

**Ministry of Social Affairs
Ministry of Interior Affairs and Health**

Denmark

**National Report on Strategies for Social Protection and Social
Inclusion**

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Preface

The EU Member States have jointly focused on the need to increase transparency in the open method of coordination, including in the social and health areas. As a result, the Member States must now prepare action plans on social protection and social inclusion for the period 2006 to 2008, incorporating both social and health aspects. Thus, the National Report on Strategies for Social Protection and Social Inclusion replaces the previous action plans on poverty and social exclusion and the national strategy report on the pension system, while also covering the areas of health and long-term care.

The efforts aimed at increasing transparency in the open method of coordination also meant that at its spring meeting in March 2006 the European Council approved new objectives that Member States must follow in employing the open method of coordination. Hence, three overall goals have been set up for the entire area of social protection and social inclusion, as well as three specific objectives for social inclusion, pensions and health and long-term care.¹

The overall goals of the open method of coordination for social protection and social inclusion are to provide:

(a) social cohesion, gender equality between men and women and equal opportunities for all through suitable, accessible, financially sustainable, flexible and effective social security schemes and policies on social integration;

(b) effective interplay between the Lisbon goals on greater economic growth, more and better jobs as well as improved social cohesion and the EU strategy for sustainable development;

(c) good governance, transparency and player involvement in the design, execution and monitoring of policies.

The report describes how the Government's activities in the areas fulfil the overall goals for social protection and social inclusion and for the three sub-areas.

Structure and content of the report

The report was primarily prepared to conform to the guidelines adopted by the Social Protection Committee (SPC), but diverges in places to meet specific Danish conditions.

When preparing the report's sections on employment, the Ministries made a point of avoiding too much coincidence with The National strategy report for growth and employment, being prepared by the Ministry of Finance and the Ministry of Employment. We have thus endeavoured to concentrate the descriptions in the employment area on the most disadvantaged groups in society and in the labour market.

Chapter 1 describes the current economic situation and explains the Government's overall strategy for the social and health areas. The chapter concludes with a description of how gender and gender equality are integrated into Danish authorities' planning and administration.

Chapter 2 on social inclusion surveys the Government's social activities aimed at socially disadvantaged people. In accordance with the guidelines from the Social Protection Committee, the Government has singled out activities for more in-depth description. These include the following key action areas:

¹ The specific objectives for the areas of social inclusion, pensions and health and long-term care are available at www.social.dk in Danish.

- Breaking the vicious circle of deprivation
- Teaching, education, etc.
- Employment
- Housing
- Integration
- Combating human trafficking

As a consequence of these guidelines, the individual activities are described in three separate sections. The first section highlights the actual initiatives of the activity. The second section describes any indicators developed in relation to the activity as well as the monitoring and follow-up of initiatives launched. The third section describes initiatives aimed at strengthening the execution phase of the activities.

In addition to describing the five key action areas, Denmark finds it also relevant to describe other key social activities aimed at disadvantaged people. Because the guidelines designate limited space for the chapter on social inclusion, Denmark describes the other activities in less detail than the selected key action areas. At the end of the report, Denmark has included an annex containing explanatory comments to some of the key action areas described in the chapter on social inclusion.

The social inclusion chapter also contains a section on good governance, describing the process for preparing the report and the institutional setup of the social and health areas.

Chapter 3 on pensions describes the structure of Denmark's pension system. The description is relatively short, as the Government already prepared a comprehensive report on the pension system in 2005. Consequently, this report describes the Danish pension system as a summary of the 2005 report as well as a description of recent initiatives in the area.

Chapter 4 describes the area of health and long-term care. As this is the first time Denmark is describing the health area through the open method of coordination, this report describes the general Danish health system, the focus being on explaining structure, access, quality and sustainability in the health system. In keeping with the Social Protection Committee guidelines, the description of the health system does not tie in specifically with the groups of disadvantaged people described in chapter 2 on social inclusion.

Subsequently, the report reviews the principles for designing and assessing eligibility for long-term care, including the principles of equal access, quality and free choice in the area.

Current situation and main trends

1.1 Assessing the social situation

Denmark's economy is enjoying an upswing with a GDP growth in real terms of 3.6% in 2005², estimated to drop to 2.7% in 2006. For both years, the growth rates are above the EU average. The Government finances show a sizeable surplus. In 2005, the surplus came to 3.9% of GDP, and in the years 2006 and 2007 the surplus is expected to reach 3.1 and 2.8% of GDP, so that by end-2007 the public net foreign debt is expected to hover at 2.2% of GDP, compared to 18% of GDP in 2002.

Employment rates are high and going up. In 2005, the employment rate was 75.9%³ (79.8 for men and 71.9 for women). Employment is expected to increase by 33,000 people in 2006. The employment rate of 59.5% for older people (55 – 64 years) is high compared to the EU-25 average of 42.5%. All employment indicators exceed the Growth and Stability Pact on employment rates, which set out that 70% of the workforce, over 60% for women and over 50% for older employees, must be employed in 2010.

In 2005, unemployment registered at 4.8% according to Eurostat's harmonised unemployment statistics. Unemployment continues to decline and is expected to drop by another 30,000 people in 2006 to reach 3.9%. In 2005, youth unemployment was 8.6%, less than half the EU average of 18.5%.

What is more, the share of people with relatively low incomes comprises 10% of the population⁴, a figure that stands among the lowest in the EU.⁵ At 9%, the share of children in the low-income group is below the share for the entire population. At 8%, the share of older people in the low-income group also falls below the share for the entire population.

The Council and the Commission mentioned in their *Joint report on social protection and social inclusion of March 2006* that in the coming years Denmark will face a range of challenges:

- Upholding the current high social level for social security and also covering the increasing need for health and welfare services as a consequence of its ageing population,
- developing labour market tools aimed at improving immigrants' integration into the labour market,
- ensuring that more older employees and disabled people can remain on the labour market.

As in all other EU Member States, the population is ageing. In Denmark, a working group under the EU economic-political committee (Ageing Working Group) has calculated that the number of older people per 100 economically active people will increase from 22.6 in 2005 to 40 in 2050. This group has calculated that if regulations remain unchanged, the overall age-related public expenses (pensions, health, long-term care,

² See Economic Report, August 2006

³ Reference is made to indicators prepared by Eurostat for use for the open method of coordination. The indicators have been published at SPC's website: ec.europa.eu/employment_social/social_inclusion/indicators_en.htm. Common statistical definitions have been laid down for all 25 EU member states, and for reasons of comparison these common figures have been used in this report to the widest extent possible. In some cases, the common definitions will deviate from the definitions used by Statistics Denmark in its own publications.

⁴ The Ministry of Finance's calculations show that the low-income group was only 8.9% of the population at a low-income threshold of less than 60% of median income.

⁵ Source: Eurostat – Social Cohesion Indicators. Data on incomes related to the year 2003. Note that the group of people with relatively low incomes is defined as people with a disposable equated income of less than 60% of the median income. This limit is higher than the one usually used in discussions in Denmark, where 50% of the median income is used as the limit. Eurostat calculates incomes both with and without estimated rental value of owned housing and interest expenses on housing loans. This report quotes the figures inclusive of rental value of owned housing, etc., which will become Eurostat standard from 2007. It is already the standard used in Danish analyses. Thus, exclusive of rental value of owned housing, etc, the shares are: entire population 11%; children 0 – 15 year 9%; 65 + 17%.

education and training and unemployment) will go up by 4.8% of GDP until 2050⁶ which will gradually put growing pressure on public finances and thus the welfare society.

To gear the welfare society to the future, the Government concluded in June 2006 an agreement with a range of parliamentary parties on the wealth and welfare and investments of the future (in the following called the *Welfare agreement*), an agreement that encompasses the adjustment needed in relevant legislative areas, including the employment and social areas.

First of all, the agreement improves the balance between the number of years a person is in employment and the years in which he or she can receive early-retirement pay and pension. Early-retirement age is gradually increased to 62 years from 2019 to 2022, the state retirement pension age from 65 to 67 from 2024 to 2027. Age limits will also come to depend on increases in forecast remaining life expectancy for 60-year-olds, so that age limits will be adjusted to ensure an expected period of early-retirement pay and pension payment totalling 19.5 years.

Additionally, initiatives will be implemented to increase employment in the short term, not least with a view to finding room on the labour market for people who have had difficulty in finding a job for health, social or other reasons. This also applies to a range of immigrants and their descendants.

The agreement enables Denmark to adjust its socioeconomic resources in good time and in line with future conditions, thus maintaining the balance and social cohesion of the Danish welfare society. This strategy ensures that the welfare society will be able to capacitate the demographic development.

In total, the reforms are expected to increase employment by 110,000 people in 2025 and by some 125,000 people in 2040. Long term, delayed retirement will trigger the largest increase in employment, about 85,000 people in 2025 and up to 100,000 in 2040. Thus, Denmark will offset most of the decreasing labour resources that changes in population composition might otherwise occasion.

In total, the proposed reform of the retirement schemes bolsters public finances by about 1.5% of GDP.

Additionally, the aim of the parts of the agreement relating to education, labour market and improved integration of immigrants, etc. is to strengthen the fiscal room for manoeuvre by 0.5% of GDP. This leeway will be earmarked for a globalisation pool to be spent on future investments, particularly in research and education.

As to the structure of the public sector, a local government reform will come into force on 1 January 2007, reducing the number of local authorities from 275 to 98. At the regional level, the 14 counties will be replaced with 5 regions, primarily responsible for the health sector.

The new, larger local authorities will become responsible for administering, supplying and financing the social sector, and have the main responsibility for promoting citizens' health and thus disease prevention. In the social area, the local government reform simplifies access for citizens while also creating the basis for more holistic activities and stronger legal protection. In the health area, cooperation between the local and regional levels will be increased, thus ensuring all-encompassing evaluations to the citizens' benefit.

1.2 Overarching strategic approach

Social matters

Denmark's strategy for social protection and social inclusion is to build on principles of universality, accessibility, gender equality, adequacy and sustainability. Systems are primarily tax-financed and depend only to a limited extent on labour-market attachment. For example, this means that all citizens have access to health

⁶ Source reference, see note 3, page 1

services, that all citizens obtain the right to old-age pension and that all citizens are, to the extent that they fulfil legislative conditions, entitled to a comprehensive selection of social services and offers.

To give initiatives in the social area a general boost, Denmark has set up a nationwide, government knowledge and specialist counselling organisation (*VISO*), aimed at ensuring systematic collection of knowledge and methods. *VISO* will provide free specialist counselling to local authorities and citizens, guiding them in the most specialised and complicated individual cases in the entire social field. *VISO* will ensure that important knowledge, also from abroad, is communicated across the coming local and regional borders.

Furthermore, in January 2007, a new government database, the *Services portal*, will open to give citizens and local authorities a national overview of regional, local and private services offered in the social field. The primary aim of the *Services portal* is to make it easier for local authorities to seek information on services offered in the social field and thus to plan efforts that are adapted to the individual citizen's needs.

In Denmark, a group of people are still living on the fringes of society. A finely meshed social safety net allows them to get what they need materially. However, these people may experience their everyday life as chaotic and insecure, and they typically have no stable social networks or any possibility of associating with other people without social problems. In many cases, they suffer from low self-esteem, subjected to a general feeling that their contributions are unneeded.

The Government is convinced that the most disadvantaged people also have resources and competencies that can benefit both themselves and society in general. Thus, Denmark needs to continue genuine and improved activities aimed at paving the way for attaching these groups to the labour market. Nobody should be abandoned.

The path to active participation in working life is longer for some than for others – for some it is very long, indeed. Even tiny improvements in socially disadvantaged people's daily lives may represent a huge success to the individual. For many of the most disadvantaged people, creating contact with the surrounding community is a challenge in itself. Socially disadvantaged people seldom approach social authorities themselves. For this reason, authorities must perform outreach activities.

All relevant instruments should be used to piece together help and support for disadvantaged people, since pure employment activities are evidently insufficient. Not least social policy should help increase citizens' job opportunities, so that nobody is left on passive income support. Inherent in such measures is that it must pay off to work.

On this background, the invalidity pension schemes and the social assistance rules aimed at fostering citizens' job opportunities have undergone comprehensive changes in recent years. All people with the capacity to work must have a genuine chance of using it on the labour market – primarily in jobs on conventional terms or, if not possible, in subsidised employment. At the same time, the Government's strategy also aims to ensure that nobody loses their labour-market attachment due to physical deterioration, disease, etc.

In general, Denmark's labour market offers a large degree of flexibility, which means that employers are not averse to the idea of employing people whose health or qualifications are not optimum.

As a natural consequence of this active line in the social and employment strategies, the *Danish Reform programme for growth and employment* as well as the *National report on strategies for social protection and social inclusion* complement each other, striving to ensure that nobody is left on the fringes of the labour market or society. To this end, all the relevant ministries are working closely together to prepare the two instruments.

Some actual examples of the reinforced effect of the two strategies are initiatives aimed at helping people who are unable to find, let alone do, a job on their own. In addition to being unemployed, a number of people have more or less complex social problems in the form of tough social conditions, health problems, misuse problems, etc.

An interplay between different policy areas may also be necessary to integrate more immigrants and their descendants into the labour market. Employment is the optimum road to integration in a new country, for which reason activation activities aimed at this group must be intensified.

In the contexts of prolonging work life and improving labour-market flexibility, social and employment policies complement each other. Today's families' needs for flexibility have to be met. No standard recipe exists for successful family life. Consequently, each family should be able to prioritise its individual needs. Thus, families must be given genuine possibilities for combining family and working life.

Thus, ensuring high-quality day-care facilities is a key issue for the Government, as is guaranteeing day-care availability from a child's six-month birthday. High-quality day-care facilities for even very young children are important for several reasons. These facilities give parents a sense of day-to-day security and are also a must for creating gender equality in the labour market.

To this should be added that they fulfil an immeasurable educative function for the children themselves, offering even toddlers relevant social competences that are particularly important to children from socially disadvantaged families and housing estates. Thus, day-care facilities also help breaking the vicious circle of deprivation. Thus, the Danish strategy particularly revolves around taking specific measures aimed at children growing up under conditions that will presumably lead to social exclusion. Experience shows that the risk of social exclusion is transferred from one generation to the next, but experience also shows that targeted measures work. Thus, in the coming years Denmark will launch a wide variety of additional measures intended to offer all children equal opportunities, irrespective of social background.

The Government has also set up a strategy with a view to include social aspects in combating human trafficking. One reason for preparing the strategy was to fulfil and supplement the EU action plan for the area. The Government intends to cooperate with countries where human trafficking, including in prostitutes, conventionally originates.

Health and long-term care

The Government strategy is still to ensure all citizens equal access to health services and extend these to the benefit of the citizens.

The above local government reform sets up five strong health regions, each possessing the size and financial capacity to ensure sustainability and having a clearly defined responsibility to deliver high-quality health services. The reorganised structure will, for instance, enable severe diseases to be treated in specialised departments to a wider extent.

Most Danish health services are publicly financed. This setup ensures all Denmark's citizens equal access to treatment irrespective of gender, age and financial status. All Danes can also choose treatment at private hospitals at no personal expense if waiting time for treatment at public hospitals exceeds two months. The waiting time allowing free access to private treatment will be lowered to one month in 2007.

High-quality health services are one a building blocks of well-functioning health services. Making the quality of treatment visible is one way of supporting patients' free choice of hospital. This is why the Government has made high treatment quality in health services a priority and is striving to make hospital treatment quality more transparent. Currently, work is focused on compiling data on quality and service at individual hospitals at one Internet site. The data will be publicised before the end of 2006, giving citizens easy access to compare data on quality of treatment and service.

Cancer is one of the most prevalent life-threatening diseases, and the Government is focusing particular attention on the quality of Danish cancer treatment. This is why the ambitious *Cancer Plan II* was adopted in 2005, earmarking a considerable amount of money over the next couple of years to realise recommendations for the area. The objective of *Cancer Plan II* is to improve cancer prevention and form the basis for offering Danish cancer patients examination and treatment processes that are launched at an early stage, experienced

as cohesive by patients and of high international professional calibre. The initiatives encompass redesigning procedures at hospitals as well as setting up a pool from which hospitals can borrow money to acquire new equipment.

If health services are to be described as good and efficient, the system must also be financially viable. The Government expects results from the money channelled into health services. Since the Government took up office in autumn 2001, it has increasingly focused on financing based on the principle of *the money follows the patient*. One outcome of this process is that the more patients and the more activity in the individual hospital department, the higher the department's appropriations become. Work is focused on increasing the share of activity-based financing from today's 20% to 50%.

In addition, the Government and the hospital owners annually perform ongoing systematic measurements of the hospital sector's productivity at national, regional and county levels and in future also at hospital level and selected departments. Measurements will be publicised on the Internet to provide overview and transparency. The results will focus on excellent performance, which can be used to improve the hospital sector's results.

In addition to financial sustainability, initiatives have been launched aimed at ensuring a sufficient supply of health-trained labour. One of the current initiatives includes rescheduling of the medical specialist training, thus shortening the total training period, so that medical specialists will pass more rapidly through the system. This has to be done without loss of medical competences.

The Government is also focusing on better prevention and health-promotion through a wide range of initiatives.

The local government reform sets up a new framework precisely for prevention and health promotion. All these tasks will be vested in the local authorities, so that activities will be conducted close to the individual citizen.

In 2002, the Government presented its programme *Healthy for life*. The programme includes goals for eight risk factors and eight widespread diseases. The three main goals of *Healthy for life* are:

- To reduce the social inequality of health
- To increase the number of years with good life quality
- To increase the mean life expectancy significantly

All goals in the programme relate to concrete initiatives, including development projects, training and teaching, evaluation, method development, etc.

As to the structure of the social service sector, including care for older people and people with disabilities, the Government aims to organise it more flexibly, the aim being to promote service quality and versatility. Both public and private suppliers are needed. The Government firmly believes that healthy competition in this area can improve quality and efficiency.

The Government has injected considerable resources into key welfare areas, a plan involving, for instance, boosting health services and improving conditions for disadvantaged groups, families with children and older people. However, additional resources will not do the trick alone. The resources must also be used in the optimum way. For this reason, the Government intends in the coming year to launch a quality reform in the public service sector aimed at creating improvements that will benefit citizens. The initial approach to this work entails identifying initiatives that will offer individual citizens improved service, that will make citizens more satisfied with public service and that will allow staff to experience pleasure in delivering good service. Thus, the aim is to develop the public sector into a modern service provider where meeting customers' needs and solving customers' problems are key to all parts of the work.

Gender equality (gender mainstreaming)

The Danish Gender Equality Act provides that public authorities must within their respective areas of responsibility seek to promote equal opportunities and incorporate gender equality in all planning and administration. To fulfil this obligation, comprehensive cross-ministerial work has been ongoing for several years, the aim being to create new tools and methods for gender equality work.

So far, activities have focused on developing methods and tools for “gender mainstreaming” core tasks and activity fields that are the responsibilities of the ministries and their agencies and units. Specifically, the Government has developed tools for assessing gender equality in bills, assessing gender aspects of communication and campaigns, evaluating gender equality in resource distribution and compiling gender-segregated data and statistics. It has also adopted competence-compilation plans for “gender mainstreaming” in all ministries, and in 2006 ministries must select a budget item to be gender equality assessed. Finally, the Government has decided that all new bills must undergo relevancy testing to decide whether the bill should be subjected to full-scale gender equality assessment.

Previous cross-ministerial “gender mainstreaming work” must be evaluated, and guidelines set up for future work.

Social inclusion

2.1 Introduction

The Government is striving to make Denmark one of the world's leading knowledge societies, a country with strong competitive power. Part of being a sound society entails having cohesion and that social and economic differences are not too great. The Government does not want a dualistic society split into the haves and have-nots threatened by a high risk of unemployment and social problems.

A range of policies contribute to achieving the goal of cohesion. A key notion is access for all citizens – irrespective of income – to basic high-quality public services such as medical treatment, hospital treatment, education, child care, care for older people and disabled people. Equally important is that as many people as possible in the working population must be in jobs or undergoing education or training.

Table 1 shows a range of key figures for income gaps and employment. The figures show that the share of Denmark's population with relatively low incomes is lower than the EU average. Ten per cent of the population⁷ lives in households where the equated income is below 60% of the median income against the 16% average in the EU. The shares of children and older people, respectively, in relatively low income groups are smaller than their shares of the entire population. This differs from the EU average. Likewise, the table shows that at 3.4 the ratio between the average income of the 20% of the population having the highest incomes and the 20% having the lowest is lower than the EU average of 4.8.

Table 1. Low income and income distribution

		Denmark	EU25
Size of low-income group		2003	2003
	Total	10 ⁸	16
	0-15 years	9	20
	65+ years	8	18
Income gaps		2003	2003
<i>Gini coefficient</i>		24 ⁹	30
Employment		2005	2005
15-64 years		75,9	63,8
55-64 years		59,5	42,5
Unemployment		2005	2005
	Total	4,8	8,7
	15-24 years	8,6	18,5

Source: Eurostat.

Likewise, the share of older people in jobs is high compared to the EU average. However, the distance from older people's employment rate to the average for all citizens remains significant. Unemployment is also low compared to the EU as a whole both for all Danes and for young people.

⁷ The Ministry of Finance's calculations show that the low-income group was only 8.9% of the population at a low-income threshold of less than 60% of median income.

⁸ The Danish figures mentioned are calculated inclusive of rental value of own house and interest expenses. For EU, it will in 2007 become possible to calculate incomes inclusive of these items.

⁹ The Ministry of Finance's calculations show a smaller income gap than the EU figures, as the Ministry of Finance calculates the gini coefficient at 22.4% in 2003.

Even though the indicators are favourable, the Government still focus efforts on maintaining the situation and improving conditions for those living on the fringes of society.

Multi-agency and basic activities

Against this background, the Government has over the last five years launched a wide range of initiatives aimed at reinforcing assistance and support to socially disadvantaged groups and people living on the fringes of the labour market and society.

In 2002, the Government presented its action programme “*Our collective responsibility*”, which established a solid foundation for substantial improvement of the assistance offered to socially disadvantaged people. Some of the principal improvements include providing a treatment guarantee for alcohol and drug misusers, setting up more special housing for alienated people, establishing drop-in shelters and alternative care home places, expanding the support/contact person scheme and improving efforts in the prostitution area. Furthermore, the *Council for Socially Marginalised People* was established. The nationwide programme *A New chance for everyone* also launched initiatives aimed at increasing disadvantaged people’s chances of entering the labour market.

Such programmes will be maintained and expanded in the future, and efforts to include the socially disadvantaged groups in its society will be strengthened. The Government wants to break down barriers in society, including in the labour market, and give the most socially disadvantaged groups better opportunities for developing and utilising their own resources and competences. Multi-agency, basic initiatives for all disadvantaged groups, will be launched with a view to strengthening existing activities.

This is why the Government presented a new strategic action programme in August 2006, *Our collective responsibility II*, having three approaches as prescribed by, among others, the *Council for Socially Marginalised People* and various organisations representing socially disadvantaged groups. The three approaches are¹⁰:

- Bolstering outreach, contact-creating and supportive activities
- Creating more means of accessing the labour market
- Improving local authority casework

The outreach, contact-creating and supportive activities are important if we are to help disadvantaged citizens achieve contact to the surrounding society. Socially marginalised people seldom approach social authorities themselves. Authorities must reach out to them, usually at street level, and people must be motivated to receive the help needed. This is why the Government advocates that all good forces be included in the work – not least NGOs and drop-in shelters, as experience shows that such agencies have an easier time creating the necessary contact.

More means of accessing the labour market will be created, since individual disadvantaged citizens may need different types of help to gain a foothold on the labour market. Tools will be developed and disseminated to help companies and employees who wish to open their doors to socially disadvantaged people. This is why the Government is launching a number of directly employment-related initiatives to help disadvantaged groups get started. At the same time, the action programme contains measures of assistance and support for employers willing to give a chance to people atypical for the labour market.

Local authority casework must be improved, as local authorities play key parts in designing the help offered to disadvantaged people. Activities aimed at disadvantaged people are embedded in the local authorities, and the responsibility goes hand in hand with the demand that local authority systems be able to provide help in situations where problems are massive and complex. Successful activities require that caseworkers be able to establish contact with disadvantaged people. For these reasons, the Government is launching projects aimed at moving casework closer to the citizens concerned. At the same time, local authority systems must be developed so they are better prepared to create and maintain contact to the individual disadvantaged person. So

¹⁰ The three approaches comprise a total of 12 initiatives. Additional information is available in Annex 1, pages 45-46.

this is another area where the Government proposes even closer cooperation between local authorities and NGOs working in the field.

Implementation of all the initiatives in *Our collective responsibility II* requires that some DKK 620m be allocated. The Government will seek support for this allocation mainly in connection with the 2007 distribution of the rate adjustment pool.

The strategy should result in specific, measurable improvements for disadvantaged groups. To ensure that this overall objective is achieved, firm objectives have been specified for each action area. The Government will systematically follow up activity results, and provide regular documentation to show that initiatives are on course. This is a precondition for ensuring that socially disadvantaged groups receive the optimum help and that society gets the maximum value for the funds expended on the activities. For this reason, a documentation and effect strategy will be set up in relation to *Our collective responsibility II*.

The documentation should be designed so that the method underpins lasting quality and inclusion in the offers. This aim is achieved by embedding the development of objectives and indicators locally with the individual project manager.

This not only secures quality and open-mindedness in the services offered, but also ensures that the requirements regarding results and documentation are taken seriously throughout the process. Local embedding allows the local authority to obtain continuous, systematic knowledge about efforts and results in relation to the individual user, while the authorities also obtain systematic knowledge about the project results. Thus, documentation from the project may also enter into local authorities' work to create transparency and openness in the political decisions made about disadvantaged groups.

At the same time, we must make sure that the collected data are comparable with regard to the overall evaluation of the entire strategy.

The following sections describe actual activities the Government has launched in support of disadvantaged groups.

2.2 Breaking the vicious circle of deprivation

All children and young people have access to the wide selection of options offered in the fields of day-care facilities, education and training and leisure-time activities. But some children and young people lack the support that should enable them to use the offers.

The Government's goal is that all children and young people must have real opportunities to utilise society's offers and thus enjoy an active and developmentally sound childhood and adolescence. This is not possible for all children today.

This might be because misuse or mental disease prevents parents from having the reserves needed to give their children the necessary support, or because the parents fail to understand the supporting role they play to their children, the reason being that in their own upbringing they never found out what it means to be a parent. Finally, situations arise where parents are unable to assume their role as parents.

Parents' participation in general community activities and their financial circumstances are key elements in the work of ensuring the best growth conditions for children. EUROSTAT data show that only 6% of Denmark's children live in households where nobody works. The EU average is 9.6%. Additionally, Denmark's share of children in low-income groups is lower than in the population as a whole.

National analyses¹¹ of the low-income factor have further shown that families with children have high mobility out of the low-income group. The analyses take children in the low-income group and below the age of 9 in 1993 and follow them up until 2002. In 1993, the low-income group contained 22,000 children below the age of 9. The following year, 60% of these children had moved out of the low-income group. In 2002, 3,000 of the 22,000 children were in the low-income group, but only 500 of them, or less than 1 in 1,000, had been in the group in all the analysed years. This means that some 50 children born in a specific year were in the low-income group in all the years from 1993 to 2002. An analysis from Save the Children¹² showed that about 1 in 2,000 children born in 1985 grew up in families with relatively low incomes in all the years from age 0 to 17.

The high mobility proves that in relation to the disadvantaged children, Denmark's challenge certainly consists of many factors besides financial poverty.

A very large percentage of Denmark's children use day-care facilities, and conventional day-care facilities are therefore pivotal in breaking the vicious circle of deprivation. Tuitional offers give all children the possibility of developing their potential and achieving age-equivalent intellectual, physical and social competences, independent of parents' abilities. At the same time, day-care facilities allow parents to use their competences in the labour market and become independent.

Table 3 Children enrolled in day-care facilities, percentages¹³

	1-2 years	3-5 years	6-9 years
2004	83	94	79
2005	85	95	78

Source: Statistics Denmark and the Ministry of Social Affairs' calculations.

Table 3 shows that 85% of 1-2-year-olds use public day-care facilities. For 3-5-year-olds the figure is 95% and for 6-9-year-olds 78%.

There are several ways of decisively breaking the mechanisms proved by experience to keep children in socially disadvantaged environments.

Fostercare reform

In January 2006 a reform came into form, the aim of which is to strengthen early preventive activities for disadvantaged children and young people and their families, while also improving casework in local authorities. The reform, called the *Fostercare reform*, should also put a sharper focus on the school attendance of children and young people in care, thus contributing to breaking the vicious circle of deprivation.

All local authorities must prepare cohesive child policies, which should, for instance, ensure interaction between the conventional school system and the special activities targeted at disadvantaged young people.

A child must undergo qualified and thorough assessment to determine his or her development and behaviour, family relations, school level, health issues, leisure-time activities, friendships and other relevant aspects.

¹¹ *Low-income group – mobility and composition, June 2004*, Ministry of Finance and others. This technical calculation on the low-income group differs slightly from the EUROSTAT method. One key difference is that the national analyses use a low-income threshold of 50% of the median income, corresponding to the OECD procedure in contrast with the EUROSTAT threshold of 60% of the median income.

¹² *Child poverty in Denmark 2002 – Theme: The dynamism of poverty*, survey by the Danish National Institute of Social Research for Save the Children, November 2004

¹³ The number of children enrolled at the time of statement is related to the mean population figure in the year concerned. Maternity leave is 52 weeks, so children under the age of 1 have been disregarded in both the number of children enrolled and in the total number of children when the percentages were calculated.

Further, the local authority is obliged to interview the child or the young person, before making decisions about his or her future.

With a view to implementing the reform in the local authorities, courses have been set up for all caseworkers to train them in performing good casework.

In the period 2005 – 2008, the Fostercare reform is triggering an additional appropriation of DKK 375m to the area of disadvantaged children and young people.

In 2006, the Government has also presented a comprehensive strategy: *Equal opportunities for all children and young people – the Government's strategy to break the vicious circle of deprivation*. The strategy aims to determine which activities have the best effect for each individual child, to strengthen activities aimed at combating deprivation across professional and sectoral borders and to develop tools aimed at early detection of children and young people needing help.

As an element of this strategy, a wide range of specific initiatives will be launched in the following areas:

- Day-care facilities
- Good school experience – also for disadvantaged children
- Better integration of children and young people with immigrant backgrounds
- Parental responsibility
- Integration into conventional community activities

Day-care facilities

Research shows that day-care offers may make a difference in relation to disadvantaged children. It is therefore crucial that day-care offers actively support children not getting the necessary support from home.

Denmark has implemented statutory requirements that all day-care offers prepare tuitional plans. Tuitional plans are the next step on the way to documenting the learning and development of 0-6-year-olds. It is up to the individual day-care facility to plan this work, but the curriculum must relate to these main themes: personal and social competences, language, body and movement, nature and culture.

With a view to boosting the quality of day-care facilities, the Government has allocated a total of DKK 2bn over a four-year period. The object is to use the bulk of the resources on improving activities for disadvantaged children in day-care facilities. A key aim of the activities calls for making day-care facilities more inclusive and improving their roles in preventive work, all with a view to avoiding more comprehensive interventions in families.

So far, funds have been allocated for projects concerning parent involvement in the tuitional work of the day-care facility, projects offering support for children with sensory-motor needs and projects employing extra staff specially qualified to handle children with special needs.

A decision has also been made to spend part of the DKK 2bn on developing new materials for language screening all 3-year-olds and preparing guidelines aimed at identifying and supporting children with linguistic needs at an early stage.

Furthermore, translating the DKK 2bn into offers could, for instance, take the shape of:

- establishing cooperation between day-care facilities and women's shelter on activities in day-care facilities for children at shelters
- developing the cooperation between day-care facilities and social administration
- enhancing staff competences massively in day-care facilities so that staff can play more active roles in identifying children in need of special support and the type of support needed.

It must be ensured that the day-care environment also fosters socially disadvantaged children's development and counteracts social exclusion, for instance through a healthy mental child environment offering children in day-care facilities security, care and social inclusiveness. In July 2006, Denmark therefore introduced requirements calling for a written child environmental impact assessment to be prepared for all day-care facilities, including a mapping of and an action plan for the physical, mental and aesthetical aspects of a day-care facility's child environment.

Schooling

Education is a key action area. It is a well-known fact that a completed education helps break the vicious circle of deprivation. The *Welfare agreement* also focuses on enhancing the possibilities of more people completing training or education.

Welfare agreement

To meet the agreement's objective that all young people should complete a youth education, local authorities must have clear and consistent responsibility for ensuring that the individual young person starts and completes a youth education programme. Vocational training programmes will be renewed to make them more attractive to students with both strong and weak skills. In addition, more practical training places are to help ensure that all young people complete a youth education programme.

In step with increasing globalisation and technological developments, fewer jobs may be available for persons without training or education, and enterprises will demand more better-qualified employees. A good education will enhance the individual's chances of getting a good job and of being more closely attached to the labour market. For these reasons, Denmark must raise its level of education.

The target is that at least 85% of a youth year must complete a youth education in 2010 and at least 95% in 2015.

This is a major challenge, since raising the share to more than 80% has proved difficult for a number of years. Almost all young people commence a youth education, but far too many drop out. The drop-out rate is especially high in the vocational training programmes and among young immigrants and descendants of immigrants.

The challenge becomes even greater because the number of young people will grow in the coming years.

The main elements of the agreement are:

Local authorities must be clearly responsible for ensuring that all young people complete a youth education programme

Local authorities must systematically follow up on the young people who do not start an education, drop out or are at risk of dropping out. Further, local authorities must offer basic vocational training to young people who are unable to complete a vocational training programme.

Young people should get on the right track and not receive passive income support

Claimants aged 25-29 who receive social and start-help assistance, lack any education providing labour market competence and are under no obligation to maintain a wife or children must be offered training after five weeks' unemployment, either in the form of on-the-job training or a specially designed project. The young person can also opt to get an ordinary education. Benefit claimants aged 25-29 without an education providing labour market competence will be offered a wage-subsidised job after six months' unemployment. As an alternative to the wage-subsidised job offered, the young person can choose to get an ordinary education.

Targeting of teaching after 9th grade

Tenth grade will be targeted at pupils who need further educational qualifications and clarification to enable them to complete a youth education programme. Tenth grade must also be able to pick up drop-outs from the youth education programme and get them back on track. The education plan must be qualified and used as a

far more active tool to ensure that pupils benefit from tenth grade and/or the transfer to a youth education programme. This will be discussed during the autumn, so that the changes can be implemented at the beginning of the 2008/2009 school year at the latest.

Vocational training programmes must consider the needs of all students

The vocational training programmes must offer special basic programmes for students with poor skills. The programmes must also be made more attractive, for example by offering on-the-job training early in the programme. The programmes must be divided into levels, thus ensuring that all young people get an education matching their competencies. Youth education institutions with high drop-out rates will be called upon to prepare action plans for reducing them. Moreover, adult support will be introduced by way of mentors and contact teachers, which are effective tools for lowering drop-out rates.

More practical training places

A national campaign will be launched in cooperation with the business sector and organisations in order to increase the number of practical training places. Vocational schools will be given better opportunities for creating new, flexible, individual vocational training programmes that will ensure more employment areas are covered. The vocational schools' efforts to obtain practical training places will also be made stronger and more professional. A survey will be launched to assess the necessity of changing the AER scheme. If the number of practical training places fails to be sufficiently increased, the AER scheme must be used to reinforce companies' financial incentive to enter into practical training place agreements. The number of practical training places in central government must be increased by at least 25% by end-2007, after which central government will further increase the total number of students.

Improved education guarantee

The vocational youth training programmes will be gathered in 10-12 new common means of access. Mobile students actively seeking a practical training place will be entitled to complete an education within the chosen means of access – with practical training at the school, if needed. A possibility will be created for dimensioning and restricting admission to the most popular education programmes already at the start of the vocational training programmes' basic phase.

Other Government initiatives

Besides the *Welfare agreement*, the Government has launched several initiatives aimed at helping disadvantaged children and young people to get an education. Basic, solid competences – reading and arithmetic – help disadvantaged children to complete a youth education programme at a later stage. In the period 2006-2009, DKK 105m has been allocated for a national action plan for reading. At the same time, the Government will strengthen the professional competence of primary and lower secondary schools by introducing pupil plans and more testing instruments and improving teacher training.

In recent years, activities at boarding and continuation schools have been bolstered, and in 2005 DKK 3m was earmarked to improve young immigrants' integration and disadvantaged young people's transfer to basic vocational youth training programmes.

Concurrently, the possibilities of pupils with non-Danish backgrounds completing an upper secondary school programme will be reinforced.¹⁴

Further, the strategy *Equal opportunities for all children and young people* is launching the following three sub-projects:

1. *A project on cooperation between schools and social authorities, including on tuition of children and young people placed in care.* The project aims to determine and communicate methods and systems/processes supporting dialogue and cooperation between school and social authorities so that:

¹⁴ See Annex 2, page 47

- social intervention measures can to the widest extent be avoided,
- children and young people can as far as possible maintain their attachment to the community,
- schooling will play a key role in decision-making, should social measures for the child, the young person or the parents prove necessary,
- children or young people referred to day treatment or placed outside their homes at institutions or residential facilities should be guaranteed education on a par with the education generally supplied in primary and lower secondary school.

2. *A project about children receiving no education.* A survey will be launched to procure certain knowledge on the *scope and character* of the problem – including whether these are pupils who have not been referred to any education offer at all, truant pupils, pupils/parents who have been referred to tuition but rejected the offer or pupils in transit from one tuition offer to another. Additionally, the survey must highlight the cause(s) of the problem and subsequently communicate methods or good experience that may help alleviate the problem.

3. *A project on parental counselling.* The aim is to ensure good dialogue between school partners and thus create the optimum framework for children's schooling in terms of learning and welfare. The counselling should aid in solving conflicts and ensuring good relations between schools and homes. Thus, counselling is to help break the vicious circle of deprivation with regard to countering cultural differences between schools and parents of differing ethnicity than the school staff.

Children and young people of immigrant background

Children and young people of immigrant background and their families must be integrated in society, and several initiatives have been launched to achieve this aim. These initiatives are to ensure that children of immigrant background achieve proficiency in and knowledge of Danish.

The Government's comprehensive strategy, *A new chance for everyone*¹⁵, includes language screening material for assessing pre-school children's linguistic development when their needs for language stimulation are being determined and at the time they enter school.

An exemption has been granted from the Primary and Secondary Education Act, thus allowing local authorities to experiment with all-day schools. All-day schools with extended teaching hours are meant to supplement and improve the pupils' schooling. Presently, exemptions have been granted to two schools where a large share of the pupils is of non-Danish ethnic backgrounds. The purpose is to improve integration.

In addition, initiatives will be launched concerning:

- Homework assistance
- Participation in sports
- Special efforts aimed at strengthening young new Danes' choice of education and profession

Parental responsibility

Considerable efforts must be targeted at parental responsibility for children, and in March 2006 the parliament adopted a new act on parental responsibility. Under the act, local authorities can instruct parents to perform certain actions in relation to their children, in this way ensuring that the individual child develops positively. Parents who fail to follow the instructions will have their family allowance withheld.

This measure is supplemented with parental programmes designed as courses aimed at supporting insecure and resource-weak parents in taking responsibility as parents and thus preventing their children from developing inappropriately. In the period 2006 to 2009, DKK 70m has been allocated for this initiative supplemented with DKK 35m for developing and testing the parental programmes.

¹⁵ *A new chance for everyone* includes both employment and integration initiatives. For this reason, *A new chance for everyone* is also mentioned in section 2.4 on employment.

Conventional community activities

We have to make sure that disadvantaged children become part of conventional community activities where they can learn some of the social and practical competences that other children and young people learn at home.

An application pool of DKK 10m annually divided into five themes has been set up for the period 2005-2008, earmarked for projects that ease access to sports activities for disadvantaged children and young people. Until now, funds have been allocated to projects that support access to sports activities for overweight children, children and young people of non-Danish ethnicity and children and young people from families with limited financial resources. In autumn 2006, funds will most likely be allocated to the last two pool themes: children and young people with disabilities and children placed in fostercare.

In relation to the 2006 rate adjustment pool agreement, DKK 17.5m was set aside for a two-year pilot project on *leisure-time passports*. The pool aims to ensure that disadvantaged children not normally participating in leisure-time activities improve their chances of doing so. At the same time, a research project of DKK 6m will be launched with a view to providing scientific documentation on the impact of leisure-time activities on disadvantaged children's welfare.

Violence and abuse in families

Children witnessing domestic violence have poorer health and welfare than children growing up in non-violent families. They also suffer a higher risk of repeating the violent behaviour. Boys witnessing physical abuse in their childhoods are ten times more likely to expose their female partners to violence. This fact underlines the necessity of securing the necessary help for children and young people that witness domestic violence.

The amount of DKK 64m has been allocated for a new 4-year *Action plan for combating men's domestic violence against women and children 2005-2008*. The funds must primarily be used to finance development projects, digital child networks, where children in the same situation can communicate. This measure will be supplemented with various information campaigns.¹⁶

In the period 2006-2009, DKK 8m will be spent on a pilot project for children exposed to violence or witnessing domestic violence.

Help and treatment must also be offered to children and young people who have sexually abused other children and young people, the aim being to stop and prevent their abusive behaviour.

Crime

In the period 1992-2005, crime rates among young people below the age of 15 have shown both upward and downward trends. In the last two years of the period, the rate is high, though not higher than in 2000. In 2005, a total of 4,062 young people below 15 were involved in crime.

A project has commenced targeting 10-14-year-olds who have committed other offences than minor offences. The project aims to determine whether the young people and the problems requiring action can be identified at an earlier stage.

The latest survey from Statistics Denmark on *Crime and ethnicity 2002* shows an overrepresentation of immigrants and their descendants in the sentences handed down in 2002. Crime rates are particularly high among very young immigrants and descendants (15-19-year-olds). For young people of immigrant back-

¹⁶ See Annex 2, page 47-48

grounds aged between 15 and 19, crime frequency is 72% higher than for all young people in the same age group, without correction for social and demographic differences.

The Government wants to test whether early measures can be created to prevent young people with incipient crime problems from developing into tough criminals.

Throughout the years, several projects have been launched, aimed at preventing crime among young people of immigrant backgrounds. Experience from these projects will be communicated to all local authorities and publicised on the Internet as inspiration for activities aimed at preventing crime among very young people.

Evaluation and indicators

Fostercare reform: Denmark must compile data on the effect of activities targeted at disadvantaged children and young people. The data will be compiled by means of statistics, to which local authorities must report decisions on fostercare placing. Additionally, the competence of the National Social Appeals Board has been expanded, allowing the Board to consider cases on its own initiative, and it will also conduct a higher number of practice surveys in the area. Finally, DKK 2m has been earmarked annually in the period 2006-2009 for monitoring the Fostercare reform.

Equal opportunities for all children and young people: A set of tools will be developed which will give staff in day-care institutions an early warning system for identifying children with problems that require special efforts to be implemented. Further, the Government also wants to create an overview of the efforts having the best effect.

These initiatives are meant to help implement the correct measures at the correct time.

Children and young people at boarding and continuation schools: In 2006, Denmark completed a survey on the quality inherent in placing children and young people at boarding and continuation schools. The survey showed that young people completing a stay at a boarding or continuation school experience an improvement in their life situation, social competence and professional level. At the same time, the survey also revealed that local authority casework could be more systematic and standardised, just as schools can become better at informing local authorities of their offers and activities.

Tuition plans in day-care facilities: The tuition plan scheme will be evaluated with a view to determining the scope, use and effect of the plans as well as making the knowledge acquired in the evaluation known and usable.

Higher quality of day-care facilities: In February 2006, a screening of national and international knowledge was launched to determine what measures work in relation to children with special needs. The compiled data is to form the basis for implementing the remaining funds for the activity.

Written child environmental impact assessment: As a follow-up on the child environmental impact assessment, an action plan will be established. The child environmental impact assessment is to be revised when the child environment changes significantly or at least every third year. The child environmental impact assessment is a tool for the parties responsible for day-care facilities and not an enforcement tool.

In addition to the local assessment, the work of child environmental impact assessments will be evaluated on an ongoing basis and material/templates will be developed for the local bodies to use in assessments.

Youth educations: The Council on Evaluation and Quality-development of the Primary and Lower Secondary Schools was set up to help achieve the goal of having at least 95% of a youth year complete a youth education programme in 2015. A key task for the Council will be to assess the schools' ability to help combat their pupils' vicious circle of deprivation and integrate pupils of non-Danish ethnicity.

Prevention of crime among young people under 15: It will be documented whether the launched survey can contribute to preventing criminal youngsters from developing into hardened criminals.

Therefore, Denmark will gauge the development in crime rates among young people or the local areas covered by the project as well as in a control group.

Launch, implementation and resources

In the project *Equal opportunities for all children and young people*, DKK 550m has been allocated for new initiatives. The project rests on the many initiatives already launched.

2.3 Teaching, education, etc.

Welfare agreement

The parties to the agreement agree to reinforce adult and supplementary training efforts by:

- *Significantly boosting adult reading, writing and math programmes.* Out-reach efforts will be reinforced, and the teaching will be more targeted and made more job-related. In the coming years, the number of participants in reading, writing and math courses for adults must reach 40,000 annually,
- *Allowing 2,000 additional adult apprentices and improving the scheme.* This will bring the number of adult apprenticeships to almost 9,000 annually,
- *Improving the job rotation scheme,*
- *Earmarking a pool of DKK 1bn for more vocational adult and supplementary training.* Payment of funds from the pool depends on the social partners' increasing their financing contributions to reinforced adult and supplementary training efforts. The conditions for payment will be negotiated with the social partners.

In international comparisons, the level of adult and supplementary training activities in Denmark is already high. Annually, a good deal of the labour force participates in public, private or intercompany adult and supplementary training courses. Still, too many adults have serious problems with reading, writing or math, and persons with the poorest educational background participate least in adult and supplementary training.

In spring 2006, the Government and the social partners discussed adult and supplementary training initiatives. The final document from these three-party negotiations shows that the parties agree that adult and supplementary training efforts must be reinforced. It also shows that all parties affected – individuals, enterprises, the social partners and the public sector – are responsible for achieving the objective.

The public sector has a special obligation to the most disadvantaged groups in the labour market, while the social partners have a special responsibility for vocational efforts.

Besides the initiatives already agreed upon, the following measures may be crucial to improve adult and supplementary training efforts:

- Improved guidance and counselling to employees and enterprises
- Increased acknowledgement of competencies achieved outside the public educational system
- Better offers to bilingual persons
- Wider supply of higher adult education

Besides the *Welfare agreement*, the Government has launched other education initiatives enhancing the possibilities that disabled people can complete an education.

Children and young people with disability

Studies must be done to reveal whether children and young people with disability achieve poorer results from their tuition than children and young people without disability. Studies will also determine whether people with disability have lower educational and occupational levels than people without disability, and whether educational conditions and results for children and young people with disability can be improved.

DKK 3.5m has been allocated to map the educational conditions of children and young people with disability.

Mentally disabled people

Mentally disabled people's possibilities of self-determination must be improved through better, more objective guidance. A project has been initiated to determine how guidance of mentally disabled people can be handled concretely – and the possibilities of using, for instance, computerised information.

Disabled people in general

In the period 2006-2009, about DKK 34m has been allocated for developing conditions of people with disability. The development includes involving disabled people in association work, holding a range of seminars in 2006-2007 for the new local authority disablement councils and conducting an information campaign aimed at caseworkers, relatives and people with disability.

Evaluation and indicators

Remedial instruction: An effect study of remedial instruction has been initiated, its results to be publicised by the end of 2009.

The Local government reform transfers full responsibility for remedial instruction of children, young people and adults to the local authorities. In 2005 and 2006, a total of DKK 8m has been allocated for *documentation and knowledge-sharing* inside and between the new local authorities, the purpose being to embed remedial instruction in the local authorities.

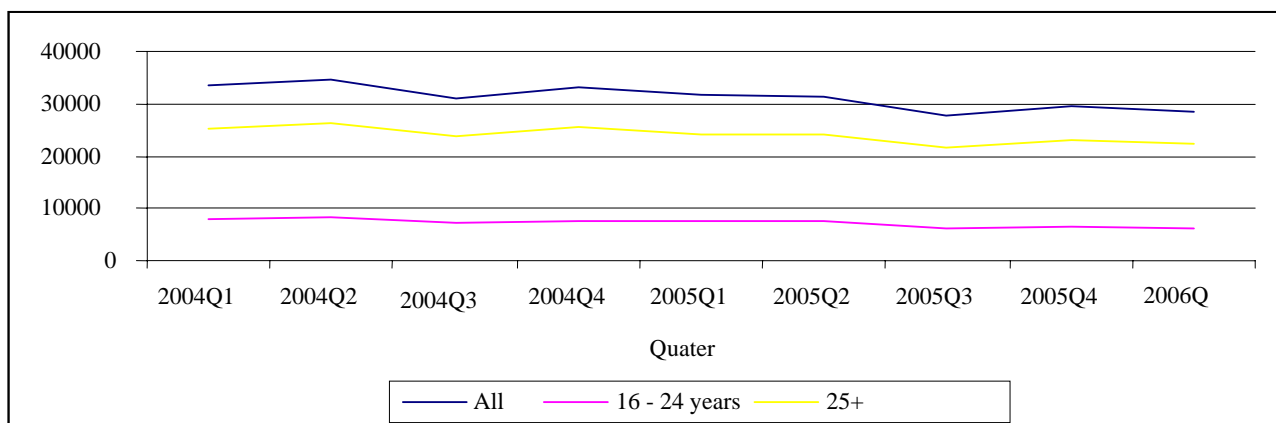
Disabled people in general: In 2007-2008, the work of developing conditions for disabled people will be followed up in a study on the trends in disabled people's participation in association activities – compared to a similar study from 2003.

2.4 Employment

The Government's goal is for people on the fringes of or outside the labour market also to have job opportunities on ordinary conditions. In the special cases where people are unable to work on conventional conditions, jobs on special conditions are an option. The means to ensure that disadvantaged groups achieve greater labour market attachment include targeted job-activation schemes, offensive efforts from local authorities and job centres as well as companies' social commitment.

Thus, it is essential that active efforts are continuously made to bring people on the fringes of the labour market into conventional employment, or, failing that, into supported employment.

Figure 1. Trend in number of activated social assistance claimants, 1st quarter 2004 – 1st quarter 2006



Source: Statistics Denmark.

In the last two years, Denmark has maintained high activation efforts, activating about 30,000 people every quarter. The number of activated people fell slightly during the period, in step with a slight drop in the total number of people receiving social assistance. In the same period, the number of people in activities aimed at retaining them in the labour market went up by about 12,000.

Table 3. Number of subsidised and sheltered jobs broken down by sectors, 1st quarter 2004 – 1st quarter 2006

	2004Q1	2005Q1	2006Q1
Public sector	16,924	19,693	21,881
Private sector	15,509	19,457	23,062
Total	32,758	39,211	44,979

Source: Statistics Denmark

About 38,000 persons are in subsidised employment, while 14,000 persons are waiting for subsidised employment. With effect from 1 July 2006, the scheme was adjusted for the purpose of improving the eligibility assessment for subsidised employment and reducing unemployment in eligibility assessed subsidised employment.

The section below describes initiatives aimed at improving activating and employment-related efforts for disadvantaged groups.

Welfare agreement

The previously mentioned *Welfare agreement* determines that employment efforts must be planned on the basis of the unemployed person's qualifications and resources, taking into account the needs of the labour market.

The main elements of the agreement in the labour market area are:

Increased focus on vacant jobs: A requirement will be introduced that ensured unemployed people and claimants of social and start-help assistance registered with the Danish Employment Service must "go on Jobnet" at least once a week to confirm that they are searching for a job.

Systematic availability assessment of unemployed people: Systematic availability assessments every third month will be introduced. Unemployment insurance funds will perform this task for unemployment benefit claimants, while local authorities will do so for claimants of social and start-help assistance.

Simplification of types of interviews: The interviews between unemployed persons and the Employment Service or the local authority are important tools in the employment efforts. The interviews must focus on getting the unemployed person into employment as quickly as possible. Consequently, the various types of interviews in the employment effort are simplified into a single type of interview, the "job interview". New sanction rules will be introduced with increasingly stricter sanctions if an unemployed person repeatedly fails to come for a job interview.

Bringing forward the time of activation: The time for the right and duty to the first job-activation offer for unemployed persons aged 30 years and over will be brought forward to after nine months' unemployment. After two years, an assessment will be made on the basis of economic trends, the unemployment level and an evaluation of the efforts to determine whether early activation efforts are still needed.

Full-time activation of insured unemployed people after 2½ years: All unemployed people must be activated on a full-time basis after 2½ years' unemployment. The main activities will primarily consist of intensive job search, wage subsidies and on-the-job training.

Extension of education pools: The possibility for unemployed people unable to find employment within their own field to attend a one-year training programme within areas experiencing or expected to experience labour shortages will be extended to 2007 and 2008. DKK 50m will be allocated annually.

New model for ordinary job referral: A new model for ordinary job referral will be introduced, under which unemployed people who are referred to a job without getting it are covered by a systematic referral process. The process entails that the unemployed person is referred to another job as quickly as possible or is ordered to apply for a number of positions. If the person concerned has not got a job within three months, activation will be started.

Abolition of special rules for older unemployed people: Older employees are needed in the labour market, and all citizens must have equal opportunities. For this reason, the extended daily cash benefit period for the 55-59-year-olds is abolished, so that the daily cash benefit period for this group will be the same as for everybody else. The right and duty to activation is also introduced for 58-59-year-olds as for other unemployed people.

The sections below describe the Government's other strategies for employment of socially disadvantaged groups.

The long-term unemployed

The Government has presented the employment strategy *A new chance for everyone*, calling for all local authorities to offer all passive social and start-help assistance claimants a new chance as of 1 July 2006 and two years ahead. The scheme means that the cases of all social and start-help assistance claimants who have been passive for at least a year must be readdressed. The local authority must then decide whether the unemployed person can be referred to a job or ordinary training or education, or whether job training, on-the-job training, rehabilitation or other services should be offered to pave the way towards the labour market. Weight will also be attached to guaranteeing relevant education offers for all young people who become, under the scheme, obliged to apply for admission to a relevant education.

The Government has allocated about DKK 500m to the scheme for the period 1 July 2006 to 1 July 2007. As extra support to the scheme, DKK 10m has been allocated, earmarked for performance-related pay to local caseworkers.

The action plan *A new chance for everyone* encompasses three targets. The first target states that 25% of the group of passive social or start-help assistance claimants must have started in an education or job in two years' time. Today, only 12% of the people passive two years ago are in jobs.

The second target is that the group must – in the course of the next two years – become able to support itself 15% of the time on average. The previous two years, the passive group has only been self-supportive 7% of the time.

The third target states that the group must on average be in activating jobs at least 40% of the time in the coming two years. The previous two years, the figure was 11%.

Activities on the fringes of the labour market

In a long-term perspective, an equally large group of socially disadvantaged people should be able to achieve actual attachment to the labour market. In 2005, the Government set up a *pool for social activation* aimed at offering socially disadvantaged people with comprehensive problems besides unemployment the opportunity to achieve a life of meaningful activities. Typically, the activities will be on the fringes of or outside the labour market. The pool for social activation is set at DKK 3m annually for four years. The Government allocated more funds to the pool in 2006, having added almost DKK 42m in total over three years.

To ease the difficult transition to a real job, the Government set up a pool in 2005 to establish a *special mentor scheme* located at drop-in shelters. The idea is for people attached to the shelters to assist disadvantaged

people in their occupational reintegration and support them with advice on how to behave at a workplace. At the same time, a mentor can also relieve companies of some of the problems surrounding new appointments of employees with special difficulties. Relating the mentor scheme to shelters ensures that mentors have thorough knowledge of the mentee and can uphold a relationship of trust with the mentee throughout the entire process. The pool is set at DKK 10m annually for four years. Currently, the mentor scheme is being established at 17 drop-in shelters in Denmark.

A *temp scheme* aims to offer temps to companies that undertake to employ socially disadvantaged people who often have problems showing stable attendance in transition periods. The scheme aims to indemnify employers in cases of absence. The pool is set at DKK 5m annually for four years.

Debt remission pilot project

In June 2006, the Danish parliament adopted an act on *pilot projects involving remission of public-sector debt for socially disadvantaged groups*. The backdrop of the initiative was a survey indicating that debt to the public sector could constitute a barrier preventing the most disadvantaged social assistance claimants from finding jobs.

The act sets up a four-year pilot project allowing public-sector debt to be remitted while also ensuring incentives aimed at retaining the person in a job. An amount of DKK 25m annually in the period 2005-2008 has been allocated for the scheme.

The target group consists of people who for four or more consecutive years have been social assistance claimants, etc. Debts will be remitted in the course of a five-year period. To qualify for the scheme, a person must find and retain a job or subsidised employment, start an education or enter a rehabilitation process.¹⁷

The scheme has been notified to the European Commission under the state subsidy rules and will enter into force on approval.

People with disability

The Government has presented an action plan for 2005-2009, *Disability and job – an employment strategy for people with disability*, aimed at giving disabled people a chance of performing a job in the labour market. DKK 80m has been earmarked for implementing the employment strategy.

The employment strategy sets two targets:

- The number of impaired people in employment must increase by 2000 people a year.
- The share of companies with disabled employees must increase by 1 percentage point a year.

The employment strategy also contains an objective that companies and people with disability must be given better information about employment opportunities and options for obtaining support and aids to compensate for their disabilities.

The Government's action plan launches initiatives in three areas.

Many people with disability could remain in or achieve attachment to the labour market if everyone knew more about the opportunities of getting an active work life with disabilities. Consequently, the Government will set several activities in motion to disseminate knowledge about what different types of disability mean, and what measures are most effective when it comes to helping people with disability get or maintain a job in the labour market. As part of these activities, efforts are being made to increase the share of people with disability given the opportunity of accepting a job in the conventional labour market instead of joining public

¹⁷ See Annex 2, page 48

job training schemes. The Government has allocated DKK 15m for the period 2006-2008 for initiatives that support people's development from *sheltered 'employment'* to *sheltered 'work'*.

Secondly, the Government will help break down negative attitudes towards disabled persons as labour. People with disability are a valuable and far too often overlooked source of labour. This is why the Government will strive to ensure that people with disability are generally acknowledged as a resource.

Finally, the Government will break down many of the existing physical and institutional barriers that prevent people with disability from getting a job in the labour market.

Mentally ill people

Mentally ill people and other disadvantaged groups must be given special help in attaining a meaningful life, including a life with employment. Employment means a great deal to the individual, since a job gives him or her the freedom to plan his or her everyday life and create a secure environment.

In March 2006, the Government presented its employment strategy *New paths to employment*. In the next five years, the Government will spend DKK 320m on 14 initiatives aimed at helping mentally ill people and other disadvantaged groups receiving social assistance to enter the labour market or start educations.

The employment strategy will target individuals, workplaces and public activities. Thus, the strategy aims to improve the individual's personal, professional and social competences so that mentally ill people and other disadvantaged groups can manage in the labour market or the educational system. The strategy will also ensure the help and support needed at workplaces to enable the individual person to maintain a job. Finally, the strategy aims to improve public activities so that more people get the help that may bring them closer to the labour market or to an education.¹⁸

Older people

The Government has implemented a nationwide attitude campaign under the motto *A couple extra makes a difference*. The main purpose of the campaign, aimed at both employers and older people in the labour market, was to further the prevalence of so-called senior agreements. Senior agreements may be attractive for senior people who would otherwise feel compelled to leave the labour market because of work pressure problems and long working hours. The employer and the individual senior employee make an agreement on easing the work pressure and thus enabling the employee to continue in his or her job. The agreement may concern reduced working hours, longer holidays, flexible working hours, changed job content, etc. In autumn 2006, the initiative will be followed by a special campaign aimed at local authorities, which will have to handle massive, age-related staff exit in the coming years.

In autumn 2006, the Government, the social partners and local authorities will conduct four-party negotiations on reinforced efforts to improve older people's employment possibilities.

Prevention in the labour market

The Government believes in strengthening prevention and working conditions in the labour market, and has therefore established a preventive fund of DKK 3bn with annual allocations of about DKK 350m. The funds should be used to improve rehabilitation of diseased and people with disability as well as bolstering working condition initiatives in, for instance, sectors with staff threatened by physical deterioration.

Evaluation and indicators

Pool for social activation: A survey was made of users' satisfaction with activity and job-creation schemes. The survey showed that users are essentially satisfied with the schemes offered and want to work and find

¹⁸ See Annex 2, pages 48-49

jobs. The highest degree of dissatisfaction registers among the users who have not been offered activities or job-creation measures.

A new chance for everyone: The results will be evaluated in mid-2008.

Debt remission pilot scheme: The scheme will be evaluated about a year after it takes effect. The evaluation will be used to determine the framework of the pilot scheme, utilisation of appropriations, duration of public income support and whether the scheme should include a basic amount to be paid by the given person.

Disability and job – an employment strategy for people with disability: The National Board of Social Services will head up an external evaluation of the projects that, with support from the application pool, launch initiatives aimed at underpinning the development from sheltered employment to sheltered work.

Launch, implementation and resources

New paths to employment: Special centres will be set up at enterprises where disadvantaged people can work. The enterprises will establish the centres on agreement with the local authorities and will be responsible for daily operations.

Another initiative in the employment strategy comprises a pilot project with partnerships between the local authority and local stakeholders – for example local companies and local NGOs – aimed at improving activities that help mentally ill people find employment.

This initiative will be supplemented with the establishment of a national network of already known institutions and organisations. The network aims to help caseworkers in local authorities and the coming job centres to obtain sufficient knowledge on mentally ill people and people with disability. Best practice and good ideas must be registered and communicated to other local authorities.

2.5 Housing

Socially disadvantaged housing estates

A basic fact in the housing area is that general social improvement, including social inclusion, will not occur unless the physical framework is reasonably well maintained.

In the 2005 housing agreement, the parties agreed to expand the current investment facility for renovation in disadvantaged social housing areas by between DKK 1.5bn-2.125bn in 2006. Another DKK 600m was allocated for social and preventive activities in troublesome social housing estates in 2006.

A key factor for furthering social inclusion is to ensure a broad composition of housing estate residents. For this purpose, local authorities and housing associations can lay down criteria for sale of social dwellings. All vacant social dwellings in disadvantaged housing areas can be sold without endeavouring to re-let them first. Proceeds from the sale can be used wholly or partly in the housing area for, for instance, social activities.

As a consequence of, for instance, a low number of moving-outs or as an aspect of holistic activities, the local authority can also give moving support for disadvantaged residents in troublesome areas. As an aspect of this scheme, the local authority's right of allotment has also been extended, enabling it to offer residents a dwelling in another and better-functioning housing area.

Alongside these local activities, local authorities and volunteers perform a great deal of work.

Strategy against ghettoisation

To curb trends towards ghettoisation, the influx of disadvantaged people to the most disadvantaged housing estates must be halted, while the resourceful citizens in the areas need to be retained until the negative trend reverses. Breaking the social housing estates' monofunctional character by establishing business and industry and new forms of ownership is also a necessity.

To achieve this aim, the Government launched a strategy against ghettoisation in 2004, of which most important elements were realised in 2005 and 2006.

The main element is a new model for letting social housing that allows local authorities to refuse applications from social assistance claimants in 25 disadvantaged housing areas (2006). The applicants on the waiting list who are turned down must be offered replacement housing within six months. From 2006, legislation has authorised the setting up of business and industry in social housing estates.

The strategy also includes the establishment of a Programme board, made up of representatives of the housing sector, the business sector and local authorities. Up until 2008, the Programme board will monitor developments in the estates and the implementation of the strategy, and must also continuously evaluate the need for exemptions, pilot projects and new initiatives.

Finally, the strategy launches a range of specific integration initiatives, including special crime prevention activities, homework help, voluntary work, etc., in disadvantaged housing areas. Additionally, the strategy increases focus on positive experience from schools in the affected areas.

Urban development

The purpose of public urban development is to create well-functioning housing and housing areas. Therefore, initiatives aimed at rundown and outdated housing are launched (building renewal), as well as measures to meet the physical, social and cultural challenges posed by housing areas (area renewal).

Government funds for building renewal (DKK 245m annually) are given as grants for renovating rundown housing (private rental property, housing-cooperative and owner-occupied dwellings). Basically, the funds must be used for the properties in greatest need. Funds are divided among the local authorities according to objective social and physical criteria, and the housing owners can then apply for support. One effect of building renewal is that the number of dwellings with one or more installation deficiencies (e.g. no toilet, bath or central heating) has almost halved since 1990.

From 2004 to 2006, the funds for area renewal were used to spark off a positive development in 40 rundown and troublesome urban areas with development potential. The Government has allocated DKK 150m for the projects. Annually, DKK 50m will be allocated for area renewal projects, for which local authorities can apply. The funds are to be used for remedying physical, social and cultural problems and shortcomings. Special weight is attached to involving citizens and integrating refugees and immigrants, especially in the area renewal projects launched in recently built urban housing estates.

In 2004, a special pool of DKK 100m was distributed to realise a targeted pilot project in troublesome city areas with special urban development needs. Called the *Special urban development fund*, the pool comprises a part of the Government's strategy against ghettoisation. The goal of the pool is to support positive development in selected, troublesome areas, by promoting integration and countering ghettoisation in the areas. The activities are meant to help break negative development in areas where poor physical conditions, social problems and an uneven resident composition mutually reinforce each other. Fifteen projects have started.

Housing for people with disability

Denmark will renovate or establish between 700 and 1,200 dwellings for severely disabled people. In 2006, the Government will allocate the remainder of the DKK 546m set aside for the area for the period 2004-2006. Until now, the Government has committed support for 1,400 dwellings – including the renovation of residential facilities or establishment of social housing for people with disability.

Alternative residential facilities

Homeless and socially disadvantaged people often have complex problems. To improve the individual's situation and quality of life, the most important factor is that he or she has a place to live. Therefore, the

Government has ensured that more people have permanent housing that meets the need for persons who do not thrive in conventional housing.

The pilot project *Freak Houses* (established in 1999) yielded good results, and additionally DKK 40m were allocated for 2005-2008 to establish more homes for homeless and particularly disadvantaged groups, combined with housing assistance during the moving-in phase.¹⁹

Since July 2005, local authorities have been able to conclude agreements with social housing associations on making vacant social housing available for the local council, with these dwellings to be rented as *transition housing*. The target group of the scheme consists of people in transition periods needing special conditions and assistance as they transfer from temporary residential facilities – such as a reception centre – to conventional rental housing.²⁰

Evaluation and indicators

Strategy against ghettoisation: Each year, impact is measured on indicators of labour market attachment and moving patterns in the 30 most disadvantaged housing areas.

Public urban development: Building and area renewal will be evaluated in 2007-2008. The evaluation of building renewal will attach priority to a critical, constructive and forward-looking evaluation of the degree to which the act's objective of building renewal has been met. The evaluation must also assess satisfaction among local authorities and citizens, and whether the act contains the tools needed.

The evaluation of area renewal projects will also determine which problems the local authorities find important when designating where to launch and realise coordinated activities. The evaluation will also consider how the activities are organised and which partnership relations local authorities forge with private partners.

Special urban development activities: An evaluation has been launched in order to find out whether the individual projects have succeeded in halting the negative development of areas (poor physical conditions, social problems, uneven resident composition, etc.). The evaluation is to determine whether the individual projects have reached their goals.

Freak Houses: The scheme evaluations performed in 2004 and 2006 prove the scheme to be a success. Residents express their joy and satisfaction in having a home where they can be themselves and determine their own life. Many of the residents are stabilised and enjoy an everyday life on their own conditions. In all, *Freak Houses* help prevent further social exclusion of people living on the fringes of society.

Launch, implementation and resources

Strategy against ghettoisation: For the period 2004-2008 the above mentioned Programme board has been established the goal being to create a constructive and binding framework for dialogue between all relevant players and with ensuring the implementation of actual activities inherent in the strategy against ghettoisation. By constantly monitoring development in the affected areas, the Programme board must evaluate the need for launching new initiatives in the areas. In 2005, the Programme board presented its strategy against ghettoisation.²¹

2.6 Integration

Employment and education

In recent years, more immigrants and their descendants have found jobs. Many initiatives have been implemented, and trends are moving in the right direction. However, immigrants still have large potential for employment, as their labour market attachment remains markedly lower than that of Danes.

¹⁹ See Annex 2, page 49

²⁰ See Annex 2, page 49

²¹ See Annex 2, pages 49-50

The employment rate for 16-64-year-old immigrants and their descendants from non-western countries has risen from 46% on 1 January 2001 to 48% on 1 January 2005. By comparison, the employment rate for Danes is 76%.

Welfare agreement

The *Welfare agreement* thus includes several initiatives to help more immigrants find work. The main elements of the agreement are:

Room for more immigrants in enterprises:

- *Renewed four-party agreement:* The Government convenes the social partners and local authorities to conduct four-party negotiations for making a new agreement on better labour market integration, including access packages and employment on special pay conditions.
- *Partnerships with major enterprises:* The Government will make partnership agreements with major companies on recruiting unemployed people with poor employment possibilities.
- *Targeted wage subsidies:* To support the employment of more immigrants, etc. in private enterprises, a wage subsidy scheme will be introduced targeted at persons with poor employment possibilities.

Augmented efforts for the individual:

- *Extended rights and duties of activation for social assistance claimants:* The integration agreement *A new chance for everyone* provides that social and start-help assistance claimants aged above 30 and not registered with a job centre will be entitled and obliged to repeated activation after each 12th month they have received passive income support. The right and obligation to repeated activation will now be extended to every 6th month as for other unemployed people.
- A minimum duration of one month for activation is being introduced to avoid very brief activation periods.
- *Hand-held efforts:* DKK 300m will be allocated over four years to employ company-oriented job consultants that can help immigrants look for and find jobs.

More effective local-authority integration efforts:

- A financing reform of local authorities' expenditure on the introduction programme will be implemented, which will increase the benefits obtained by the individual local authority in getting an unemployed immigrant into work or education.

Other Government initiatives

The Government's target is to have up to 25,000 immigrants and descendants in jobs in 2010.

The Government launched a *Versatility Programme* in 2005, which will compile, develop and communicate companies' good experiences in managing diversely composed groups of employees.

The Government presented an action plan *Employment, participation and equal opportunities for all* in January 2006. Through the action plan, the Government wants to heighten support aimed at giving women and men from ethnic minorities equal opportunities for participating in communities (including in associations and work), and that boys and girls, irrespective of their ethnic backgrounds, receive a basic education qualifying them for further education.²²

²² See Annex 2, pages 50-51

Other initiatives

In 2006, the social partners made an agreement on integration and training positions in the regional or local area, thus creating possibilities for groups of people who lack language qualifications and/or professional competencies to obtain employment in local authorities, counties and regions.

Ethnic minorities and their families

Gender is still a barrier for successful integration of many women with non-Danish backgrounds. In 2006, the Government has allocated a pool aimed at supporting activities to include more women of minority backgrounds in society, and establishing networks between families of Danish and non-Danish ethnicity. Another pool is earmarked for activities to counter domestic violence, forced marriages and forced reacculturation trips, and a third pool for family consultations in local authorities.

The Government has also established a working group on forced reacculturation trips and other long-term stays outside Denmark that impact negatively on resident children's schooling and integration. In June 2006, the group presented its suggestions on how local authorities can improve their activities for the area, including additional legal instruments, tools for local authority activities and strengthening of Danish authorities' assistance to children facing, on or having returned from a trip.

The previously mentioned *Action plan to combat men's domestic violence against women and children* comprises a number of activities targeted at women of non-Danish backgrounds, since they may be difficult to reach through the support normally offered to battered women. The action plan also encompasses initiatives aimed at helping children and young people growing up in violent families.

Dialogue with ethnic minorities is a key factor. The groups directly affected by Government policies for the area must be consulted and as far as possible included in the democratic decision-making processes. Dialogue is a means of understanding diversity and creating tolerance and cohesion in society. The Government has therefore launched *Dialogue activities* to improve dialogue with ethnic minorities, associations and networks active in integration activities. The following activities have been or will be initiated:

- Dialogue with immigrant women
- Dialogue meetings with ethnic minority associations and networks active in integration activities
- Establishment of a special pool called *Dialogue on community and diversity* totalling DKK 4m for initiatives fostering increased dialogue and understanding across diverse ethnic and religious groups.

Finally, in 2005 the Government granted DKK 3.3m over a three-year period to the Danish Refugee Council, to enable the Council to function as a knowledge and counselling centre for the work with traumatised refugees. Key elements in this context will be families and children, integration into the labour market and treatment options.

Evaluation and indicators

Versatility programme: The Government will establish concrete goals for all initiatives in its *Versatility programme*. The Government also set up a coordination group comprising representatives of all initiatives involved in the programme, and an external evaluator will perform ongoing evaluation and follow-up.

Under the *Strategic programme for welfare research*, the Government has launched a range of research projects aimed at improving existing knowledge on how to enhance public efforts to increase employment and combat social exclusion among immigrants and their descendants in Denmark. The Government has established a reference group for the programme, where practitioners and researchers regularly discuss the research results. A number of the research projects spotlight immigrant women's employment and social inclusion.

2.7 Combating human trafficking

The Danish Government finds the practice of trafficking people across borders, even internally in the EU, unacceptable and indefensible. Estimates show that Denmark has about 4,000-5,000 prostitutes, including an estimated 2,000 foreign women. A fair number of them are traded women.

This is why the Minister for Social Affairs intends to cooperate more strongly with originating countries, in October 2006 hosting a round-table conference for the ministers from the countries surrounding the Baltic Sea on possible partnerships on preventive social work targeting threatened groups in the originating countries, the purpose being to avoid recruitment into human trafficking. Denmark would also like the new EU-programme Daphne III to be used as a springboard for such cooperation.

In connection with the Government's *Action plan against trafficking in women*, in parts of Denmark there have been launched outreach work among foreign women in prostitution. A drop-in shelter and protected housing have also been established, in which women can stay while their return trip is being prepared. For women not needing as much protection, a pilot project has been launched that allows them to stay at two Danish shelters.

In September 2005, the action plan was expanded with an annex extending the activities to cover trafficking in children. Activities will focus on mapping the problem, training professionals, appointing guardians for all children and preparing individual action plans for children. The Government has set aside DKK 30m for the action plan.

A telephone hotline has been set up which victims of trafficking in women as well as persons who suspect trafficking in women can call, as well as a small health clinic which victims of women trafficking can contact for medical assistance.

Various public information activities have been launched, including exhibitions, plays and teaching material for primary and lower secondary schools, which aim to create debate on trafficking in women.

Additionally, DKK 1m has been allocated for an information campaign on trafficked women's situation. The campaign was realised in August 2006. The aim of the campaign was to limit the demand for purchase of sexual services from prostitutes who are victims of women trafficking. It included cinema and television commercials and newspaper ads.

As a result of the campaign, more reports on suspected women trafficking were phoned in to the hotline. All reports were transmitted to the police.

Evaluation and indicators

The Danish Centre for Research on Social Vulnerability constantly monitors the activities against human trafficking, with a view to compiling and preparing documentation on the activities. On this basis, status reports were made and seminars held on experience to date.

The action plan will be evaluated externally to document the implementation of all activities, their effect and success. The evaluation will conclude in autumn 2006.

Launch, implementation and resources

NGOs, police and ministries have concluded cooperation agreements with a view to holding regular meetings between the parties. NGOs are alerted in connection with raids and come to the police station to inform any trafficking victims of their rights.

The crime area of human trafficking, including trafficking in children and exploitation of people for prostitution (procuring, etc.), is the subject of systematic, nationwide police monitoring headed by the National Investigative Support Centre. A police investigation manual is under preparation, which will include guidelines for cooperating with social associations.

Finally, an embassy network has been established, which will provide information to foreign embassies on Danish initiatives, so that the embassies can raise awareness of human trafficking in the victims' countries of origin. A seminar on this subject was held in 2005, followed up in 2006 by a letter to the embassies on the status of Denmark's activities.

2.8 Other activities

Substance and alcohol misuse

Substance misuse

In recent years, Denmark has strengthened treatment activities considerably as table 4 shows. The number of substance misusers in treatment has gone up by 23% from 2002 to 2005, corresponding to about 2,500 misusers. The increase results from the introduction in 2003 of a guarantee of treatment within two weeks.

Table 4. Substance misusers in treatment

	2002	2003	2004	2005
Number of people	10,827	12,317	13,161	13,316

Source: Danish National Board of Health

However, it is still important to expand activities in the substance misuse area, for which reason the Government has launched several initiatives.

To improve efforts aimed at young misusers, as of 1 January 2005 the local authorities became obliged to prepare action plans for young people below the age of 18 with treatment-demanding misuse. The local authorities must involve regional misuse centres, the young person and his/her family in the work.

The Government has established a guarantee of treatment within two weeks for young substance misusers below the age of 18 in special circumstances. Furthermore, for each of the years 2005-2007, DKK 12m has been allocated to develop offers for young cannabis misusers.

Aimed at improving social measures for substance misusers, about DKK 26m of the *Narcotics Pool* has been allocated annually for an application pool in the period 2006-2008. Possible applicants are local and regional authorities, voluntary social organisations and associations and other private players.²³ Experience from the projects will be compiled centrally through support from the *Narcotics Pool*.

Alcohol misuse

No alcohol misuser can be refused treatment if he or she requests it. As of July 2005, an act on guaranteed treatment of alcohol misuse came into force. Under the act, treatment must be initiated no later than two weeks after an alcohol misuser has applied to the regional authority and requested treatment. This procedure lowers the risk of someone who has applied for treatment losing his or her motivation before treatment starts.

As of January 2006, Denmark set up a national alcohol treatment registry. As a minimum, all people undergoing publicly financed alcohol misuse treatment must be reported, both people in outpatient and inpatient treatment. The registry will enable national health authorities to monitor trends in the number of alcohol-treated people as well as their demographic, socio-economic and misuse-related data.

A research project managed by the Centre for Alcohol and Drug Research aims to improve knowledge on women undergoing treatment for misuse of and dependence on alcohol and /or illegal substances.²⁴

²³ See Annex 2, page 51

²⁴ See Annex 2, page 51

People with disability

Disabled people with misuse problems and mentally disabled people with mental illness are still covered by the activities mentioned in the action plan for combating poverty and social exclusion (2003-2005). But focus now centres on maintaining the networks established in relation to the earlier activities. Most likely, the activities will be anchored in the National Information and Research Centre for Persons with Disabilities, while competences are expected to be compiled in the networks under *VISO*; see chapter 1.

Qualified everyday life

Support and contact person scheme

Based on their own wishes and needs, the most disadvantaged and excluded misusers as well as homeless people must have the opportunity of building and maintaining contact to the surrounding world, thus enabling them to make the most of the possibilities and established services in the community.

In October 2006, the *Support and contact person scheme* will be expanded so that the service – today only targeting mentally ill people – can also be extended to the most disadvantaged homeless, alcohol misusers and substance misusers. The expanded scheme will be monitored to determine whether the new target groups benefit from the service. The Minister for Social Affairs will report to the parliament once the act has been in force for three years.

In April 2006, the Government presented the action plan *A new life* on activities for non-trafficked prostitutes. The Government wants to make sure that social and health measures for prostitutes develop, and that the people wanting to leave prostitution are supported in doing so.²⁵

eInclusion

The Danish Government has set the distinct goal of having as many people as possible benefit from the full potential of the knowledge society. Denmark wants to develop an accessible knowledge society, where people with impairments do not experience technology as an obstacle.

The Government has made the development of *Speech recognition in Danish* one of its priorities, and is focusing efforts on implementing eInclusion in various political agreements and decisions as well as on developing Danish speech technology and providing counselling on implementing accessible public solutions on information and communication technology (ICT solutions).

In cooperation with the Danish Broadcasting Corporation and TV2, the Government has financed the development of a Danish speech-recognition system that can be used for automatically subtitling TV programmes and which everybody can use for dictating to their PCs.²⁶

The Government also financed the development of a program that allows users to voice-control Internet Explorer. The program was developed specifically for physically impaired people who are also speech impaired. The program bases speech recognition on commands instead of fluent speech. The project has concluded and the program works.²⁷

The National IT and Telecom Agency has developed a *tender toolbox*, which public authorities can use to include accessibility demands in their requirements specification when they procure ICT systems. At the same time, the National IT and Telecom Agency has cooperated with Microsoft Denmark on translating a *toolbar* (Web Accessibility Toolbar) for Internet Explorer into a Danish version. The toolbar can be used to

²⁵ See Annex 2, page 51-52

²⁶ See Annex 2, page 52

²⁷ See Annex 2, page 52

test accessibility of existing websites, and is for instance used by local authority web developers to test digital self-service solutions.

Despite their good intentions, public authorities may have difficulty in finding suppliers that offer accessible digital solutions and have the necessary knowledge on accessibility. Therefore, the National IT and Telecom Agency has launched the competition *Best on the Net*, aimed at making web developers produce an accessible website.

Additionally, the Agency offers a wide range of IT and telecommunication services to public authorities and their suppliers, and advises on matters of development and/or implementation of new digital solutions.

2.8 Good administrative practice

Preparatory process for this report

The Government's ambition is for all relevant players to be involved in preparing the *National report on strategies for social protection and social inclusion*, in this way creating as much openness as possible.

Against this background, on 27 April 2006, the Ministry of Social Affairs and the Ministry of Interior Affairs and Health held a conference on the report, as the ministries believed that a conference for all relevant players in the field would be a good starting point. The event enabled the ministries to explain the ideas for the new report and compile the players' experience on the work with social inclusion since the last action plan. Consequently, the conference programme was scheduled to inspire discussions among all conference participants.

Conference participants included relevant ministries, local and regional organisations, the social partners, Rambøll Management (external evaluator of the Danish NAP work), the Danish National Institute of Social Research and NGOs, including representatives of the NGO project on the Danish NAPincl 2003-2005.²⁸

After the conference, the Ministry of Social Affairs and the Ministry of Interior Affairs and Health initiated the first consultation round on the report, calling for contributions from relevant ministries in the area. The following ministries were included: the Ministry of Employment, the Ministry of Education, the Ministry of Family and Consumer Affairs, the Ministry of Refugee, Immigration and Integration Affairs, the Ministry of Cultural Affairs and the Ministry of Science, Technology and Innovation.

On the basis of the first hearing, the Ministry of Social Affairs and the Ministry of Interior Affairs and Health prepared the first draft report. In early August, the draft was forwarded for the second consultation round to the ministries contributing to the report and to all the other organisations participating in the conference on 27 April.

After an editing phase, an additional consultation ensued in early September. After the consultation phase concluded, the report was presented to relevant government committees, before being forwarded to the European Commission on 18 September 2006.

The report was sent to relevant parliamentary committees for their information.

Coordination of social and health activities

Denmark has divided its welfare tasks between various ministries: The Ministry of Social Affairs, the Ministry of Family and Consumer Affairs, the Ministry of Interior Affairs and Health, the Ministry of Refugees, Immigration and Integration and the Ministry of Employment. However, the local authorities are responsible for performing welfare tasks. The area of social matters is widely governed through legislation that allows local authorities to decide on service level and assess activities. In addition, a range of pools aims at support-

²⁸ The NGO project on NAPincl 2003-2005 was supported by the EU Commission through the Community Action Programme and by the Danish Ministry of Social Affairs.

ing local activities and assisting in method development as well as attracting local authorities' attention to special target groups and any useful methods.

With the aim of improving performance of the welfare tasks, the parliament adopted – as previously mentioned – a comprehensive local government reform coming into effect on 1 January 2007. The reform reduces the number of local authorities from 275 to 98 and also replaces the 14 counties with 5 regions, whose primary responsibility will be the health. The reform thus transfers a wide range of treatment and special treatment tasks from the counties to the local authorities. The local authorities will become solely responsible for the social services and have the main responsibility for promoting citizens' health and disease prevention.

In placing the responsibility for many more services with the local authorities, the reform sets the framework for ensuring far more comprehensive and cohesive services to citizens. This new setup will also benefit from the fact that local authorities will become significantly larger than before, a solution that will help concentrate professional competence and experience in the new local authorities.

Mobilising all relevant players

A key element of Danish legislation is citizens' possibility of gaining influence in arranging their own lives. Under the legislation, consulting and advisory user councils must be set up to represent citizens' interests vis-à-vis the local authorities. In addition, a range of independent complaints boards have been set up with representatives from the labour market and other interest groups.

Resident and user councils have to be set up at the institutional level, and the central government will provide financial support to new user associations for disadvantaged groups. At the individual level, established legal guarantees ensure that the individual plays a role in organising his or her own case. As to refugees and immigrants, local authorities can set up integration councils, which will also elect representatives to the national *Council for ethnic minorities*. This council advises the Government on matters concerning refugees and immigrants.

The *Council on voluntary effort* represents the voluntary social associations and contributes to public debate on the voluntary sector's role in developing the welfare society, including the sector's interrelation with the public sector and trade and industry. The Council works to improve cooperation between voluntary social associations and the public sector across the social and health area. The Council seats members having experience with and commitment to voluntary social work.

The Government has also established the *Council for socially marginalised people*, charged with handling and communicating the interests of the most disadvantaged people in society. The Council seats 12 members appointed because of their special knowledge of and experience from practical work with disadvantaged groups.

The Council for socially marginalised people organises various activities, including the *Users' BaZar*, a debate platform in which disadvantaged people can voice their opinions and needs to relevant decision-makers. Additionally, the Council publishes an annual report that contributes to general political discussions on conditions for disadvantaged people in Denmark.

Other relevant councils are *the Danish disability council*, *the National council for children*, *the Council for ethnic equality*, *the Employment council* and *the Gender equality board*.

Sustainable pensions

Introduction

As explained in the most recent strategy report on the Danish pension system of July 2005, the Danish pension system is considered to be well-balanced and capable of ensuring current pensioners a reasonable standard of living. With the present rules, future pensioners can look forward to having a share in the general rise in incomes, since public pensions are adjusted on the basis of pay increases in the private sector. Furthermore, the greater prevalence and expansion of supplementary pension schemes will lead to higher incomes for pensioners.

As stated in the strategy report, the sustainability of the Danish pension system cannot be assessed independently of other government expenditure and the sustainability of the overall fiscal policy. The standard of living and the replacement rate ensured by the pension system must be seen in relation to the fact that a number of income-related cash benefits (housing benefits, heating benefits, health allowances, reduced tax on owner-occupied dwellings, etc.) and a large proportion of total government expenditure (health costs and care for the elderly) are targeted at pensioners. Similarly, the long-term fiscal policy requirements must be considered in view of the facts that public pensions are financed on a pay-as-you-go basis and that government assets in the form of deferred income tax payments in the savings-based pension schemes have accumulated.

Securing continued financial sustainability

With the current rules, the anticipated rise in life expectancy will also mean that citizens will receive tax-financed government transfer payments/pensions for a greater part of their lives. Consequently, in reality, the coverage period of the schemes will be longer, thus weakening government finances, since the effective age of retirement cannot be expected automatically to rise in step with rising life expectancy.

With unchanged rules, longer lives would inevitably result in Danes' living an ever-increasing part of their healthy life receiving early-retirement benefits and pension. In the long term, this would create a risk of imbalances in the public finances. It would also limit the possibilities for improving other areas.

Consequently, a strategic, key element in the political *Welfare agreement* of June 2006 (see the introduction of the report) is the fact that the retirement systems must be adjusted to make them more robust to rising life expectancies. The agreed adjustments do not affect the fundamental structure of the Danish pension system; see box 1 in this chapter.

Welfare agreement

The objective of the *Welfare agreement* is to ensure that outdated retirement rules do not jeopardise the balance in the public finances. The agreement still provides good retirement options for physically impaired employees, but also ensures that longer life expectancy is translated into longer working lives for healthy and active people. Moreover, special efforts are being made to reduce physical wear and tear, improve health and safety at work, remove age-discriminating barriers in the labour market, enhance job opportunities for the elderly and improve the possibilities for recipients of early retirement benefits to supplement their benefits with income from work.

The agreement includes a gradual increase in the voluntary early retirement and old-age pension age:

- The voluntary early retirement age will be gradually increased from 60 to 62 from 2019 to 2022.
- The old-age pension age will be gradually increased from 65 to 67 from 2024 to 2027.
- From 2025, the voluntary early retirement and old-age pension age will be indexed on the basis of the remaining life expectancy for 60-year-olds, so that the expected period for early retirement benefits and

old-age pension will be some 19.5 years in the long term. If life expectancy does not change, the voluntary early retirement age will continue to be 62 and the old-age pension age 67.

The implementation of the Welfare agreement will lead to a larger labour force, more employment and less unemployment.

The *Welfare agreement* will create economic manoeuvrability of some 2 per cent of GDP, of which 1.5 per cent is reserved to finance increasing expenditure necessitated by the growing number of older people, and 0.5 per cent will be spent on investments in research, education, etc.

Box 1

The Danish pension system

The Danish pension system is based on three pillars, each having its own main goal and form of financing.

The *first main goal* is to secure a decent minimum standard of living for all citizens. Old-age pension, supplementary pension benefits and, to a certain extent, ATP perform this function. Old-age pension is a basic, (tax-financed) public pension meant to ensure all citizens a fair income when they retire, irrespective of previous labour market attachment. The pension is granted from the age of 65. Pensioners receive the basic amount of old-age pension independently of any supplementary income (except earned income), including income from private pension schemes. Old-age pension is financed on a PAYG basis via taxation. Old-age pension is presently the most important source of income for pensioners and accounted for more than half of pensioners' gross incomes in 2002.

The *second main goal* is to secure citizens a reasonable replacement rate when they enter retirement. Labour market pension schemes perform this function, presently covering some 90% of all full-time employees. The bulk of labour market pensions are contribution-defined, savings-based group schemes that are either based on collective agreements or agreed in individual enterprises. Labour market pensions are typically mandatory for the individual person, but he/she may increasingly decide on the combination of benefits.

The *third main goal* is to ensure flexibility, i.e. the ability to allow for individual requirements. Individual pension schemes, in particular, perform this function. Insurance companies, etc. provide a wide variety of offers. Some one million Danes pay to individual pension schemes.

In addition, there are a number of supplementary, statutory pensions that cannot be placed in one of the three pillars without ambiguity. The economically most important is ATP, which is a contribution-defined, savings-based pension scheme. Almost the entire working population pays contributions to ATP. Furthermore, several groups of persons temporarily or permanently outside the labour market pay contributions to the schemes. Thus, these schemes ensure almost all future pensioners supplementary pension besides old-age pension. The scheme is perceived as part of basic retirement income and can in this area be described as a pillar 1 pension. Full ATP benefits equal some 20% of old-age pension.

National strategies for health and long-term care

4.1 Introduction

The financial agreement for 2007, made by the Government and Danish Regions, earmarks just under DKK 1bn more for hospitals in 2007 than is available in 2006. This allows an increase in hospital activities of 3.0% compared with 2006. Of this figure, 2 percentage points are attributable to increased productivity requirements, while the remaining percentage point is attributable to the part of the DKK 1bn assumed to contribute to increased activity.

The Local government reform will enter into force from January 2007, leading to certain changes in the health sector. The reform focuses on ensuring cohesive patient treatment across administrative borders as well as easy and simplified access to prevention, examination, treatment and care of a high professional calibre.

The Local government reform consolidates responsibility for prevention, care and rehabilitation tasks. Local authorities will have responsibility for primary prevention and health-promoting efforts aimed at citizens, while regions and local authorities will share the responsibility for prevention aimed at patients. Local authorities will also be assigned the task of rehabilitation after the citizen has been discharged from hospital. However, specialised outpatient rehabilitation will still be performed at the hospital, financed by the local authorities. Finally, local authorities will co-finance 70% of inpatient rehabilitation during hospitalisation.

The intention is for local authorities to perform these tasks in conjunction with their tasks in the social and health care sectors. This allows more coherent efforts to be created for disadvantaged groups with a large number of problems, such as chronically ill patients who have difficulty maintaining their attachment to the labour market. It will also be possible to identify and address health problems early on, for example, in schoolchildren who, due to an unhealthy lifestyle, are in danger of developing disease.

The new local authority tasks allow local authorities to develop and use new organisational solutions. One example is health centres. In the care, prevention and rehabilitation fields, concentrating task performance organisationally in so-called health centres can produce benefits in the form of increased quality, interdisciplinarity, recruitment, etc. The health centres should be fitted into the health authorities' total task performance. They may form the framework for local authority initiatives that may reduce the need for hospital treatment. In 2005, the Ministry of Interior Affairs and Health allocated DKK 100m to experiments with health centres, the purpose being to obtain a broad and relevant base of knowledge for planning local authority efforts in the health and social sectors.

As part of the agreement between the Government and Local Government Denmark on the local authorities' economy for 2007, committee work will be carried out to clarify how the existing preventive schemes can best and most effectively support local authorities' total task performance in the health area and adjacent areas – in particular the social area.

To ensure coherence with the hospital and practice sectors, local authorities and regions are obliged to enter into health agreements in a number of areas – e.g. on discharge of weak elderly patients, rehabilitation of and initiatives aimed at people with mental illnesses. The agreements are to ensure coherence in treatment programmes across authorities. Such coherence will, not least, benefit the most disadvantaged patients, who are unable to take care of their own treatment process.

One of the greatest challenges in the Danish health sector is the population's gradually rising share of older people and mean life expectancy, which will put considerable pressure on public finances in the coming decades. This will be because expenditure on health care for the elderly, health services and public transfer payments under the present rules will rise sharply.

4.2 The Danish health sector

As mentioned previously in the report, the Government has concluded a political agreement on a local government reform coming into force on 1 January 2007. The reform outlines a new public sector in which local authorities, regions and the state each have their own separate task identity. Central government sets up the overall framework. Local authorities will handle tasks directly targeted at citizens, thus becoming the main gateway to the public sector for citizens and companies. Five new regions will be entrusted with the responsibility for the health sector, regional development tasks and for performing certain operational activities on behalf of the local authorities.

4.2.1 Brief description of the Danish health sector

A basic principle of the Danish health system is that all citizens must have equal and easy access to health services. The system is organised according to a principle of the lowest effective care and treatment level (in Danish: The LEON principle). In this way, efforts are made for as many as possible to complete their treatment in general practice before being referred to hospital treatment, treatment by a specialist, etc.

Hospital treatment of non-emergency cases requires referral from a doctor, usually the patient's general practitioner, who thus assumes a gatekeeper function.

Taxes predominantly finance health services, so individual citizens' financial situation, labour market situation, etc. play no role in their access to health services. Thus, public health insurance covers all who want it.

The Danish health sector consists of the primary and the secondary health sectors.

The primary sector consists of general practitioners, specialist practitioners, dental care, home nursing, preventive health schemes for children and young people, etc. It is financed by the counties and from 1 January 2007 by the regions and local authorities. Furthermore, medical assistance and hospital treatment are free of charge for patients, and between 25 and 60% of the costs of using other health services supplied by specialists in the health area are also covered. This includes dentists, psychologists, chiropractors and physiotherapists.

Local authorities are responsible for the home nursing offered to citizens free of charge on doctor's orders. Home nursing includes nursing, which also consists of care and general health guidance adapted to the patient's needs. Moreover, local authorities are responsible for the system of visiting health nurses, who guide future and new parents and provide prevention activities among children and young people under the age of 18, and for children's and young people's dental care. The visiting health nurses also perform tasks for special groups of disabled people. From 1 January 2007, local authorities will be assigned with more tasks in the health area, such as rehabilitation not being performed at hospitals and preventive measures. In future, local authorities will be responsible for providing rehabilitation for persons who, based on a medical assessment, need rehabilitation after their discharge from hospital. Local authorities will also hold the main responsibility for health promotion and prevention.

The secondary health sector consists of the hospitals, including psychiatric treatment. From 1 January 2007, five regions will operate this sector. As mentioned, hospital treatment is free, but non-emergency treatment requires referral from a doctor.

In case of acute illness outside the general practitioner's opening hours, the patient can contact a doctor providing emergency call services. Moreover, in some hospitals, the patient can contact an emergency room directly. Hospitals make laboratory, radiology, scanner services, etc. available for the primary sector. Furthermore, hospitals have an emergency preparedness function as well as training and research functions.

Psychiatric treatment includes inpatient and outpatient treatment, district psychiatry, outreach psychosis teams and other outgoing/outreach psychiatric teams.

Besides psychiatric treatment, there is also social psychiatry. The scheme includes a range of different residential facilities, drop-in shelters, community centres and support and contact person schemes.

For a more detailed description of the Danish health sector, see Annex 3.

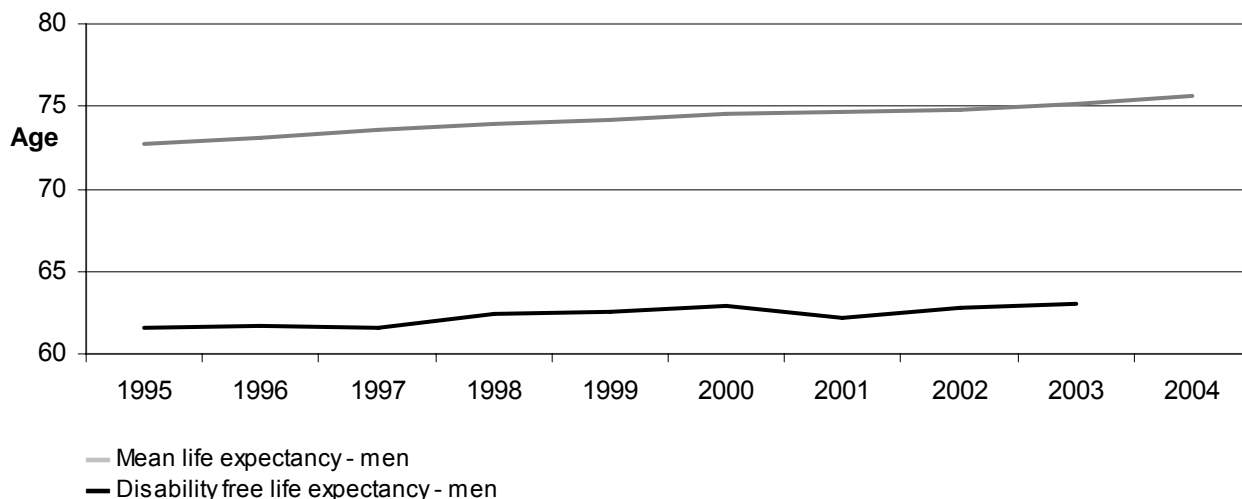
4.2.2 Equal access to health services

All citizens in Denmark are entitled to free and equal access to examination, diagnosis, treatment, maternity care, rehabilitation, health care as well as prevention and health promotion services. Citizens may choose the hospital at which they want treatment. Should waiting times in the public hospitals be more than two months, citizens are entitled to choose publicly financed treatment at a private or foreign hospital with which the counties and the Copenhagen Hospital Corporation have concluded an agreement. From 2007, citizens are entitled to choose treatment at a private or foreign hospital if waiting times for public treatment are more than one month. The Government is thus strengthening efforts to ensure that citizens have swift, free and equal access to treatment and maternity care.

Generally, Danes are very satisfied with their health. More than 75% believe that they enjoy good or very good health, which is higher than the total average in the EU and the other Nordic countries. Only 4.6% believe that their health is bad or very bad, a percentage far below the EU average.

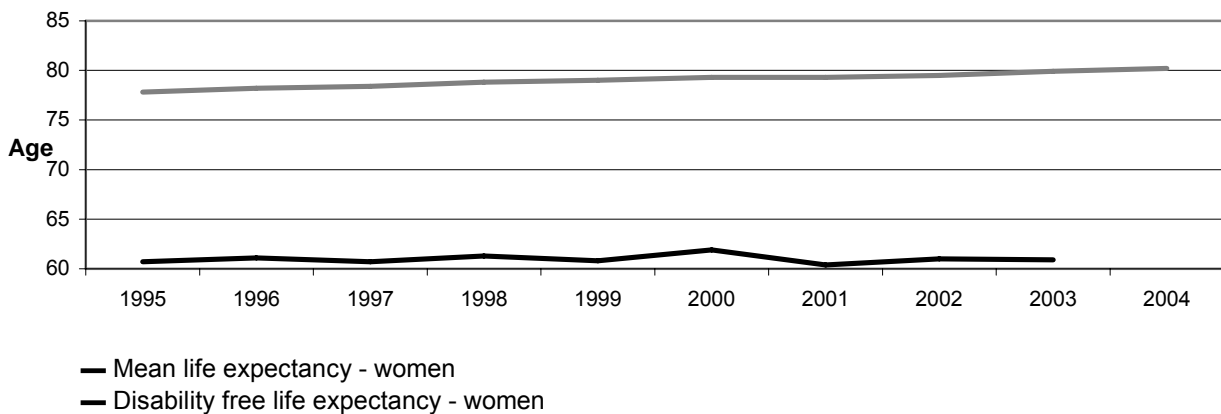
Mean life expectancy has increased for both men and women since 1995. In this period, men's life expectancy has increased by 2.9 years. In 2004, a newborn boy could expect to live 75.6 years, while a newborn girl could expect to live 80.2 years. This represents a 2.4-year increase in women's mean life expectancy. For both men and women, the disability free life expectancy has also increased. Figures 2 and 3 show the development.

Figure 2: Mean life expectancy, men.



Sources: Statistics Denmark and Eurostat

Figure 3: Mean life expectancy, women.



Sources: Statistics Denmark and Eurostat

Denmark is one of the European countries in which mean life expectancy has risen most in the period studied. Further increasing mean life expectancy over the next years remains an objective. This will be achieved by intensifying preventive measures, especially by establishing more smoke-free environments and by offering stop-smoking programmes as well as by focusing strongly on daily physical activity. Moreover, further lowering the limit for extended free choice of hospital and injecting more funds into cancer treatment may help achieve the desired results.

4.2.3 Quality in the health sector

Denmark has a quality model for its health sector. The quality model aims to improve treatment quality and promote well-functioning patient treatment. The model is meant to manifest quality and foster continuous clinical, professional and organisational quality improvements of patient treatment. The quality model will be developed over a period of time. The initial aim is to accredit all public hospitals under the quality model by the end of 2008. Subsequently, the model will be gradually expanded to cover the entire health sector and thus also services in the practice sector and in the local authorities.

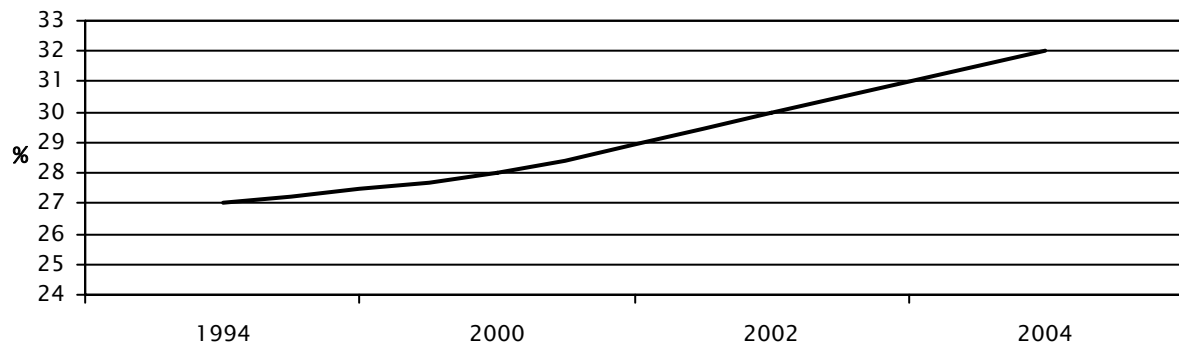
The quality model must be based on standards with the associated measurable indicators for clinical quality (e.g. treatment of lung cancer, apoplexy or medication) and on standards for organisational quality (e.g. hygiene and patient information).

A special Danish quality institute was set up in 2005, tasked with ensuring the implementation of the Danish quality model, and the work of developing standards has begun.

The Government will create more openness and transparency in hospital treatment before end-2006, for instance by developing comparable information on quality and service between hospitals. The information will be made available on www.sundhedskvalitet.dk from October 2006. The website aims to give citizens easy access to comparable information regarding treatment quality and service at individual hospitals. This information can be used to assist citizens in their free choice of hospital.

In recent years, a number of initiatives have been launched with the primary aim of increasing quality in cancer treatment. While the survival rate was unchanged from 1994 to 2000, the 2000-2004 period saw an increase in the 1-year survival rate for lung cancer of 4 percentage points; see figure 4. The survival rates for breast cancer and colon cancer have also increased.

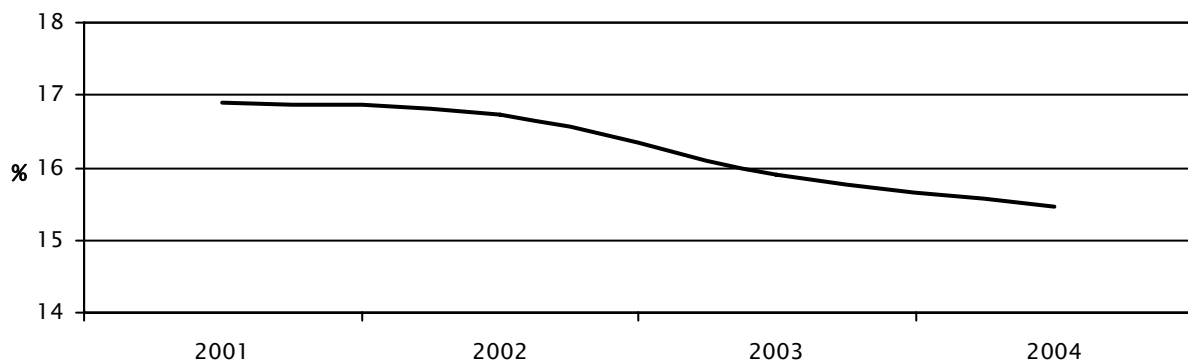
Figure 4: Relative 1-year survival for patients with lung cancer.



Source: Danish National Board of Health

Mortality for life-threatening diseases other than cancer has also been successfully reduced. Mortality as a result of coronary thrombosis has thus been declining. From 2001 to 2004, mortality within the first 28 days after first-time hospitalisation fell from 16.9% to 15.5%; see figure 4.

Figure 5: Mortality within the first 28 days after first-time hospitalisation for patients with coronary thrombosis in per cent.



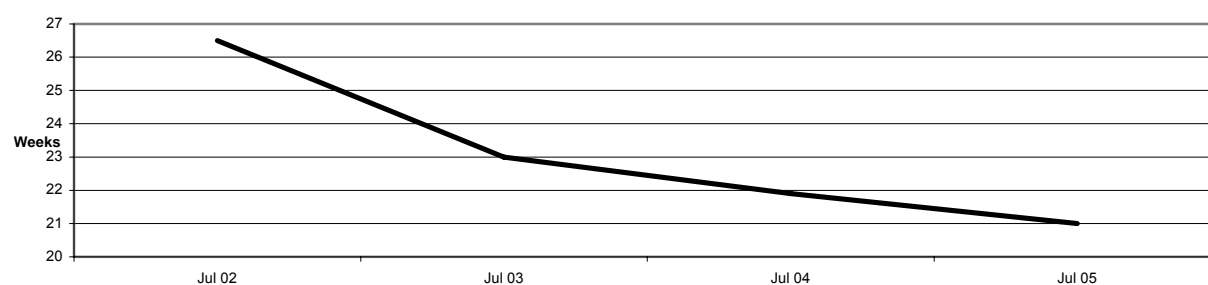
Source: The Heart Register

More treatment and shorter waiting time

Waiting times for hospital treatment reflect the organisational quality of the hospital sector.

From July 2002 to July 2005, waiting times for 18 selected treatments fell by 20%. The result was that the average time citizens had waited for treatment fell from 26.5 weeks in July 2002 to 21.2 weeks in 2005.

Figure 6: Waiting times for selected hospital treatments²⁹ 2002-2004, weeks.



Source: Patient Info

Waiting times, also in other areas, have been reduced in part because of a significant expansion seen since 2002 in the activities set up as a state pool earmarked for specific activities and the extension of free choice. The health sector has thus succeeded in increasing the number of treatments considerably, and the total number of operations in the Danish health sector has gone up by almost 15% during the Government's term of office. A total of just under 80,000 more operations were performed on Danes in 2005 than in 2001.

4.2.4 Sustainability in the health sector

Trend in health sector costs

Total health costs went up by 71.8% during the period from 1993 to 2004, corresponding to an annual rise of 5%; see table 5. The table also shows that in the period up to 2002, public health costs represent between 82 and 83% of total health costs.

Table 5. Trend in health costs between 1993 and 2004 (USDm PPP³⁰)

	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003*	2004*
Total health costs	9,061	9,526	9,650	10,278	10,717	11,332	12,223	12,708	13,692	14,274	14,776	15,562
Public health costs	7,493	7,832	7,964	8,470	8,817	9,292	10,049	10,475	11,319	11,839	-	-
Private health costs	1,568	1,694	1,686	1,807	1,899	2,041	2,174	2,233	2,373	2,436	-	-
Public costs, share in %	82.7	82.2	82.5	82.4	82.3	82.0	82.2	82.4	82.7	82.9	-	-

²⁹ The 18 treatments concern: hernia, herniated disk, uterus removal, tonsil removal, gallstone, cataract, artificial hip, artificial knee, meniscus operation, prolapse of the uterus, kidney stone crushing, kidney stone operation, prostatism, reconstruction of knee ligaments, sterilisation of women, sterilisation of men, varicose veins and the dispensing of hearing aids.

³⁰ PPP means that costs are purchase-power adjusted, which is expedient in international comparisons.

The health sector is the part of the public sector that has received most funds during this Government's term of office. Since the Government took office in 2001, an additional amount of some DKK 10bn in annual grants has been earmarked for the health sector. However, more resources for the health sector are not an aim in itself. The essential factor is how the money is spent and translated into health. The Government expects the money spent to yield results in the form of a general increase in activity level. From 2003 to 2004, productivity at Danish hospitals rose by 2.4%.

The local government reform is expected to make it harder to think in boxes between the state, regional and local authorities, thereby ensuring more efficient use of resources. The local government reform will also mean that prevention at the local level will have higher priority and will help create greater coherence between organisational levels.

The new rules on free choice have led to increased transparency in the use of resources. The fact that local authority long-term care is exposed to competition from private suppliers is also expected to engender more efficient task performance. Hence, these initiatives may help ensure economic sustainability in the care of older people.

4.3.1 Long-term care in Denmark

Legislation defines the overall objectives for the rights to receive long-term care. However, the principle of local self-government gives the individual local council the responsibility, as regards both content and financing, for providing the various forms of long-term care services offered under Danish legislation.

The local authorities finance the costs of long-term care through local taxes and block grants from the state.

The local authority always decides on the assistance to be granted, irrespective of whether such assistance is supplied by the public or private sector. Local authorities are obligated to ensure assistance for the necessary personal care and practical tasks in the home that individuals are unable to handle on their own. Assistance is planned in cooperation with the recipient and is granted following a concrete and individual assessment of the recipient's functional abilities and needs and is based on the local council's adopted service level.

Assistance is considered as help to recipients to help themselves, i.e. as supplementary assistance for tasks the recipient is unable to perform him- or herself. Furthermore, assistance aims at activation, its starting point being to enable the recipient to the widest extent possible to help perform as many tasks as possible.

Home help can be granted as temporary or permanent assistance. The majority of people receiving home help are granted permanent assistance. Payment may be charged for temporary assistance but not for permanent assistance; see 4.3.2 below.

Meal arrangements are part of the practical home-help services, so the recipient's eligibility for this service must be assessed. The designation meal arrangements is used about schemes where food is prepared outside the home and is either brought to the recipient's home or is, for instance, served to the recipient at the local day centre.

A basic principle of senior policy is that the type of home should not dictate what care services are offered to the older person, but the older person's needs should dictate such decisions. Consequently, Denmark has constructed no conventional care homes in the form of institutional accommodation since 1987. Rather, Denmark has constructed subsidised housing for older people in the form of social housing, including retirement housing with care facilities and associated care staff. Unlike conventional care homes, housing areas are separated from the service areas.

Table 6. Key figures for long-term care³¹

	2002	2003	2004	2005
Number of close-care units with 24-hour call service and care home places	47,620	44,774	45,029	44,740
Recipients of permanent home help	203,268	203,169	200,047	203,261
- of which aged 80+	108,770	107,691	106,609	109,454
- degree of coverage for people aged 80+	50.2	49.6	48.8	49.6
Number of preventive home visits	188,121	194,212	200,497	
Number of recipients of meal arrangements			58,920	60,966

Source: Statistics Denmark

After a fall in the number of close-care units with 24-hour call service and care home places from 2002 to 2003, the number of places has been stable from 2003 onwards. Local authorities continue to have high levels of activity with respect to converting old care homes into modern close-care accommodation.

Break in methodology in the home-help statistics makes it difficult to see any development trends, but it should be noted that the number of recipients slightly increased from 2004 to 2005. Almost half of all older people over 80 receive permanent home-help services. The number of preventive home visits, meant to increase older people's possibilities of ageing in place, continues to rise. The number of participants in local authority meal arrangements is also on the increase.

4.3.2 Equal access – different payment schemes

Danish health care for the elderly rests on the basic principle of free and equal access to the assistance offered. This means that all residents of Denmark have access to various services, should temporary or permanent physical or mental impairment prevent them from handling such tasks on their own.

Basically, permanent personal care and practical help is free, but some user fees are charged for temporary help except for citizens with the lowest incomes. In connection with permanent help, local councils may charge payment for expenses that are not staff expenses. For example, under a laundry scheme, payment may be charged for coins for the Laundromat/laundry tokens, laundry detergent and fabric softener. Furthermore, user fees may be charged for meal arrangement schemes including staff expenses. However, user charges only account for a diminutive part of total health care expenses for older people.

Residents in social housing for the elderly pay monthly rent corresponding to the costs of running the housing estate, loan instalments and interest. Residents have access to receive housing benefits depending on income. Residents of conventional care homes pay rent approximated to the costs of running the care home. Deductions may be granted on the basis of the resident's financial situation.

4.3.3 Improving quality, adapting to long-term needs and supporting ageing in place

Since 2001, the Government has granted the sector DKK 500m annually to introduce free choice of home-help supplier, replacement help and a general boost of the old-age care sector. From 2006, a further DKK

³¹ From 2004, the compilation method was changed, meaning that the level of the total number of home-help service recipients has gone slightly down.

500m annually will be granted to ensure better and more flexible home-help services in the local authorities. Most recently, central government's agreement with the local authorities on the local authorities' economy for 2007 stipulates that local authorities will be granted an additional DKK 300m annually to meet the drain on services to older people.

In March 2006, a bill on a care-home guarantee was adopted. The care-home guarantee entails that older people be offered a dwelling in social housing for the elderly or a place in a care home for the elderly at the latest two months after admission on a waiting list. The guarantee has been met when the older person is offered a specified dwelling in social housing for the elderly or care home place that can be occupied at the latest two weeks after the expiry of the two-month time-limit. The act will come into force on 1 January 2009.

Quality in the care of older people

A project is currently running to establish how older people perceive quality in the care of older people. The goal of the project is to learn about the existing barriers to and opportunities for creating quality in the care of older people.

Most recently, an initiative has been taken to create more openness about care home quality by means of a system that enables user information to be compared within and across local authority borders.

Legislation directs local authorities to establish quality standards containing a description of the service level determined by the local council.

Since 1 January 1999, a statute has required local authorities to prepare quality standards for personal and practical help. Since April 2001, local authorities have also been obliged to prepare quality standards for local authority rehabilitation.

The quality standards must state to which help citizens are entitled if they need personal and practical help, local rehabilitation or physical maintenance training. The content, scope and performance of the service must be precisely described, and objectives as to quality (operational objectives) set. Local authorities must adopt quality standards once a year and currently follow them up.

Caring for very ill patients in their own homes

People caring for a close relative at home can claim compensation for lost earnings (care allowance). One condition for payment of care allowance is that a medical assessment must show hospital treatment to be futile. In addition, the doctor must agree that the dying person can and should be cared for in the home. Another condition is that the patient must agree on establishing the care scheme. In 2004, care allowance was granted in 1946 cases.

The local council must also offer respite care or relief for spouses or other close relatives caring for a person with physical or mental impairment. Relief is performed in the home while respite care takes place outside the home, e.g. in the form of day, night or 24-hour stays at care homes or in close-care accommodation.

Training/education

With a view to ensuring high quality, activities are initiated to train, educate and upgrade the qualifications of staff and managers in the old-age care sector. For several years, initiatives aimed at professional skills upgrading have been launched.

4.3.4. Free choice

The Government attaches great importance to the old-age care sector, and offering citizens free choice is an important part of the strategy towards older people. This allows greater freedom of choice, focus being on

efficiency and improved quality. Both public and private suppliers are needed. Also in this area, healthy competition can improve quality and efficiency.

Competition encourages suppliers to better live up to recipients' expectations and leads to innovation and entrepreneurship.

Since 1 July 2002, all persons assessed to be eligible for retirement housing, close-care accommodation, care home places and sheltered housing have been entitled to choose such housing freely within the local authority as well as across local authority borders.

Moreover, elderly and disabled people are entitled to choose between various home-help suppliers. Usually, the home-help recipient can choose between public home help and one or more private home-help firms. In 2005, 160,000 persons receiving home help could choose between suppliers of the service. Of these, some 15% used this option to choose a private supplier.

Finally, persons with permanent physical or mental impairment who need home help for more than 20 hours weekly can get a cash subsidy to hire their own helper.

The Government wants to provide options for free choice between local authority care homes, close-care accommodation, independent care institutions and private care homes. A bill to this effect will thus be introduced in this parliamentary session. The bill aims to set the framework for ensuring greater freedom of choice for citizens, while also allowing the private sector to establish and operate free retirement housing in competition with retirement housing offered by local government.

The Government has also initiated a survey as to whether a scheme for personal budgets for home-help services can be implemented, following which help can be granted either as a cash amount or a voucher.

Persons receiving personal and/or practical help are also entitled to exchange the services for which they are eligible for other services they may want to have performed. However, the local council is still responsible for ensuring that the individual person receives the help he or she needs.

Annex 1 Our collective responsibility II

(See page 8)

Overview of the 12 initiatives

Bolstering outreach, contact-creating and supportive activities	<p>Offering more activities in drop-in shelters</p> <p>More 24-hour drop-in shelters</p> <p>Encouraging idea development and testing of new initiatives</p>
More means of accessing the labour market	<p>Establishing enterprise centres for people on the fringes of the labour market</p> <p>Establishing partnerships between local stakeholders and local authorities</p> <p>Preparing employees for cooperating with socially marginalised colleagues</p> <p>Special supplementary training courses for socially marginalised groups</p>
Improving local authority casework	<p>Establishing special training programmes for caseworkers</p> <p>Forming marginalised-people teams in the local authorities</p> <p>Establishing satellite offices in socially disadvantaged areas</p> <p>Determining local objectives in the local authorities</p> <p>More alternative care home places</p>

Number of users expected to be affected by the 12 initiatives

The 12 initiatives	Number of users expected to be affected by the initiative
1. Offering more activities in shelters	The initiative will reinforce activities in some 34 drop-in shelters or in just under one fourth of the existing drop-in shelters. The initiative is expected to reach between 1,000 and 1,600 users of the drop-in shelters.
2. More 24-hour drop-in shelters	The opening hours of between eight and ten drop-in shelters can be extended to also include night hours. The initiative will give 100-150 additional users the option of using the drop-in shelters.
3. Encouraging idea development and testing of new initiatives	The number of users will depend on the individual project receiving support.
4. Establishing enterprise centres for people on the fringes of the labour market	A pilot project has been launched with a view to testing models in five to eight local authorities and at between eight and twelve enterprises. When the pilot project has concluded at end-2007, the project will be extended to a large number of centres and local authorities all over

	Denmark. The aim is to establish 500-1,000 places nationwide. Consequently, the number of users will depend on the duration of the projects.
5. Establishing partnerships between local stakeholders and local authorities	The project will be set up as a pilot project in one or two local authorities and is assessed to have the capacity to include 200 or 300 people on their way towards employment.
6. Preparing employees to cooperate with marginalised colleagues	The project is slated to be set up in the 98 new local authorities.
7. Special supplementary training courses for socially marginalised groups	Between 50 and 100 people are expected to be able to complete a training course annually.
8. Establishing special training programmes for caseworkers	There is space for some 500 caseworkers in the training programme nationwide.
9. Forming marginalised-people teams in the local authorities	Ten marginalised-people teams will be established nationwide. Each team is expected to have the capacity to be in contact with between 50 and 100 users or between 500 and 1,000 nationwide.
10. Establishing satellite offices in socially disadvantaged areas	Offices for socially marginalised people will be established in 26 of the most socially disadvantaged housing areas in Denmark. Each office will have the capacity to serve some 50 users, i.e. between 1,000 and 1,300 nationwide.
11. Determining local objectives in the local authorities	-
12. More alternative care home places	Some 20 new alternative care home places will be established, corresponding to a capacity extension of some 20%. The duration of individual stays will determine how many people can use this service.

Annex 2 Social inclusion

The annex contains explanatory comments to some of the initiatives described in chapter 2 on social inclusion.

Upper secondary school reform (see page 13)

A general priority field of action connected with the upper secondary school reform is to develop good practice for improving students' completion rate and enhancing benefits from the education programme, including initiatives targeted at students of non-Danish ethnic backgrounds.

The priority field of action allows institutions to cooperate on testing and implementing initiatives that can get more young ethnic minority people to complete upper secondary education.

Combating men's domestic violence against women and children (see page 15)

The 2005-2008 action plan has the following four main purposes:

- Support to victims
- Activities aimed at perpetrators
- Activities aimed at professionals
- Knowledge and information

The special target groups of the action plan are immigrant women, children and young people and men. All activities under the action plan must help prevent violence.

Each year in May, a status on the implementation of the action plan is published. The status can be read at www.lige.dk, but only in a Danish version.

The following activities have been launched:

Support to victims:

- Network for battered women
- Hotline for battered women
- Emergency psychological assistance to battered women
- Legal advice to professionals and battered women
- Methodology development project on disabled women in shelters, including training of staff
- Battered women with substance misuse problems
- Information campaign targeted at immigrant women
- Short film on meeting with public authorities, targeted at women from ethnic minorities
- Network for battered ethnic minority women
- Chatroom for children and young people of violent families (will start in September 2006)
- Information campaign on domestic violence and dating violence at primary and lower secondary schools and youth educational institutions.

Activities aimed at perpetrators:

- Treatment offered to violent men (Dialogue against Violence)

Activities aimed at professionals:

- Preparing a report on *Domestic violence – a prioritised or neglected school subject*. The report shows that the subject is not part of the curriculum at a great many of the relevant educational institutions
- Supplementary training of local authority staff

- Enhancing shelters' knowledge on immigrant women and their children

Knowledge and information:

- Updating and maintaining a national database on violence against women
- The National Organisation of Shelters for Battered Women and their Children (LOKK) prepares annual statistics on women and children in shelters
- The report *You should just tell* on immigrant children in shelters

Debt remission pilot project (see page 21)

All debt owing to public authorities is covered except debt incurred by criminal or tortious acts. This is out of regard to prevention and the sense of justice.

Employment initiatives aimed at mentally ill people (see page 22)

The 14 initiatives in the *New paths to employment* strategy are aimed at the individual, the workplace and public initiatives.

The five initiatives aimed at helping the individual include:

1. Personal assistance

Mentally ill and mentally disabled people can get a personal assistant at the workplace who can help them structure their work or help them make their social contact with colleagues function.

2. Activities for mentally ill people offered nationwide

Private players must receive support to establish activities to develop the competencies of mentally ill people, thus enabling them to obtain a better basis for their lives, in turn helping them to get employment.

3. Supplementary training project for mentally ill people

Mentally ill people with qualifications in a certain field can receive supplementary training, which will ensure that they can get a job within their field.

4. Enterprise centres – a way to enter the labour market

As a new option for disadvantaged groups, special centres will be established at enterprises where disadvantaged groups can work. The centres will be established by the enterprises on agreement with the local authorities, and enterprises will be responsible for daily operations.

5. Social mentor for disadvantaged groups

People with major personal or social problems can get a social mentor who can help them contact their doctor, banker or caseworker. The social mentor handles only social and personal matters.

The four initiatives in the employment strategy aimed at the workplace involve:

6. Support to colleagues

Colleagues of mentally ill people can be offered a training programme to prepare them for handling various situations that may arise when they have a mentally ill person as a colleague.

7. Knowledge-sharing on projects for mentally ill people in the workplace

Projects particularly apt at getting mentally ill people into work and increasing these people's quality of life can apply for funds to communicate and disseminate their knowledge and experience to others also working with mentally ill people.

8. Practical guidelines for enterprises

Practical guidelines for enterprises must be prepared to obtain knowledge about reintegrating disadvantaged groups into the workplace.

9. Subsidies to rehabilitees' trainee pay

A scheme will be established, allowing employers to receive pay subsidies for a trainee if the trainee is very limited in performing his or her work because of major mental, physical or social problems, and the trainee has been granted rehabilitation for the training.

The five initiatives in the employment strategy aimed at public initiatives include:

10. New partnerships to get mentally ill people into employment

It should be tested whether a partnership between the local authority and local stakeholders – such as local enterprises and local voluntary organisations – can improve the efforts to get mentally ill people into employment.

11. Better guidance and upgrading of caseworkers' qualifications

Local authority caseworkers must be guided and their qualifications upgraded to give them greater insight into the problems of mentally ill people, thus enabling them to give these people precisely the right help.

12. A new national network in the employment area

A national network will be established, consisting of already known institutions and organisations. The network aims to help caseworkers in local authorities and the coming job centres to obtain sufficient knowledge on mentally ill people and/or people with disability.

13. Practical guidelines for job centres

Practical guidelines for the coming job centres will be prepared in order that caseworkers can learn more about how to reintegrate disadvantaged groups into the workplace or training or education.

14. Local authorities that make special efforts

Attention should be focused on local authorities that make special efforts to get mentally ill people and other disadvantaged groups into employment. Good practice and viable ideas must be registered and communicated to other local authorities.

Alternative residential facilities (see page 25)

Freak Houses: With the additional DKK 40m, more funds are available to establish housing for homeless people and other disadvantaged groups. Many entities can apply for subsidies for housing for disadvantaged groups, e.g. local authorities, a branch of a social housing association, private organisations, private persons or a group of private persons and funds. The subsidy per housing unit is DKK 200,000 – 300,000, depending on the size and design of the unit, e.g. whether the design of the dwelling is disabled-friendly or allows room for more residents.

Transition housing: In a transitional phase not exceeding two years, the tenant gets the social support needed to create better living conditions for him or her and increase the possibilities of integration into local society.

Basically, a tenant in transition housing rents the dwelling on the same conditions as other tenants in social housing. This is therefore regarded as a permanent housing where the tenant can participate fully in tenants' democracy in the housing complex. Since the tenant is in a transitional phase, the person requires special care during the transitional phase to avoid problems for the tenant concerned as well as for other tenants in the complex.

Consequently, special terms concerning the dwelling may be agreed in the transitional phase, e.g. about the right of disposal, the passing to others of the right of use, household extension, termination and the right to advance on the waiting list.

Programme board strategy against ghettoisation (see page 25)

Converting monofunctional urban districts and housing estates

- Establishing industrial and commercial functions

- Introducing new forms of ownership capable of maintaining residents whose employment and financial circumstances otherwise allow them to move and of attracting other persons in employment
- Developing new social housing forms, including by experiments with special housing classification, such as senior housing or student housing
- Physical upgrading in the form of modernisation of housing estates
- Demolition – e.g. in run-down housing estates where investments do not pay off

Managing and regulating resident composition in the most disadvantaged areas

- Increasing the use of existing possibilities for managing resident composition
- Introducing additional mobility-promoting measures to encourage the use of the existing rules on managing resident composition

School attendance and education

- Establishing all-day schools
- Lowering school starting age
- Strengthening the ties between educational institutions and the business sector

Employment

- Introducing financial incentives (e.g. rent reduction or a special employment allowance) to persons who come into/are in employment
- Introducing social janitors and local employment

Security and neighbourliness

- Expanding surveillance, e.g. in the form of more police community support officers and increased manning of the housing associations' service functions
- Introducing "training" in neighbourliness
- Reinforcing association activities

Efficient organisation

- Improving the organisation of the fight against ghettoisation at the local level

Communication

- Preparing a communication strategy, containing the Programme board's communication and which can also form the framework for local communication initiatives. The communication initiatives must, in particular, help tie together the Programme board's initiatives and the local initiatives.

Employment, participation and equal opportunities for all (see page 26)

The action plan *Employment, participation and equal opportunities for all* includes a total of 56 initiatives distributed among the following key action areas: Gender roles and prejudices (8 initiatives), Education (19 initiatives), Employment (15 initiatives) and Associations (14 initiatives).

As a means of meeting the Government's action plan for breaking down gender barriers, for instance in the education of men and women of non-Danish ethnic backgrounds, the Ministry of Education has undertaken to launch the following initiatives:

- Preparation of teaching material on gender roles, ethnicity and gender equality to support the teachers' work of including both ethnicity and gender in their teaching.
- A research project on the reason that ethnic minority boys do less well in primary school than ethnic minority girls and ethnic Danish boys and girls.
- Democracy guidelines that can help improve the teaching of democratic values in primary and lower secondary school as well as in youth education programmes. The democratic values include gender equality, dialogue, tolerance, intellectual liberty and freedom of speech.
- Material on the importance of school-based leisure-time facilities and recreational activities for the acquisition of Danish and thus for integration into Danish society. The material will be translated into the

major immigrant languages. The material is expected to help increase participation in recreational activities among girls with immigrant backgrounds.

- The same action plan also launches the *Project on gender, ethnicity and counselling*. The overall purpose is – via new approaches to education and career counselling – to include young people from ethnic minority groups in the strategy to break down the gender-divided labour market. Consequently, the gender aspect must be an integral part of counsellor training.

Substance and alcohol misuse (see page 29)

The Narcotics Pool: Projects supported by the *Narcotics Pool* take a wide range of approaches. A number of projects aim to qualify the drop-in shelters' work and thus intensify focus on physical exercise, sports and better food habits. The aim of other projects is to give drug misusers receiving long-term methadone treatment qualified support by way of a "case manager". Finally, some projects are developing new methods for treating cannabis and cocaine misuse, while others are concentrating on the treatment needs of female drug misusers; see below.

Women undergoing treatment for misuse and dependence on alcohol and/or illegal substances (see page 29)

The research project consists of five part projects that attempt to identify and describe the problems in more detail and thus form the basis for action, with one project trying to take concrete action to solve the problem.

The following part projects are included:

- Girls aged 15-17 undergoing treatment for problematic use of alcohol or drugs.
- Women, drug misuse and treatment (women in general, often with a long career of drug misuse).
- Women in 24-hour treatment for alcohol misuse.
- How women's non-planned termination of drug-free 24-hour treatment can be reduced
- Pregnant women after 24-hour treatment for their dependence on alcohol or drugs.

The project started in February 2006 and will end in February 2008.

Prostitution – A new life (see page 30)

With *A new life*, the Ministry of Social Affairs has set up a national competence centre to implement the recommendations in *A new life*. The competence centre officially opened on 16 January 2006. When fully extended later this year, the competence centre will have three branches, one in Copenhagen, in Odense and in Århus.

A national solution has been chosen in acknowledgement of the fact that local authorities have little experience in this field. Taboo, reluctance to deal with the problem and lack of professional knowledge continue to be important barriers to the difficult talks with prostitutes. The competence centre will concentrate all expertise in one place.

Specific initiatives under *A new life*:

- Outreach teams meant to give prostitutes advice and guidance on social and health matters.
- Telephone and Internet counselling that prostitutes can contact anonymously.
- Information booklets aimed at prostitutes and local authority caseworkers.
- Training of staff at socio-pedagogical residential homes to be better at identifying young people heading for prostitution.
- Help to prostitutes from a psychologist.

Initiatives in the project concerning speech recognition in Danish (see page 30)

- Public procurement
- Certification
- Use of existing legislation
- Furthering the implementation of *eInclusion* in various political agreements and decisions

- Development of Danish speech technology
- Advice on implementing various public ICT solutions
- Active participation in developing the knowledge society

The Ministry of Science and the National IT and Telecom Agency have also financed a research project on *Speech recognition in Danish*. The *Speech to Text project* is a project to develop Danish speech recognition. The Ministry of Science, the Ministry of Cultural Affairs, the Danish Broadcasting Corporation and TV2 are cooperating on the project. The purpose of the project is to develop a Danish speech recognition system that can be used for automatically subtitling TV programmes. A consumer edition of the system will also be developed, available for everybody. Users will thus be able to control their PCs with speech instead of mouse and keyboard. The project is expected to end in September 2006.

Other projects (see page 30)

- *Ordret.dk* – advanced spelling and grammar help for people suffering from dyslexia.
- *Indtal.dk* – a voice-controlled browser allowing people with motor disabilities to surf on the Internet
- A Danish edition of Linux aimed at people with visual impairment.
- A program allowing people with visual impairment to use electronic dictionaries.

Annex 3 Description of the Danish health sector

(See page 37)

Local government reform

A local government reform will be implemented at 1 January 2007. The regions established through the reform are designed to meet the goal of ensuring a strong, regional health sector for the future. In the health area, the five regions will be responsible for hospitals, psychiatric treatment and health insurance.

The five regions will provide the basis for centralising more treatments, taking better advantage of specialisation and ensuring optimum resource utilisation. The five regions will also constitute a strong platform for planning and pave the way for significantly enhancing quality in treatment.

Further, the new reinforced local authorities will be able to take on a considerably stronger role in the social and health sectors.

The 98 new local authorities will assume wider responsibility in a range of areas, including the social and health areas. Local authorities are already responsible for long-term care. In future, the role of local authorities in the health sector will be reinforced, especially in the prevention area. They are thus encouraged to promote efficient prevention, training and care efforts and greater coherence between patient treatment programmes and other related programmes, for instance, in the social field. In future, local authorities will be in charge of all rehabilitation not performed at hospitals. Furthermore, local authorities will be responsible for specialised dental care and treatment of alcohol and drug misuse.

The health sector reform provides a better basis for ensuring cohesive patient treatment across administrative borders as well as easy and simplified access to prevention, examination, treatment and care of a high professional calibre. The reform will also enable the improvement of activities aimed at ensuring quality, efficiency and professional development in the health sector in cooperation with central health authorities, whose powers will be boosted.

The reform will reduce the number of tax-levying levels from three to two, since the new regions cannot levy taxes. The financing of the regions is composed of three main elements. First, individual regions will receive a block grant from the state, which will finance about 75% of total regional health costs. Second, the state will finance up to 5% of regional health costs via grants to specific activities. Finally, local authorities must – as described below – contribute to the financing in future. This co-financing is expected to cover around 20% of total regional health costs. Thus, local authorities must pay a basis grant of up to DKK 1,500 per citizen and grants to specific activities based on the number of hospital treatments and activities in the primary sector.

In the period up to January 2007, the Danish health sector consists of the primary and the secondary health sectors. The counties hold the primary responsibility for providing health services as laid down in legislation.

Social psychiatry

The concept of social psychiatry could be translated into “social work aimed at mentally ill people”. The basic concept calls for support to the individual, who is no longer a patient at a psychiatric hospital, in managing everyday life. The approach could also be summed up as support to personal and social empowerment. The scheme includes a range of different residential facilities, drop-in shelters, community centres and support and contact person schemes. To this should be added the conventional services offered to mentally ill people, e.g. case administration and home care. The concept of social psychiatry covers all these services, thus making the individual, professionals, volunteers and the Act on Social Services key elements in social-psychiatric work.

Health sector financing (until 1 January 2007)

In Denmark, the health sector is mainly funded via taxes levied by the state and the counties, but see the section on the local government reform above. The hospital sector almost never applies user charges as a management instrument, the reason being a political wish for all citizens to have free and equal access to hospital treatment; see 2.1.

Financing through insurance policies is rare in Denmark. Dental care, medication purchases, physiotherapy and chiropractics may be financed partly by public, partly by private funds or fully by private funds.

The public health costs are determined through annual economic negotiations between central and regional government. Most regional authorities use target-oriented and framework management combined with contract management to manage hospital costs.

Moreover, hospital rate management has been introduced in Denmark. This applies to the government pool for reducing waiting lists – the so-called additional activities pool constituting about 1% of total public health sector costs. Furthermore, rates must finance 20% of the financing from the hospital owner (counties and the Copenhagen Hospital Corporation) to the individual hospital. The government aims to increase rate management to 50% over a number of years. The Danish regions and the Government agrees that the activity-based part of the hospitals' budgets should meet the 50%-objective in 2007.

There are no user charges for general practitioners and specialist practitioners. All citizens can see their general practitioner without paying user charges.

Annex 4 Facts about Denmark

Demography

Denmark has a total population of 5.4 million people. Almost 19% of the population is below the age of 15. About 15% of the population is above 65, and this group is expected to grow by almost 40% in the next 15 years.

Family structures

The average household is just under 2.2 persons. Forty-three per cent of households are made up of one person. Just over one fifth of all families with children under 18 are single-parent families.

Activity rates

The activity rate for those aged 15-64 is 79.8 per cent, almost 10 percentage points above the EU average. The activity rate for men is 83.6%, some 5 percentage points above the EU average. Women's activity rate is 75.9 per cent or more than 13 percentage points higher than the EU average.

The rate of unemployment has generally been falling since 1994, when it was over 12%. In 2005, the unemployment rate was 4.8%. It is expected to be under 4% in 2006.

Economy

The Danish economy is experiencing a strong upswing. In 2005, growth in GDP was 3.4%. It is expected to be 2.6% in 2006. Employment rose by 20,000 from 2004 to 2005, and the favourable trend is expected to continue in 2006 with a further increase of 26,000. The increase is in the private sector.

Total public expenditure in 2005 was 51.8% of GDP. A cautious expenditure policy and strong growth in GDP is expected to bring the cost burden down to 50.6% in 2006.

Annex 5 Good practice

Housing

The pilot scheme supporting housing for socially marginalised groups, *Freak Houses*, was established in 1999 under the Act on Social Housing and Subsidised Dwellings in Private Housing Cooperatives, etc. with a view to granting financial support to provide permanent housing for people who have difficulty – despite offers of social support – settling down in conventional residential estates or existing residential facilities.

The below description of Åbo in Randers is an example of the *Freak Houses* pilot scheme.

Åbo in Randers

Åbo lies on the outskirts of an industrial district, half a kilometre from the centre of Randers. Despite its location, Åbo is in a relatively isolated place. On the one side, Åbo neighbours a garage facility, while on the other side it adjoins a green area sloping down to the stream Gudenåen. The Psychiatric Clinic of Århus County initiated the establishment of the dwellings and owns the houses. But the dwellings are operated as social housing on normal letting conditions.

Åbo consists of 10 separate, detached one-room houses. A community house supplements the dwellings and contains a common dining and living room, kitchen, television room and an office.

Each of the 10 houses is about 27 square metres, taken up by a living room and a bathroom. Kitchen units are built into the living room.

The target group for the Åbo dwellings comprises mentally ill abusers.

Åbo has 10 residents, 8 of them men and 2 of them women. Except for one, all residents have been diagnosed as mentally ill, and they are all abusers. Almost all of them have previously been admitted to psychiatric facilities, and many of them have been in and out of hospitals innumerable times. Previously, the residents have displayed highly deviant behaviours in the form of crime, violence and threatening behaviour.

Seven of the ten residents have stayed at Åbo since the facility opened three years ago.

The residents are supported extensively, as the project has 11 employees, corresponding to 8 full-time jobs. Support is designed on the basis of the residents' individual needs. The philosophy governing the project is that it must adapt to the residents' needs. Inclusion and acceptance are keywords.

The overarching aim of the project calls for the residents to remain in the dwellings. This is a new experience for many of the residents who are, from other offers they have used, accustomed to "being in transient accommodation". The staff and the cooperation partners believe that precisely this approach has helped the residents in general to go through an extremely positive development. Cooperation partners from local authorities and the county psychiatric departments emphasise that, today, residents are only to a limited extent committed to psychiatric wards, just as violence, threatening and other deviant behaviour have become a significantly lessened problem for the residents during the period they have resided at Åbo. Another parameter for measuring the success is that the project has managed to retain seven of the residents in the same dwellings for three years. This is, in the view of the staff and partners, highly unusual for this group of people.

Integration

Establishment of girls' and women's clubs

The Ministry of Refugee, Immigration and Integration Affairs has used funds earmarked for disadvantaged housing estates to finance a project that will establish 18 girls' clubs between 2006 and 2008 in socially disadvantaged housing estates and set up women activities aimed at furthering employment in seven disadvantaged housing estates.

Urban Areas for Everyone

Job Express is a successful job provision project launched in two disadvantaged areas in Høje-Taastrup. The project is locally embedded and uses some new principles and methods to get people into employment. The area houses many immigrants, and several employment officers are also immigrants. The project is based on the following general principles:

- Find a job quickly and scrap the excuses
- Demands are made from day one
- The project is based on close cooperation/partnership between the housing area, the business community and the local authority.

The results of Job Express have been positive. From the beginning, the aim was to get 130 persons a job by end-2006, but as of the beginning of 2006, 279 persons were in employment. The local close contact across conventional borders seems to make a difference.

The Integration Service consultancy team

At 1 April 2005, the Ministry of Refugee, Immigration and Integration Affairs established a consultancy team called *Integration Service*. The purpose of *Integration Service* is to disseminate good examples and tools to local authorities and other players in the field of educational and employment-related integration initiatives.

Since its establishment, *Integration Service* has implemented a vast range of activities. The consultants have visited more than 50 local authorities, and cooperation has been or is expected to be initiated with many of these local authorities.

Integration Service provides individual services (tailor-made programmes) in the local authorities with individual counselling and launches interdisciplinary initiatives on specific themes.

Gender mainstreaming

A specific example of gender mainstreaming in the social field is the gender equality evaluation of the rate adjustment pool funds for older people.

The gender equality evaluation of rate adjustment pool funds for older people showed that, generally, men were underrepresented in the initiatives implemented. There was a significant underrepresentation of older men, especially in relation to social and sports activities. The average distribution among participants in the activities turned out to be 75% women and 25% men, whereas the distribution for people aged 65+ was 60% women and 40% men.

A research project *Preventive home visits to older people – how are they best performed?* was carried out that examined the effect on mobility and mortality of preventive home visits to older people. The project incorporated a gender perspective, the effects on both men and women being examined. The analysis showed that preventive home visits have no effect on older men's mobility and mortality, whereas home visits increase older women's mobility and reduce their mortality.

The results are very interesting and emphasise the potential impact that a gender equality evaluation can have. The gender equality evaluation helps identify how financial resources are distributed between men and women and can thus be instrumental in assessing unintentional impacts on gender equality and ensuring targeted use of financial funds.