

THE LABOUR MARKET POLICY AND THE HANDICAPPED IN SWEDEN

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For a long time, we have worked with the problems of the handicapped in the field of labour market policy. The employment exchange is probably the institution where the difficulties of the handicapped on the labour market have been best known for the longest period of time.

It took a long time, however, before the employment exchange received any resources whatsoever to facilitate the placement of the handicapped on the labour market. There has been no actual rehabilitation or vocational training with labour market policy features until after the second world war. It is significant that the growth of vocational rehabilitation coincides with the coming into existence of a society with full employment. One of the advantages with the shortage of labour was that the possibilities of the marginal labour force were paid attention to. The handicapped, thus, got their chance on the labour market as never before.

Economic motives

From the beginning, it was an economic motive which stimulated the use of the handicapped labour force: perhaps it would be profitable to employ also those who were handicapped. This was probably true many times and it was of value to the country, the employer and the individual.

The economic motive remains today, but with the slight difference that we cannot refer to a permanent lack of labour, i.e. over-demand, to give the handicapped their chance on the labour market.

Over-demand for labour leads to inflation

We have also seen the negative sides of a permanent over-demand for labour in the form of an uninterrupted and continuous inflation which we cannot accept. Today, we strive for a balance

on the labour market without reducing the possibilities of the handicapped. This is a considerably harder and more difficult situation to work with. If we have accepted full employment, we have accepted it for *all*, also for the handicapped. It becomes a matter of accepting the logical consequences of this political objective—the full employment—by finding the practical methods and means which make it possible to find employment for all handicapped who want to and who are able to work. It costs a lot of money to find work for the last remaining portion of the labour force—all the handicapped which are difficult to place—but this country can afford it. It is more difficult to solve this problem with a balanced employment market than with a labour market characterized by an over-demand, but we must solve it.

Calculations on the number of handicapped are unreliable

No one knows how many handicapped we have in our country (population in Sweden 1968: 7.8 mill.) Partial investigations have been made in different regions and places. Estimations of the total number for the whole country have been made on the basis of partial investigations. Different groups of handicapped have tried to estimate the number of their handicapped. A new investigation committee on vocational training for the disabled has been appointed and it will also try to calculate how many handicapped there are. One can ask oneself, however, if it is so important to know exactly how many handicapped there are in this country. I don't think this is of utmost importance. At any rate, we know that there are enough of them to justify forceful efforts for their employment possibilities—*today*, not tomorrow. We know that today they number hundreds of thousands, not tens of thousands. We know that

Table I. *Groups of handicapped*

Vocational rehabilitation applicants	Year		%	Year	
	1968 (87,000)	1967 (82,000)		1964 (61,000)	%
Orthopedically-handicapped		25,500	31.0	20,500	33.6
Hearing-handicapped		1,000	1.2	850	1.4
Visually-handicapped		1,650	2.0	1,550	2.6
Pulmonary diseases		1,250	1.5	1,500	2.5
Mentally-handicapped		16,600	20.3	11,400	18.7
Other sick persons		14,700	17.9	12,000	21.0
Socially maladjusted		9,200	11.2	4,900	8.1
Alcoholics		7,600	9.3	4,900	8.1
Older workers		1,900	2.4	900	1.5
Other handicaps		2,600	3.2	1,650	2.7

today we have resources to create employment possibilities for tens of thousands of handicapped. We know with the same certainty, however, that we do *not* have resources for hundreds of thousands, but that we need such resources as soon as possible.

We also know that, especially during the last years from the middle of the 60's, the ambition of the labour market authorities to create work for the handicapped has increased in step with the increased resources which have been added in the field of labour market policy. It is a pleasure, in itself, to be able to say that, with the greatest probability, there is no other country which "digs so deeply" into the labour force to really reach all handicapped who need vocational rehabilitation. Still, however, we have not dug sufficiently deep and we are far from the definite solution of the problems of the handicapped. But encouraged by the progress, we must not resign but keep on working both with present and new methods.

Groups of handicapped

Today, we differ between various *groups of handicapped*, for the purpose of surveyability and considering that different means and methods must be used for different groups of handicapped.

Table I shows that, in 1964, we had 61,000 applicants for vocational rehabilitation, in 1967, 82,000, and in 1968, 7,000. Thus, the figure are steadily increasing. As the distribution on various handicap groups during 1968 is not ready, I will discuss figures from 1967 in the presentation which is to follow.

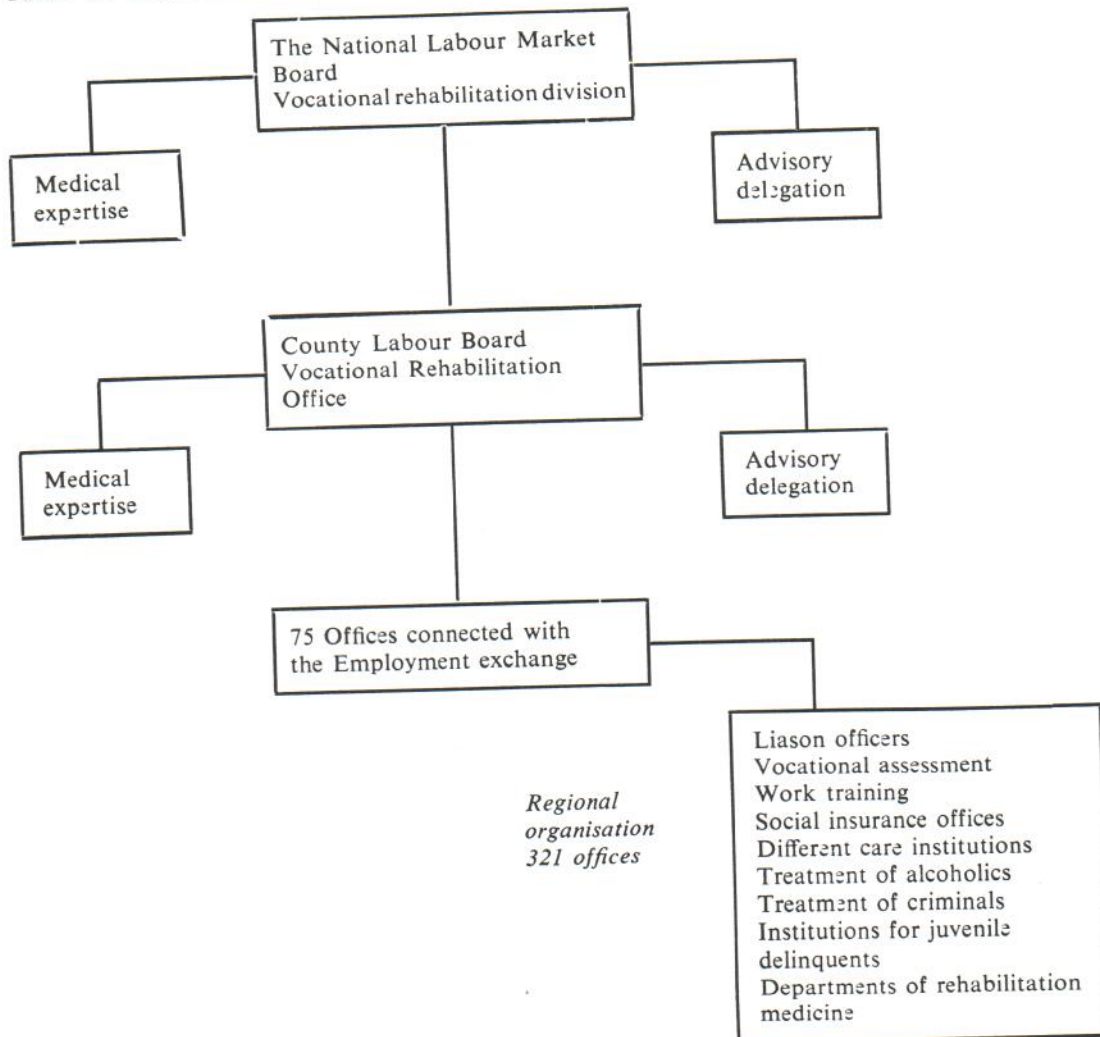
The large group of handicapped are the orthopedically handicapped, which was the first group in the field of rehabilitation that we paid attention to. Thanks to different technical facilities, we have succeeded relatively well in rehabilitating the handicapped in this group or, at any rate, reach such good results that the number of handicapped in this group is being reduced compared with other groups of handicapped.

Then we have the smaller groups, the hearing handicapped, the visually handicapped, and the persons suffering from pulmonary diseases. We are aware of the fact that we don't know about all these handicapped. The groups are comparatively small and, relatively speaking, about as large in 1967 as in 1964. They have a tendency to become smaller, however which is proof of the value of technical facilities.

The number of *mentally handicapped* is increasing. You must not misunderstand me when I say that this increase, in spite of all, is pleasing. Thus, it is caused by the fact that vocational rehabilitation efforts have succeeded in reaching into this handicap group which is probably the most difficult one to handle. The size of the group is increasing, both absolutely and relatively, and will increase considerably in the future. The results reached so far are perhaps not so successful, but still the results are such that it is very encouraging to continue with the methods that are now applied.

The group, other handicapped persons, is one which, relatively speaking, is decreasing. The *socially maladjusted* is a group which is likely to increase, perhaps not because the number of soci-

Table II. Organisation of the vocational rehabilitation



ally maladjusted is increasing totally, but because we have better means and resources to handle them.

The same thing can be said about the *alcoholics* which is a new group. This group includes those addicted to *narcotics*. Then we have a small group with older persons and finally the group, other handicaps. Of course, other divisions can be made, but this division gives a good survey of the groups with which we are working.

We have not yet by any means reached all handicap groups. The contacts differ with different groups, most often dependent on the strength of the handicapped persons' organization. Here the following rule applies: the stronger organization a group has, the better contact it has with the rehabilitation and vocational training authorities.

Still, there remain many handicapped. As I said, they can be counted in hundreds of thousands. But even if we get to the point where we, so

to speak, cover the whole handicap group, we have not reached our final objective. Thus, we must calculate with the fact that the annual addition to the handicap group amounts to tens of thousands of persons. Traffic accidents, other accidents and the industrial rationalizations steadily create new handicap problems. Vocational rehabilitation is therefore something which always must be included in labour market policy.

Organization

The National Labour Market Board is the governmental central authority for vocational rehabilitation. Table II shows the organization. The National Social Welfare Board which now is combined with The National Board of Health, handles the medical rehabilitation. I will not discuss it as I am not a medical expert. What I am talking about is the vocational rehabilitation. But, of course, we have a close cooperation. The National Labour Market

Board is also a supervising authority for the governmentally supported vocational rehabilitation activities which are carried out at different institutions under the auspices of county councils, municipalities or private organizations or foundations. Within the National Labour Market Board, there is a special vocational rehabilitation division which handles the Board's rehabilitation matters.

An advisory delegation for questions relating to vocational rehabilitation is affiliated with the Board. This delegation includes members who represent the Central Committee of the Handicap Organizations, the Swedish Central Committee for Rehabilitation and other individual handicap organizations—for instance for the blind and the deaf—and the parties on the labour market, as well as—and this is important—other national authorities which handle questions relating to handicaps, such as the National Social Welfare Board, the National Social Insurance Board and the National Board of Education. The delegation meets a couple of times per year in plenary assembly and sometimes makes trips in the country to study various vocational training measures. Obviously, there are also almost daily contacts between the staff of the vocational rehabilitation division, the employment exchange in the provinces and the various representatives of the delegation. It is a very important asset for the National Labour Market Board to have such a delegation.

For evaluation of and advice on medical questions, a medical expert is engaged by the Labour Market Board.

Cooperation

On the regional level, there is an approximately corresponding organization with a consulting delegation which is composed in about the same manner and with medical experts. Affiliated with this organization, there are special *vocational rehabilitation offices*, established in 76 places in the country. The field organization of the vocational rehabilitation programme today disposes over 321 employees, but to handle the problems of the handicapped, the number, no doubt, should be tripled. As I have already mentioned, an efficient vocational rehabilitation programme presupposes a cooperation with different organizations which are also responsible for the rehabilitation: *hospital care*—including the medical rehabilitation—the

temperance administration, the *National Prison Board*, the *correctional institutions for juveniles* and the entire school system with its special schools for *vision and hearing-handicapped*. Included in the social welfare scheme is also *social insurance*—especially the hospital care and pension insurance, and all the varied social activities carried out by the municipalities. There must be an intimate cooperation with these organs if the part of the vocational rehabilitation and placement activities for which the National Labour Market Board is responsible is to cope with the task of offering jobs and income for the handicapped.

Vocational rehabilitation and placement

The measures involved in this activity can be divided into tracing measures—which means that efforts are made to come into contact with all handicapped—charting measures, which means that when contact with the handicapped has been established, his status should be investigated; preparatory measures, preparations for his entry into the productive life, employment measures which is the most difficult of all tasks: obtaining work which is suitable for the handicapped in question, and finally follow-up measures, seeing how the handicapped is making out in his place of employment. I can say that this is something we have no time whatsoever for.

I should like to say something about the various phases of this work to give you an idea of how the work is carried out.

First, something about the *tracing measures*. The persons seeking vocational training or employment come to the local offices after having had contact with, among other institutions, hospital care, institutions treating criminals, organizations treating alcoholics, branches of the national insurance scheme, the handicap organizations, municipal organs and schools. Some find the offices on their own and come at their own initiative. Many persons come from the ordinary employment exchange for evaluation or preparatory measures. An intimate contact with the whole labour market is a nucleus in the vocational rehabilitation and placement work which is carried out by the National Labour Market Board. It is considered desirable that the handicapped should have access to and contact with the entire labour market.

An organized cooperation has been established between vocational rehabilitation and placement and the medical rehabilitation clinics which are being established under the auspices of the county councils as well as between the vocational rehabilitation organization and various care-institutions in the fields of treatment of alcoholics, criminals etc. Special contact men, engaged by the rehabilitation machinery, have been given these assignments. There is also an organized cooperation between vocational rehabilitation and placement and the branches of the social insurance scheme, and this means, among other things, that a potential need of vocational rehabilitation or placement is considered for all who have been on the sick list for not more than 90 days. I must admit, however, that we don't have time for everyone because of shortage of personnel. Thus, the organization does not work everywhere in the manner that we would like it to do.

The work possibilities of the handicapped, of course, are often considerably limited. This is being noticed, especially now when we have started to work with those for whom it becomes harder and harder to obtain employment. They simply cannot accept employment everywhere on the labour market. An unsuccessful attempt in productive life—i.e. a trial placement to see how things work out—may be a good method sometimes, but it can also create damage and make the situation worse for the handicapped in question. A basic charting of his potential is therefore particularly important.

Usually, a *medical evaluation* is necessary. The doctor's examinations with the reports which are requested by the vocational rehabilitation office are issued free-of-charge for the handicapped. Of course, we would like considerably more medical rehabilitation and strongly support an expansion of such rehabilitation. Obviously, we want those who seek employment to be as ready prepared for placement as possible when they come to us and we would therefore like the medical rehabilitation to do as much as possible.

Industrial psychology tests also belong to the evaluation measures. Among other things, they comprise an examination of the theoretical and practical intelligence. Sometimes, tests which give a picture of the personality prerequisites are included in the examination.

Vocational rehabilitation contact instruments

Vocational assessments, work training, hospital care (medical rehabilitation), treatment of alcoholics, treatment of criminals, institutions of juvenile delinquents etc. The school and the educational system, i.e. special schools for vision- and hearing-handicapped. Social care of various kinds including social insurance (especially sickness- and pension insurance).

Vocational rehabilitation measures

Tracing, evaluation, preparatory measures, employment, follow-up.

Evaluation

Medical evaluation
Industrial psychology tests
Vocational assessment

Preparatory measures

Work training
Vocational retraining
Adjustment courses
Allowances and loans to obtain technical aids
Economic assistance to start an own business

Obtaining employment

Employment on the open market
Sheltered employment
Semi-sheltered employment
Archive work
Home work
Industrial relief work

Special tests are available for visually and auditorially handicapped. The industrial psychology tests are free of charge for those seeking employment.

The National Labour Market Board today is one of the largest consumers of industrial psychology tests in the country. Last year, about 10,000 persons were tested on behalf of the Board, the major portion of them were handicapped. The cost of the testing was Sw. kr. 5 mill. (\$1 mill.).

We have good experience with the present, modern industrial psychology tests and we should like to have more of it. We are of the opinion that about 10 per cent of all those who come to an employment exchange during one year are in need of such testing. About 800,000 persons per year visit the employment exchanges. Our objective, thus, is industrial psychology testing of 80,000 per year. Today, this would cost Sw. kr. 40 mill. (\$8 mill.).

Employment applicants who are difficult to evaluate can be subjected to *work assessment* which is another evaluating measure. This test-

ing tries, by means of medical, psychological and social examinations as well as practical occupational tests, to chart the interests and the aptitudes of the handicapped, his ability to cooperate with his superiors, his colleagues, etc.

Work assessment takes place both at the State Clinic for Work Assessment in Stockholm, which was established at the beginning of the 1950's, and at 14 departments for work assessment spread throughout the country which are affiliated with the work training institutions. Principals for these departments are the county councils. The capacity is not sufficient. Today, there are 300 accommodations where 1500 persons can be tested annually, i.e. five applicants for each testing accommodation but the objective is to have 1000 accommodations as soon as possible to be able to test 5000 persons per year. The transit period varies between a couple of weeks and a few months. In connection with such occupational tests, an allowance is paid to the individual handicapped and is the same amount as is paid at re-training courses.

After the charting measures, the person handling the vocational rehabilitation knows the capacity of the handicapped and can start the preparatory measures which are of different kinds: work training, vocational training and re-training, adjustment courses if they are required, allowances and loans to obtain facilities for the handicapped and economic assistance to start an own business.

Work training

The work training involves training both of the physical and psychological work capacity of the individual under a doctor's supervision. The training has the purpose of making the handicapped able to perform the work, and to improve his readiness for and adaptation to work routines and work environments. The work training is, of course, many times a continuation of the medical treatment and does not differ from the last stage of the evaluation measures, i.e. the occupational testing. The experts very carefully differ between the two terms; as for myself, I have never quite been able to understand the difference. There probably is such a difference, however.

If possible, the work training should improve the work capacity to the level that is required by a job or a profession on the open market, and we should clearly understand that these demands

seem to become stiffer. The capacity for work training today is about 1500 accommodations at various shops which are operated by the county councils and which receive subsidies from the National Labour Market Board which also is the supervising authority. This activity today can receive about 3500 persons per year, but this is not enough. The immediate objective is a doubling of this capacity. The individual trainee receives the same allowance as is the case with re-training courses.

A second step in the preparatory measures is vocational training and re-training, or continued training, if one prefers to call it so. This is one of our most important means to increase the competitiveness of the handicapped and improve his possibilities of securing employment on the open market. This applies to handicapped youths who already during their school years are prepared for productive life, but obviously also to persons who have become handicapped after having entered into the field of productive work.

Training of handicapped

As far as possible, the training of the handicapped should be integrated with the regular schools and courses and this is also what we are trying to do.

The re-training courses are used to a very great extent. It is impossible to overestimate the importance of the rapid expansion of the re-training facilities for the handicapped. Through these facilities, the handicapped have been given a chance to participate in training which otherwise would not have been at their disposal. I am saying this, especially to those who hesitate to grant allowances to the re-training activity. Consideration should be taken to what re-training has meant not only to the handicapped but also to others. As the Minister of the Interior has said, perhaps it is just in this field that the most pleasing results have been obtained in recent years.

In some cases, a technical and psychological adjustment to the handicap as such must take place before the actual vocational training is started. We try to bring about this adjustment at so-called adjustment courses. This should actually come before the vocational training and the re-training. We must also adapt the handicapped to the vocational training. Such courses are available for vision and hearing-handicapped, deaf-

blind, severely orthopedically handicapped, cp-patients and those who are mentally disturbed.

As we said before, ordinary re-training allowances are paid to the handicapped during the training period. During training where the financing is done by means of study allowances, loans and other economic assistance are granted in accordance with the directive applicable to study grants. This constitutes a dilemma to us, because the training which probably gives the best prerequisites on the labour market does not receive the best support; the handicapped consider it less advantageous to receive study loans, which must be repaid, than to receive re-training grants. We have therefore requested a change so that the handicapped will receive re-training grants even if they are going through a training for which study funds now are used.

Thanks to the rapid expansion of the re-training activity, the training capacity for the handicapped is rather large. *In 1968, 19,000 handicapped were given vocational training. But the capacity needs to be expanded further.*

Transport means and technical facilities

There are also certain funds to make transport means and other technical facilities available to the handicapped. When a car is to be obtained, a grant and, in some cases, a loan of up to 12,000 Sw. kr. (\$2400) can be made available; starting with certain income levels, the grant, of course, is reduced proportionally.

Assistance to start a business

Assistance in connection with the starting or taking-over of a business can be approved in the form of a grant of up to 12,000 Sw. kr. In certain cases, an additional loan of 15,000 Sw. kr. (\$3000), which is to be repaid within five years, can be obtained. This applies also if several handicapped together form a business.

Obtaining employment

When all these preparatory measures have been taken, the most difficult part of the rehabilitation remains, i.e. obtaining a job. Most often, no employer wants a handicapped. Primarily, attempts are made to secure employment for the handicapped on the open market, of course. This is not easy, and in the business recession during the last

two years it has been even more difficult. Last year, 1968, when we had 87,000 vocational training applicants, about 12,000 could be offered employment on the open market through our offices and I think an additional 1000 were given employment through the regular employment exchange. There is no doubt, that it is now considerably more difficult to obtain employment for the handicapped on the open market—the number has been reduced relatively in comparison with previous years.

Thus, the negative interest on the part of the open labour market is a difficult problem for the vocational rehabilitation organization. Still, the handicapped received all the other assistance offered by the labour market policy—help when moving, payment for homes and support in obtaining an apartment. Furthermore, the employer who engages a handicapped receives a grant for a "work assistant", as it is called, of 5000 Sw. kr. (\$1000) per year, if he establishes special services at the place of employment which involve extra costs for him and which are intended to make it possible for the handicapped to obtain a normal achievement. This could apply, for instance to a blind person, one with severely reduced hearing or a person who is severely handicapped due to orthopedic handicap. Furthermore, grants can be approved for special devices at the place of employment which are necessary if the handicapped is to perform his work. The grants amount to half the costs, but the maximum is 12,000 Sw. kr. per person.

The difficulties in getting the handicapped accepted on the open market have initiated a discussion about other measures. The question of *quotas* for employment, so that each employer will become obligated to employ a certain number of handicapped, is being raised from time to time. So far, the governmental authorities have rejected the allocation of quotas. So has the National Labour Market Board; thus, we have never recommended such quota allocations. In some other countries, such quota allocations are applied and the experience of this system has been both bad and good. The countries in question, however, certainly have handicap problems which still are as great as ours.

Thus, the allocation of quotas is no simple matter which is easy to solve. Instead, the question of so-called *semi-sheltered employment* has

been discussed. This means that the handicapped are given employment and the employer receives certain compensation for this. This is actually an old method, but it was renewed a couple of years ago because, at that time, the National Labour Market Board requested a special arrangement: to pay a sum of 5000 Sw. kr. per year—later on it became 2500 Sw. kr. every six months—to the employer who engaged a handicapped who had been referred to him by the employment service. We thought that the regulations of the King in Council had become somewhat intricate and perhaps not as generous as we had hoped.

When the arrangement was put into practical use—and we had hoped for a great deal of success—no special interest was shown neither by the employers nor by the employee organizations, much to our disappointment, unless each and every employer had his special desires fulfilled. Therefore, the results have not been very good. Of the estimated 5000 persons that we had hoped to place in productive work in one year, only 500 received employment. We have now had this system in effect for almost two years, and one interest group is confronted by the other. Primarily, the employers want to have their own handicapped employed before they accept any handicapped from the outside and this is not the purpose of the decision made by the governmental authorities nor is it in the interest of the employee organizations.

The employee organizations have been suspicious of this system. Partly, I can understand this, because if you look closely at the system you recognize the reverse side of a wage reduction; there is no doubt about that. Last autumn, however, the Swedish Metals Workers Union suddenly showed a special interest in this question and together with the vocational rehabilitation offices, the Union started an experimental activity in two provinces. This activity presupposes that the employer shall have the possibility, in addition to employing new handicapped, also to employ some of his own handicapped against the grant of 2500 Sw. kr. (\$500) receivable every six months. The alternative is that he lays off his own employees—who have perhaps been employed by him for 30–40 years—after which they can go to the vocational rehabilitation office and then be referred to the same employer the following week; this makes it formally irreproachable. But in

accordance with the decision of the Parliament, it is perhaps not correct to do so. The question has now been submitted to the Parliament where it still is.

We have taken up the question of semi-sheltered employment in industry against a governmental grant as an alternative to the sheltered workshops operated under the auspices of the authorities. Such shops now exist and approximately 10,000 persons are engaged by them; we know that the need is many times this figure. Of course, it is possible to build up a sheltered activity which is operated entirely by the public authorities for perhaps 100,000 persons, but I believe the costs for this would be unreasonable. It would also be impractical, as these shops, with so many employees, would have less and less to do with the regular production of goods and services. We think that it would be more reasonable to include the handicapped in the regular production and we are unable to completely hide our disappointment over the fact that, so far, the large organizations on the labour market have been so little interested in helping with this effort. The newly created interest on the part of the Swedish Metals Workers Union is therefore very satisfying. We can only hope that it influences others and that the government lets up a little on the rigid rules which now make the placement work harder than it has to be.

The failure with the semi-sheltered employment, however, has made a faster expansion of the sheltered workshops necessary. Usually, these are operated by the county councils or other principals and receive governmental grants. Sheltered employment is also offered within the framework of *archive work*. At present, 6000 persons are engaged in archive work, and to a great extent this can be said to be the governmental tribute to sheltered employment. Thus, most of those who are engaged in governmental archive work are persons who are almost impossible to place on the open market.

Furthermore, relief work is used to a great extent to make possible more or less sheltered employment for the handicapped. At special places of employment, persons are received and offered work, for instance by the temperance organizations—the alcoholics—and by the criminal institutions, especially before they come out into productive life in industry. The latter persons are perhaps most difficult to place on the labour mar-

ket. The Swedish society does not accept them when they have served their prison terms. It is an advantage to let them pass through a training course or through some relief work, but still it is hard. The same thing applies to the clientele of the juvenile correctional institutions.

In co-operation with local governments the labour county boards carry out some light work, which is suitable for the handicapped. Some new fields in which the handicapped have been tried with great success are nature and environmental preservation, preservation of antiquities and of culture. This has meant a meaningful work for the handicapped and has led to the production of a number of fine utilities which we otherwise would not have produced.

For a couple of years, in connection with the fast rationalizations of businesses or the discontinuance of them, special so-called *industrial relief work* for the handicapped labour force, for whom it has been difficult to secure new employments, has also been arranged.

Finally, *home work* is included in sheltered employment. This is usually reserved for handicapped who for various reasons find it difficult to go to a work place every day. This work is usually administered by a home-work centre which is affiliated with a vocational training institute or a sheltered shop. If the worker is to perform a qualitatively good job, vocational training in the usual manner is given when this is required. The number of home workers is more than 1000.

If all the various forms of sheltered employment are counted, perhaps the capacity is not so bad. About 25,000 persons have protected employment—if this expression can be accepted; another expression has been wanted and we are waiting for proposals. No doubt, however, this capacity needs to be doubled many times. This is the bitter truth. The capacity must be increased as soon as possible, otherwise we still never solve the problems of the handicapped.

The last phase of the rehabilitation work is the follow-up activity. This is the black sheep of the labour market policy activity. Simply, we don't have time for it. Some investigations have been made and some very interesting intensive studies have been performed. But this is not enough. And the resources certainly are not sufficient to support and have a follow-up of the individual's initial employment period which we should do.

Table III. *Labour market policy measurements for handicapped. Number of persons*

	1964	1968	Final objective
Seeking vocational rehabilitation there of for the first time	58,000 27,000	87,000 35,000	100,000 40,000
			Rapid development
<i>Medical evaluation</i>			
Industrial psychology tests	5,000	10,000	80,000
Vocational assessment	600	1,400	5,000
Work training	2,500	3,300	10,000
Voc. retraining	9,000	19,000	30,000
Adjustment courses	100	200	1,000
Technical facilities	1,100	1,400	5,000
Economic assistance	500	1,000	3,000
Employment on the open market	14,000	12,000	20,000
Sheltered employment	10,000	25,000	40,000
Semi-sheltered employment	500	1,000	5,000
Relief work	9,000	18,000	20,000
Home work	250	1,000	5,000
Number of vocational rehabilitation employees	250	320	1,000

When we have secured work for one person, ten others are waiting and we must take care of these persons immediately. The few investigations that we have made so far have shown, however, that for the individual, for society and for all of us it is profitable with an effective vocational rehabilitation machinery.

Table III shows the quantitative results of the various vocational rehabilitation measures distributed on the years 1964 and 1968. As the figures show in the case of applicants, the number has increased rapidly and we believe that it will rise to 100,000. I don't think it will take too long for the number of first-time applicants to rise to 40,000.

As for the medical evaluation activities, I should just like to state that we would like to expand rapidly.

As for vocational training and re-training, we can present imposing figures—an increase from 9000 to 19,000—but this activity should be increased further.

The adjustment courses should also be increased so that more persons can be handled. Technical facilities and economic assistance should be given to more persons.

We must also increase our efforts to place handicapped on the open market, prepare them for a trade in such a manner that they can enter directly into it. As the table shows, these results have become less favourable during the four-year period: in 1964 we placed 14,000 persons and in 1968 12,000 persons. This, of course, is partly caused by the economic recession. We have stated an objective of 20,000 and we must try to realize this in the near future.

The possibilities of obtaining sheltered employment must be increased—I have set up an objective of 40,000 positions, thus almost a doubling of the present figure.

We dare hope that we will be able to offer work of a semi-sheltered nature to 5000 persons per year.

We wish to keep the number of *relief works* down. Some speak in bad terms about them, and some feel that they are unnecessary but many more want to still have them. There are a multitude of demands for relief work which we will realize when we are now going to reduce the number because of the economic development. Thus, we want to keep them on approximately the same level, not increase them.

As for the home work, we are of the opinion that it must be increased and for this purpose, more personnel is required. The small number of persons, 300, that we have today is not sufficient. These persons are working very hard and have handled a great number of handicapped. The personnel resources are the greatest problem today, but to establish new positions does not

¹ The total Swedish budget 1967-68: Sw. kr. 38.5 milliards = \$7.7 milliards.

cost so much, counted in money. If we had 1000 vocational rehabilitation posts each employée would each year rehabilitate 100 handicapped persons and give them employment.

I have now made a brief summary of the organization of the vocational training and placement field, its resources and its results estimated with labour market policy measurements. This shows, that in spite of all, progress is being made in this field. The possibilities have been improved, especially in recent years. True, this activity costs money—the Minister for Labour and Housing has mentioned half a billion Sw. kr. or more for the next budget year¹—but we also get returns on what we are investing in the form of useful products and services which can be estimated in terms of money. We also create a personal satisfaction in the individual who is handicapped; he is given the possibility of working instead of being unemployed. This gain is so great that it cannot be estimated in money.

If, finally, someone asks the question what this entire activity would cost if all our objectives were to be realized, I should be inclined to say that it does not cost anything. Thus, we get our investment back in different manners. If we neglected to do anything, however, it would cost us a great deal of money.

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