990s, the increasing needs of elderly care and the financial limitations of local authorities had given the local authorities strong incentives to adopt strategies for making care of the elderly more efficient. Contracting out of elderly care, which represented one such strategy, increased rapidly. Nevertheless, contracting out still constitutes only about twelve percent of elderly care in Sweden as a whole. The private providers are normally commercial companies run for profit.

Contracting out of elderly care is now showing signs of stagnation, mainly due to risks of impairing the quality of care as a result of cost cuts. Another reason is that elderly persons have no freedom of choice between providers. In this system each provider is in a monopoly situation towards the elderly.

During the latest years a more radical change has been introduced in the form of consumer-choice models. Consumer-choice means that the user is free to choose a care provider other than the municipal one. The financing of a consumer-choice system does not differ from traditional elderly care. In essence, it is thus local taxes that are used and the local government still exercises its municipal authority and the responsibility for assessments of care needs.

One motive for introducing consumer-choice has been to enhance freedom of choice for the care recipients. Also the presence of more care providers is assumed to stimulate market competition. This competition is not based on price, since the municipality decides on the same payment per hour to all providers. The competition is based on the quality of supplied services.

There is for the moment an ongoing discussion in Sweden about consumer choice models in elderly care and the interest for applying such models is increasing. To enhance elderly peoples freedom of choice, to bring new providers into the market and to stimulate quality-competition are the strongest arguments. Consumer-choice models will certainly play an increasingly important role in the future.

7. Management of elderly care and development of professions

Before 1918 there was no specific municipal elderly care in Sweden. In the poorhouses in rural areas the supervisory tasks were normally performed by younger and healthier paupers who also were inmates. They held a controlling function and they were called "Overseers". Around the turn of the last century urban municipalities began to employ salaried officials to be in charge of poor relief institutions. They were often former military men, and they were appointed as "Superintendents". The function of the superintendents was to exercise supervision of the inmates and to ensure that cleanliness, order and morality was observed.

With the introduction of "old people`s homes" in 1918, a new professional profile emerged among supervisors i.e. "Matrons of old people`s homes". They were charged with creating home-like institutions for poor elderly people in need of care and supervision. And this was a job preferably for women. The new policy was reflected in the development of vocational training.

After 1950 and after establishing the new policy in elderly care the matrons also became responsible for medical duties in the old people`s homes. Now they were categorised as "Manageress of old people`s homes". Training was extended to three years and medical care became a more central element in the training. A greater emphasis was also placed on management duties.

For the emerging home help services so called "home help administrators" were appointed. At the beginning there were no demands for special training. The professionally trained managers of old people`s homes did not seek admission to this new branch of elderly care until the expansion of home help services in the 1970s. In the 1970s the county councils took over the medical responsibility for institutional and home based elderly care. So the division between the two types of supervisor, i.e. in old people`s homes and in the home help services gradually disappeared and a new professional role was created. Professional training underwent a radical change in the beginning of the 1980s.

Training became a college education and the study programme for what was named Social Care of elderly became a two-year programme at schools run by the county councils. The students got a diploma after having finished the programme.

In the beginning of the 1990s increasing needs of elderly care and financial limitations gave local authorities strong incentives for making elderly care more efficient. This affected of course working conditions in elderly care. The purchaser-provider model was introduced and new specialised professional roles appeared such as needs` assessment officers and production managers. At the same time the long term medical care of elderly people in nursing homes and in ordinary housing also became a municipal responsibility. So a large number of health care personnel were transferred from the county councils to the municipalities and the number of managers with medical training rose considerably in the municipalities. This was regarded as a threat to the personnel with a competence in Social Care.

During the 1990s training in social care was reformed. The professional body, which has been striving to raise the training levels and gain respect for social competence has encouraged this development. The idea has been that when municipal care increasingly is aimed at the most frail and dependent elderly, there is a need for a comprehensive knowledge based in social sciences but with complementary basic elements of geriatric medicine. Managers of all kind in elderly care must in the future have knowledge of ageing, needs of elderly people and available resources. They must also have social competence to co-operate across professional borders.

And gradually, training was transferred from the county councils to state universities or university colleges.

8. A new study programme

For graduates with degrees in Social Work, on the one hand, and university diplomas in Social Care on the other, trends in the labour-market lead to an increasing overlap for holders of these two qualifications. So some years ago the two vocational qualifications in Social Care and in Social Work were combined to create a new Bachelor degree in Social Work. This has raised the academic and professional status for those working in elderly care.

This means that from now on, students from former Social Care programmes are getting a longer and more qualified training period i.e. seven terms. University colleges are normally not allowed to have Master programmes or PhD programmes in Social Work. Only universities have these programmes. But the

students from the university colleges are eligible to Master programmes and PhD programmes at the universities.

One consequence of the reform is that more university-students take courses in ageing and elderly. In the long run, the scientific base to work in a more complicated elderly care has been strengthened. There will hopefully be better trained management in elderly care, more able coordinators and more capable persons doing needs-assessments.

For the traditional Schools of Social Work this reform had little impact in the short run. But a new problem has emerged as a result of the reform. The old Social Care programmes were not as attractive for students as the Social Work programmes. In fact, work in elderly care is often not a very attractive option for young people. So many of the students in the university colleges now take courses with the aim of getting employment in more traditional social work. This is of course a challenge to the traditional Schools of Social Work and this will lead to a harsher competition in the labour market for our students and the number of jobs is of course limited. It will be more difficult for our students to get a job that they are trained for and this might create problems for the traditional Schools of Social Work. The number of applicants will perhaps decrease and as a consequence, funds will be reduced. To counterattack such a threat, the traditional Schools of Social Work have to compete with showing excellent and superior quality in training their students and to develop attractive courses for management work in elderly care. This is a big issue at present and development work is taking place.