



# SOCIAL POLICY IN DENMARK

Published by  
The Ministry of Social Affairs and Integration

eu2015.dk

DANISH PRESIDENCY  
OF THE COUNCIL OF THE  
EUROPEAN UNION 2012

## COLOPHON

By The Ministry of Social Affairs and Integration  
December 2011  
ISBN: 978-87-7546-281-0  
Illustrations: Mikael Schlosser. Michael Daugaard.

Ministry of Social Affairs and Integration  
Holmens Kanal 22  
1060 København K  
Tel: + 45 33 92 93 00

# SOCIAL POLICY IN DENMARK

## CONTENTS

<b>Introduction</b> .....	<b>4</b>	Attendance .....	17
<b>A Welfare Society for Everyone - Today and Tomorrow</b> .....	<b>5</b>	Aids and Consumer Durables .....	17
<b>The General Framework of</b>		Support Granted to the Purchase of a Car .....	17
<b>Social Policy in Denmark</b> .....	<b>6</b>	Adaptations to the Home .....	17
Shared Responsibilities .....	7	General schemes .....	17
Local Government Responsibilities .....	8	Residential Accommodation .....	17
Differences in Local Service Level .....	9	<b>Socially Marginalised Adults</b> .....	<b>18</b>
Supervision and Complaints		Initiatives for Drug Addicts .....	18
Procedure in the Social Field .....	9	Initiatives for the Homeless .....	19
Supervision of Municipal Authorities		Initiatives for the Mentally Ill .....	20
by State Administrations .....	9	Changing People's Attitudes Towards	
The Parliamentary Ombudsman .....	9	the Inclusive Labour Market .....	20
Economic Framework .....	9	<b>Elderly People</b> .....	<b>22</b>
<b>Voluntary Social Organisations</b> .....	<b>11</b>	Activating and Preventive Measures .....	23
<b>Child and Family Policy</b> .....	<b>12</b>	Preventive House Calls .....	23
Day-care .....	13	Care for Dependent Elderly People .....	24
Special Support to Children, Young People and		Personal and Practical Help (Home Care) .....	24
their Families .....	14	Free Choice of Provider .....	24
Children With Disabilities or Suffering		Training .....	24
from Serious Illness – Financial Assistance .....	14	People with Dementia .....	24
Reimbursement of Extra Costs to		Caring for Terminal Patients .....	24
Parents with Disabled Children .....	14	Housing for Elderly People .....	24
Lost Wages .....	14	Senior Citizen's Councils .....	25
Daily Cash Benefits in Connection with Pregnancy,		<b>Housing</b> .....	<b>26</b>
Maternity and Adoption .....	15	Social Housing .....	26
<b>Disabled People</b> .....	<b>16</b>	Financing Public Housing .....	27
Services .....	16	Management of Social Housing .....	27
Advisory and Counselling Services .....	16	Tenants .....	27
Support for Necessary Extra Costs .....	17	Family Housing .....	27
Personal Help and Care Services .....	17	Housing for Elderly People .....	27
Citizen-controlled Personal Assistance (BPA) .....	17	Housing for Young People .....	28
Substitute or Respite Services .....	17	Socially Deprived Areas .....	28
		<b>Addresses</b> .....	<b>29</b>

# INTRODUCTION

---

How is social welfare policy organised in Denmark? How is it financed? What role does local government play? What is done for families with children, elderly people, people with disabilities and people who are in special need?

This booklet provides answers to these questions by outlining Danish social welfare policy – including the general framework for and status of individual professional areas.

---





# A WELFARE SOCIETY FOR EVERYONE - TODAY AND TOMORROW

In Denmark, the welfare society's offers are generally available to all citizens, and the public sector is required to deliver services of high quality. Elderly people and people with disabilities need adequate care and support, children need attention and challenges, and patients in hospitals need proper treatment in due time. Much of the credit for Denmark's present position as a wealthy and safe country without major social tensions can be ascribed to a well-developed public sector.

A sustainable welfare society is founded on a platform of sound government finances, high employment rates and a well-functioning labour market, coupled with an efficient and well-operating public sector. However, public services face a great challenge in the years ahead. On the one hand, citizens expect services of still higher quality in parallel with growing prosperity and resources for higher private consumption. On the other hand, citizens expect to be able to choose the offer that suits their own specific needs and situations.

The number of elderly people will be increasing - and although the majority will probably be in good health, there will be a greater need for long-term care and health care services for this part of the population. However, an increasing number of employees in the public sector is not a viable way of dealing with the pressure of expectations, quite simply because the number of persons engaged in active employment is decreasing. Every fourth public sector employee will retire within the next 10 years. At the same time, the small young generations entering the labour market in the coming years means relatively fewer citizens of working age.

This requires innovation and creativity in the public sectors in order to meet the citizens' growing expectations for the welfare society in the future.

Equal opportunities for all are instrumental for maintaining a socially coherent welfare society.

# THE GENERAL FRAMEWORK OF SOCIAL POLICY IN DENMARK

---

The Danish welfare model is based on the principle that all citizens shall be guaranteed certain fundamental rights in case they encounter social problems such as unemployment, sickness or dependency.

---

The social system is characterised by the following principles:

- **Universalism.** All citizens in need are entitled to receive social security benefits and social services – regardless of their affiliation to the labour market.
- **Tax financing.** Social security benefits and social services are mainly financed from general taxation.
- **Public responsibility.** The public sector is responsible for the provision of social security benefits and social services.
- **Possibilities of labour market affiliation.** Improved services for children, dependent elderly persons and disabled people contribute to interconnecting family life with working life.
- **Active social measures.** Social protection measures must be active – rather than merely passive support and maintenance.
- **Local community approach.** The social sector is organised with a high degree of decentralisation of social responsibilities to local government.
- **Local scope of action.** Local authorities and regions have wide autonomy when implementing the various social protection schemes.
- **User influence.** Citizens and claimants must be involved in the organisation of a social protection programme.
- **Comprehensive view.** The citizen's social problems and his or her situation must be seen in a broader context.
- **Cooperation with other social players.** The public sector co-operates with private companies and voluntary social organisations to promote social welfare.



## SHARED RESPONSIBILITIES

Danish social policy involves:

- **Extended care and service functions.** Care for dependent elderly persons, family policy, activation, rehabilitation and preventive measures.
- **Initiatives targeted at particular groups.** Persons with physical and mental disabilities, socially excluded groups and groups at risk of social exclusion as well as some of the initiatives targeted at mentally ill people and alcohol and drug addicts.
- **The greater part of transfer payments:** Old-age pension, anticipatory pension, sickness benefits, maternity benefits, cash assistance and a variety of special benefits.

Denmark has divided its welfare tasks between various ministries: the Ministry of Social Affairs and Integration, the Ministry of Health, the Ministry of Employment and the Ministry of Children and Education. However, it is important to stress, however, that the local authorities are responsible for performing a considerable amount of Denmark's welfare tasks. The area of social matters is widely governed through legislation, but it is up to the local authorities to assess the need for social services and, in that manner, ensure that public welfare services are organised as efficiently as possible with respect for the citizen's specific circumstances and needs and in the interests of local conditions, via public and private suppliers alike.

In addition, various financial funds have been established to support local activities and assist in method development as well as attracting the

attention of local authorities to special target groups and useful methods.

Hence, in Denmark the local authorities have the primary responsibility for social services and the main responsibility for promoting citizens' health and disease prevention.

Local self-government has traditionally been embedded in the Danish policy of mobilising and involving all players and citizens in society. A key element of Danish legislation in the social field is citizens' possibility of having influence on how their life and situation is defined by the authorities. According to 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 various interest groups.



Resident and user councils are 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 regards refugees and immigrants, local authorities can set up integration councils, which will also elect representatives to the national Council for Ethnic Minorities. The Council advises the government on matters concerning refugees and immigrants.

The majority of welfare tasks are performed by public employees, and not by private service companies, voluntary social organisations or the family. However, local authorities have contracted out certain public social services to private enterprises in some areas. The public sector also cooperates with businesses and voluntary organisations to achieve a broad social protection programme.

### **Local Government Responsibilities**

Denmark is divided into five regions and 98 local authority areas. Regions and local authorities are independent, politically controlled organisational units. Only municipalities can levy taxes individually. The bodies charged with local political management – regional councils and local councils – are elected every four years in ordinary elections.

Local authorities are responsible for planning and providing a broad spectrum of social services, including care for dependent elderly, day-care facilities, rehabilitation and activation of unemployed people. Moreover, local authorities implement the social security schemes including old-age pensions as well as decisions awarding anticipatory pension, sickness benefits and child allowance. The size of these cash



benefits is determined by statute. Finally, the local authorities pay cash assistance benefits under the social assistance scheme. The size of these benefits is also determined by statute.

### Differences in Local Service Level

The background for the extensive local self-government system is a desire to develop the social services as close to the citizen as possible. The citizen is therefore also relatively close to the responsible politicians elected in local elections.

As local authorities fix and levy local taxes themselves, they have various options in adjusting their social services to local conditions. At the same time, the local authority sets the political priorities when trading off between tax rate and service level.

This explains the differences in the service level from one local authority to the other and the varying tax rates – the highest local tax rate being about 28 % and the lowest about 23 % in 2011.

### Supervision and Complaints Procedure in the Social Field

The citizen can file an appeal against the decisions of the municipal authorities with the social complaints boards of the State administration, which consists of five independent, regional bodies. In turn, appeal against the decisions made by the social complaints boards lies with the National Social Appeals Board, which is an independent State appeals court. The Board may accept to consider an appeals case if it is on a point of law or a matter of general public importance.

### Supervision of Municipal Authorities by State Administrations

Supervision of municipal authorities is made by the State Administration body in the region where the municipality is situated. In individual cases supervision can be carried out by special complaints or supervision authorities, however, the State Administration body does not undertake the supervision.

### The Parliamentary Ombudsman

The Parliamentary Ombudsman can assess whether the social service authorities act in violation of the current law or, in any other way, are guilty of errors, maladministration or negligence. The Ombudsman is not authorised to revoke a decision but may voice criticism and submit information about severe errors, maladministration and acts of negligence to the Danish Parliament's Legal Affairs Committee, the Minister for Social Affairs and Integration, and the local or regional council.

## ECONOMIC FRAMEWORK

The public sector is responsible for the provision of social security benefits, social assistance benefits and services. Most benefits and services are delivered by public sector employees, and practically all social security benefits, social assistance benefits and services are financed by public taxation.

Social transfer payments are generally not, or only to a limited extent, dependent on previous income or labour market affiliation. The degree of compensation for loss of income is therefore higher for persons on relatively low incomes than for persons on higher incomes. Coupled with a progressive tax scale, the social system entails a considerable degree of income redistribution.

Total public expenditure represents about 60 % of GDP. About half of this expenditure relates to public welfare schemes (health and social services sector and labour market), and the social sector accounts for about 17,5 % of the GDP.

About 30 % of the workforce is public-sector employees. Of these, about 75 % are in the employment of regions or local authorities.

The heavy expenditure items in the service field are:

- Day-care facilities for children
- Care for dependent elderly and disabled people

The primary transfer payments are:

- Old-age pension which is paid to everyone aged 65 or more
- Cash assistance which guarantees an income for persons who cannot support themselves

- Rehabilitation benefits which are payable in conjunction with rehabilitation or education and training
- Anticipatory pension is available to those aged 18 to 65 whose earning capacity is materially reduced on physical, mental or social grounds
- Child allowances

Old-age pension and anticipatory pension account for the highest social expenditure on transfer payments.

Regions and local authorities cannot finance all their expenditure through local tax revenues. Local self-government is therefore supported by a system of central government grants, reimbursements and equalisation schemes.

Central government covers a certain percentage of the expenditure on particular activities via reimbursements schemes. The expenditure on cash assistance and rehabilitation, for instance, is shared between central government and local authorities, whereas the expenditure on old-age pension and child allowance is fully refunded by central government. The funding is designed as an additional incentive for local authorities to take active social security measures.

Added to this, there are the block grants, which are general grants from central government to regions and local authorities. Contrary to reimbursements, block grants are not earmarked for special purposes, but may be used to match local wishes and needs. Block grants are divided among local authorities in proportion to their tax base.

Central government reimbursement and block grants account for almost one third of local government revenues.

There are also local government equalisation schemes, comprising transfers from rich to poor local authorities. These schemes equalise differences between local authorities' revenues, taking into consideration factors such as local authorities' particularly low tax base or particularly heavy expenditures.

The various economic schemes are of vital importance to the central government's possibilities of economic control and are of considerable importance to the political scope of action at the local community level. Therefore, central government, regions and local authorities assemble for annual negotiations on their economic framework.

User payments and self-financing generally play a smaller role in respect to social services. In certain areas, such as day-care facilities, residential accommodation and temporary home-care, the user pays some of the expenditure.



## VOLUNTARY SOCIAL ORGANISATIONS

Volunteer-based social work plays an important role in the social area in Denmark. The public sector has the primary responsibility for children, youth and adults with social problems, but voluntary social organisations can often contribute in the effort to help socially vulnerable people and families for example.

Central government aid to the voluntary social sector is provided from different programmes, partly as basic grants, partly as project grants. Besides the basic grants and project grants, a range of temporary programmes with specific objectives are also available.

Section 18 in the Act on Social Services requires local authorities to cooperate with the voluntary social organisations and societies and to financially support voluntary social work.

The Volunteer Centre in Denmark was established in 1992 aiming to offer a wider range of services to the voluntary organisations. The Centre is a self-governing institution and an independent unit with its own supervisory board under the Ministry of Social Affairs and Integration. The Centre offers advisory and counselling services, courses and consultancy to the voluntary social organisations and groups.

The Council for Social Volunteering was set up in 2008. The Council advises the Minister for Social Affairs and Integration and the Parliament on the voluntary sector's role and work in relation to social challenges. The aim of the Council is to contribute to public debate on the voluntary sector's roles in developing the welfare society and to advise the Minister for Social Affairs and Integration on innovative welfare policy initiatives that the voluntary sector can be part of.



# CHILD AND FAMILY POLICY

The Danish system supports that a successful family policy can provide families with a freedom to arrange their own lives. Most Danish families can and want to take responsibility for themselves. The role of society is to give the families freedom of choice. Furthermore, the Danish government gives high priority to supporting families that have had a hard time taking care of themselves. Society should provide good framework conditions but it is the responsibility of the individual family to create a good family life.

Legislation and initiatives supporting family policy are the responsibility of a range of Danish ministries. Among them are the Ministry of Social Affairs and Integration, the Ministry of Children and Education, the Ministry of Employment, the Ministry of Justice and the Ministry of Health.

The public sector creates the societal framework for families with children and the objective is to provide children and young people with optimum conditions during childhood and adolescence and to protect them against ill-treatment and neglect. The public sector provides guidance and support to parents on how to exercise their parental responsibilities.

The various social protection schemes are implemented locally by the 98 municipalities and, to some extent, by the five regions. The municipalities have a vast degree of autonomy in their choice of policy measures and the organisation of services to be provided.

Support to families with children is granted by way of services allocated on the principle that anyone in need should have equal rights to the services, and by way of financial assistance to all families with children or assistance in special cases.



## DAY-CARE

Day-care facilities cooperate with parents to provide care for the children and support the comprehensive development and self-esteem of the individual child and contribute to the proper and safe upbringing of children. The day-care system provides the families with flexibility and options regarding various types of facilities and subsidies. That makes it possible to plan family and working life according to each family's needs and wishes.

Day-care facilities shall promote children's learning and development of competences through experiences, play and educationally planned activities that give children room for contemplation, exploration and experience. Day-care shall also, in cooperation with the parents, ensure a good transition to school by developing and supporting the basic compe-

tences of children and their desire to learn. Furthermore, the day-care system also plays an important role in preventing negative social heredity by the general work of supporting children, including disadvantaged and disabled children.

All children under the school age are entitled to admittance to a day-care facility. Guaranteed day-care availability implies that the local council shall offer places in an age-appropriate day-care facility to all children older than 26 weeks and until they reach school age. 70 % of Danish children between 0-2 years (91 % of children between 1-2 years) and 97 % of all children between 3-5 years are attending a publicly supported day-care facility.

Parents pay a maximum of 25 % of the budgeted gross operating expenditure for day-care services for children from 26 weeks to age six.

In addition, parents receive a sibling discount. Moreover, the local council shall grant financially aided place subsidy based on the parents' financial situation.

Day-care facilities can be set up in various ways – either as local-authority childminding, local-authority day-care centres, independent private and outsourced day-care centres, private childminding or an approved private day-care centre.

The various kinds of day-care facilities provide parents with the opportunity to choose a day-care facility that matches their needs in the best way.

All day-care facilities shall prepare a written pedagogical curriculum for children. The curriculum shall describe children's learning within personal development, social compe-

tences, language development, body and motion, knowledge of nature and natural phenomena, cultural values and artistic expressions.

The local council is responsible for ensuring that children aged three, presumed to need language stimulation are offered a language assessment test. Also, the local councils shall offer language supporting activities and other assistance as required.

To secure children's well-being and development, it is important that children get the right nutrition and learn to eat healthy. Therefore, the parent board in each day-care facility can decide that the day-care shall offer a healthy meal every day.

## **SPECIAL SUPPORT TO CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES**

The municipalities are responsible for social measures and they have a general obligation to monitor the living conditions of the children and young people within the municipality. The purpose of the supervision is to enable the local authority to learn as early as possible about cases where a child or young person under 18 years of age may need special support.

The purpose of assisting children and young persons who need special support is to secure the best possible conditions for their upbringing, thereby providing them with the same opportunities for personal development, health and an independent adulthood as their contemporaries, despite their individual problems.

If the municipality has reason to assume that a child needs special support, the municipality shall start an examination in order to clarify the needs of the child. The examination includes all aspects of the life of the child and its family, such as the development of the child, family relations, school behaviour etc., and it shall clarify the problems and resources of the child and its family. The authorities shall always consider the views of the child and attribute proper importance to such views in accordance with the age and maturity of the child.

Special support to a child is provided when the authority considers the child to have special needs. It is important that the support is provided at an early stage and on a continuing basis, so that any initial problems affecting the child or the young person may as far as possible be remedied in the home or in the immediate environment. When possible, the difficulties of the child or young person shall be resolved in consultation and cooperation with the family. If this is not the case, the background, object and constituent features of the specific measure taken must be explained to the custodial parent or other person having custody, as well as to the child and young person.

The municipality has the obligation to initiate the necessary measures if it is decided that a child needs special support. These measures can for example consist of temporary placement in treatment institutions or at a foster family, pedagogical support given at home or allocation of a permanent contact person. In 2010, about 12,500 children under the age of 18 lived separate from their parents. If a child, who has reached the age of 15, and/or the custodial parent resists the local author-

ity's decision regarding placement of the child outside the home, the local authority's child and youth committee (made up of members of the local council, a judge and two educational-psychological experts) may decide to place the child outside the home anyway if there is an obvious risk that the health or development of the child will suffer major damage.

## **CHILDREN WITH DISABILITIES OR SUFFERING FROM SERIOUS ILLNESS – FINANCIAL ASSISTANCE**

Two sets of rules provide parents with an opportunity for financial assistance in connection with children's disabilities.

### **Reimbursement of Extra Costs to Parents with Disabled Children**

The local authority pays the parents' extra costs related to care for a disabled child in the home. The extra costs must be incurred as a result of the child's disability.

### **Lost Wages**

The local authority may also grant assistance to cover wages lost while the parents at home are caring for a child with severely and permanently reduced physical or mental functional capability or an impairing chronic or long-term illness.

## DAILY CASH BENEFITS IN CONNECTION WITH PREGNANCY, MATERNITY AND ADOPTION

Employed and self-employed persons and assisting spouses may receive daily cash benefits in connection with pregnancy, maternity or adoption. The daily cash benefits are paid by the local authority. If an employer pays wages or salary in connection with absence due to maternity, the employer is entitled to reimbursement from the local authority.

A pregnant woman is entitled to daily cash benefits starting from four weeks before the due date set by her doctor. In case of sickness she is entitled to maternity benefits before the four-week period.

Parents are entitled to maternity benefits for a total of 52 weeks. During the first 14 weeks, normally only the mother may receive the benefits. During this period, the father is entitled to paternity leave with daily cash benefits for two weeks. The father may also be granted benefits if the mother is unable to care for the child due to serious illness or death.

The parents may decide for themselves how they will distribute the last 32 weeks of the time they receive maternity benefits.

Adopters are entitled to daily cash benefits for 46 weeks after they have received the child. In addition to this, all families with children under the age of 18 receive family allowance. The tax authorities administer the family allowance and both family allowance and child allowance are tax-free amounts, paid quarterly independent of the income. Central government pays the expenditure.





# DISABLED PEOPLE

Danish disability policy is based on three principles:

- **The principle of equal treatment of and equal status** for disabled people,
- **The sector responsibility principle**, implying that the person responsible for the sector is also responsible for ensuring that the area is accessible to disabled people,
- **The compensation principle** implying that people with reduced functional capacity should be compensated for the consequences hereof.

Some of the schemes that social security legislation has made available for disabled people are described below.

## SERVICES

### Advisory and Counselling Services

Local authorities and regions provide free advisory and counselling services with the purpose of creating favourable living and development conditions for disabled people. When local authority advisory services are insufficient, the disabled person is referred to regional special advisory services or other special advisory services.



## Support for Necessary Extra Costs

The local authority provides support for the necessary extra costs connected with maintaining a person with permanently reduced functional capacity, when the impairment is of a character which severely affects daily life and requires significant supportive measures. The extra costs must be a direct result of the reduced functional capacity.

## Personal Help and Care Services

The local authority offers personal help and care services to people who are unable to carry out these tasks themselves because their physical or mental functional capacity is permanently reduced.

## Citizen-controlled Personal Assistance (BPA)

The aim of the BPA-scheme is to provide a flexible form of help for disabled persons with a substantial need of help. Citizen-controlled personal assistance is a subsidy which covers the cost of employing care assistants to provide the necessary help. To become eligible, a person must have severely and permanently reduced physical or mental functional capabilities.

## Substitute or Respite Services

The local authority offers substitute or respite care to parents, spouses or other close relatives who care for a person with reduced functional capacity.

## Attendance

A disabled person below the age of 65 is entitled to 15 hours of attendance per month in order to be accompanied to activities outside the home he or she wishes to attend. The object of the attendance scheme is to help normalise and

integrate persons who cannot get about on their own due to significantly and permanently reduced functional capacity.

## Aids and Consumer Durables

Local government provides support towards aids and consumer durables when such devices may considerably relieve the reduced functional capacity and/or enable the disabled person to fulfil a job.

## Support Granted to the Purchase of a Car

Support may be granted to the purchase of a car to persons whose physical or mental capacity is permanently reduced or when the functional capacity considerably impairs the person's ability to gain or maintain employment or complete education. It is also possible to obtain support to purchase a car when the permanently reduced functional capacity considerably impairs the person's ability to walk, and it is estimated that a car may substantially facilitate his or her daily life.

## Adaptations to the Home

The local authority grants assistance towards adaptations to the home for persons whose physical or mental functional capacity is permanently reduced, and when adaptations are necessary to make the home better suited for the person concerned.

## General Schemes

Besides the above mentioned schemes, the local authority may also refer disabled people to more general schemes broadly aimed at people with special needs, which may also be used by people with disabilities when the need arises. Examples are special labour market and rehabilitation offers.

## RESIDENTIAL ACCOMMODATION

It is a guiding principle in the disability policy that the needs of the individual, and not the type of accommodation, decide what assistance should be provided. Consequently, accommodation and services are separated, and disabled people live independently.

Under Danish housing legislation, specially designed housing may be built which is adapted to the needs of dependent elderly people and people with disabilities. Residents in such housing are tenants and subject to the Rent Act as regards notice to quit and other rights and obligations. However, this does not apply to residents in housing created under the Social Services Act.

The local authority may offer temporary stays in residential accommodation. These could take the form of respite care, physical rehabilitation or weekend stays. It could also be in preparation for living independently.

The municipality is responsible for providing the necessary number of habitations in long-term residential accommodation for persons needing extensive help with ordinary daily functions, care or treatment, and whose needs cannot be covered in any other way.

The municipality is also responsible for providing the necessary number of places for temporary stays for training related to the preparation for living more independently. The objective is to improve the individual's skills through socio-educational activities and treatment.



# SOCIALLY MARGINALISED ADULTS

The socially most vulnerable adults – also referred to as socially marginalised people – are for example

- Disadvantaged mentally ill people
- Drug addicts
- The homeless and others unable to maintain their own home

These groups experience that their personal and social problems often lie within several problem areas.

## INITIATIVES FOR DRUG ADDICTS

The municipalities are responsible for providing treatment programmes for drug addicts and include counselling services, motivation, treatment and post-treatment. Local authorities are responsible for social services other than treatment.

The estimated number of drug addicts in Denmark in 2009 was 33,000 people. Of these, about 11,000 persons have a marijuana addiction.



It is a challenge that abuse patterns continuously evolve and change. For example, the figures show that it is abuse of marijuana, cocaine and amphetamines - and no longer heroin - that now more often require treatment among first-time users in treatment.

In Denmark, out-patient treatment is the most common type of treatment used, usually in the form of methadone prescription with supportive psycho-social services, including support in the home, stays in shelters, activation and rehabilitation. Of the approximately 13,700 people who were registered for drug treatment in 2009, out-patients numbered just below 7,750.

Previously, services for drug addicts were primarily aimed at the drug misuse itself and at making the addicts drug-free, but the last few years have seen the development of more differentiated approaches in this field. In this connection, harm re-

duction is a particular objective where, in certain cases, the elimination of the misuse is accepted as unrealistic in the short term so health, social and other services are provided instead.

## INITIATIVES FOR THE HOMELESS

Homelessness is an expression of a person's difficulties in finding a place in society and attaining suitable housing. To identify how widespread homelessness is in Denmark and establish a better basis for developing future initiatives, a census of homeless people was initiated as well as an identification of the demand for habitations and residential housing for homeless people was made.

In 2009, the census estimated that approximately 5,000 people were living in homelessness. Based on this census, the Danish parliament initiated a Homelessness Strategy. The strategy is implemented through a government funded programme of which approximately EUR 67 million has been earmarked for the period 2009-2012. Eight municipalities are co-operating with the Ministry of Social Affairs and Integration to transform the Homelessness Strategy into specific initiatives to tackle homelessness, and they have set concrete goals in relation to reducing homelessness, including the establishment of new housing and improvement of methods in the work with the homeless.

Local authorities have the primary obligation of helping people, who are homeless or unable to function in their own home, and must provide a number of services, covering temporary accommodation, such as repatriation centres, shelters and crisis centres for women.

A person may be admitted to residential accommodation for the homeless by applying directly in person or by referral from public authorities. Generally, a person must pay for his or her stay.

Support during the stay is offered following an assessment of the individual case, and the support granted is currently adapted to the individual needs. Examples of support are treatment for drug or alcohol misuse, sheltered employment and participation in other activities such as planned training/education, cultural events, sport or other activities improving the quality of life of the individual.

Crisis centres are a special service for women who have been victims of violence or threats of violence. A woman may show up at her own initiative or by referral by public authorities, and she may be accompanied by her children. The woman's wishes for non-registration and the right to anonymity are respected.

## **INITIATIVES FOR THE MENTALLY ILL**

Under the social services scheme, local authorities have the primary obligation to help people suffering from mental illness.

The key objective in planning services for the mentally ill is to provide the services in such a way that allows for the individual to experience them as coherent and holistic, irrespective of whether services are multidisciplinary and intersectorial and independent of the fact that treatment is provided at several different locations. The following are examples of individual services targeted at people with mental illness:

- Outreach services
- Support and contact person schemes
- Care or support services in daily life
- Shelters
- Accommodation for temporary and long-term residence

## **CHANGING PEOPLE'S ATTITUDES TOWARDS THE INCLUSIVE LABOUR MARKET**

At the central level, the task of the Council for Socially Marginalised People, which is made up of ministries, the social partners, local government representatives and non-governmental and user organisations, is to guide and co-ordinate efforts aimed at policy formulation and contribute to supporting local initiatives for an inclusive labour market.

At the local level, the co-ordination committees for preventive labour market action are supposed to advise local authorities and others, for example business and trade unions, and to help strengthen collaboration between the local authority and the relevant players. These committees consist of representatives from the local and regional authorities, the social partners and other relevant local organisations.

With the Campaign for the Social Co-responsibility of Businesses, the Ministry of Social Affairs and Integration has for a number of years focused on the need for a more inclusive labour market that accommodates persons with restricted capacity for work and on the social dimensions of personnel policy.

Through pilot and development projects, networks and job provision initiatives, the campaign has helped to improve:

- Collaboration between businesses and local authorities in the efforts to help persons maintain or gain a foothold in the labour market
- Inclusion and social responsibility in public and private sector enterprises
- Methods in social activities





## ELDERLY PEOPLE

The general objective of Danish ageing policy in the social sector is to enhance the individual's possibility of living an independent life or to ease his or her everyday existence and improve his or her quality of life.

Danish ageing policy in the social sector is based on the general principles of:

- Continuity in the individual's life
- Use of personal resources
- Autonomy and influence on own circumstances – including options

The Danish government intends to enhance the feeling of safety among elderly people and enhance their co-determination by fostering more opportunities for elderly people. Further, the government intends to prioritise prevention and thereby support more elderly people



in managing as much as possible on their own. Another ambition of the government is to analyse the possibilities of increasing the use of welfare technology in elder care, possibly by giving elderly people the right to employ digital solutions as part of their welfare.

Social services are generally given on the basis of individual needs, and thus age is generally not a criterion. However, the Social Services Act includes provisions whose recipients are primarily elderly people.

In compliance with the objective of enhancing the citizens' opportunities of living independent, high quality lives, the Social Services Act contains several provisions with the purpose of enhancing citizens' possibilities of leading active lives and preventing a deterioration of functions. Many elderly people receive help regulated in these provisions.

## Activating and Preventive Measures

The local authorities may initiate or support general activating or preventive measures. The aim is to enhance and maintain the users' possibilities of managing their own lives. Each local authority decides on the design and organisation of such services. The services may, for example, be provided by day centres or within the context of senior citizens' centres and may include club work, courses, lectures and exercise.

## Preventive House Calls

Citizens who have reached the age of 75 have the right to receive a preventive house call at least once a year unless they receive both personal and practical help. The aim of the house call service is to create a sense of security and well-being and also to give advice and guid-

ance about activities and support services (both private and public). Another objective is to support elderly people in putting their personal resources to better use and maintaining their functional capacity for as long as possible. The elderly person may freely choose whether he or she wants a house call and may contribute to deciding what subjects should be discussed during the call.

## CARE FOR DEPENDENT ELDERLY PEOPLE

### Personal and Practical Help (Home Care)

The local authorities are obliged to offer personal or practical help (home care) to persons who are unable to carry out the tasks themselves due to impairment of physical or mental function or special social problems. Personal and practical help must be provided in the form of assistance in performing specific tasks, following an assessment of the individual's functional capacity and needs.

Personal and practical help is founded on the principle of 'help to self help'. The assistance provided should, whenever possible, entail an activating dimension with the primary purpose to help the recipient regain the ability to take care of him- or herself. Further, the help must be given and organised in close collaboration with the recipient.

Each local council is responsible for ensuring that the individual receives the assistance that matches his or her needs. The local council determines the content and scope of services, and grants funds to the policy area in accordance with the general political resolutions on the level of service.

### Free Choice of Provider

Whereas the local authority is responsible for ensuring the provision of personal and practical help that meets the needs of the individual, the provision of help can both be carried out by private and public suppliers. The Social Services

Act aims at ensuring that elderly people who receive home care services has the freedom to choose between different providers and the option of changing the help they receive from time to time.

Since 2003, local authorities have been obliged to establish a framework to enable private providers to enter the market for home-care. The law has fostered increased transparency and clear separation between the level of authority and the level of provider. This has led to an increased awareness of the costs involved – the link between cost and level of service – and has also invoked an enhanced follow-up system of the service level.

### Training

Additionally, the local authorities are obliged to offer training measures to persons with impaired physical functions caused by a disease which is not treated in connection with a stay in hospital. In addition, persons with special needs due to impaired physical or mental function are offered assistance in maintaining physical or mental skills.

### People with Dementia

Recent years have seen greater focus put on dementia, and during the last decade the Danish parliament has allocated significant funds for intensifying efforts in this field. In December 2010, a National Action Plan on Dementia was launched. The Action Plan, which is currently being implemented, entails among other things development of new methods and better dissemination of knowledge.

### Caring for terminal patients

If a person takes care of a close relative who wishes to die at home, he or she is entitled to compensation for lost earnings (care allowance). The objective of the care allowance scheme is to give terminal patients requiring intensive care the option of being released from hospital to die at home attended by a family member or another close relative. A condition for this option is that a medical assessment states that further hospital treatment is futile.

## HOUSING FOR ELDERLY PEOPLE

The majority of elderly people in Denmark live in ordinary housing. Only a small proportion of the elderly live in specially adapted housing, and very few live with their adult children.

Danish ageing policy is based on the idea that the type of housing should not influence the care and other services to which dependent elderly persons are entitled. On the contrary, the individual's needs should be the basis for the care given. Care should thus depend on the dependent elderly person's needs and not on his or her habitation.

Non-profit housing for the elderly comprises a wide range of habitations, from independent housing to group homes and close-care accommodation.

Social housing for the elderly is regulated by housing legislation. The resident is a tenant and thus covered by the Danish Rent Act.



Social housing for the elderly must be particularly adapted to the needs of dependent elderly and disabled people, and each location must be equipped with an alarm system to enable residents to call for help quickly. The habitation must be equipped with toilet, bathroom and kitchen facilities. Service housing is for the dependent elderly with care facilities and in-house staff (modern nursing home).

## SENIOR CITIZEN'S COUNCILS

All local authorities have a council for the elderly. These councils provide a forum for dialogue between the local council and elderly people in the local area and enhance the elderly people's contributory influence and responsibility.





# HOUSING

The overall goal for the government's housing policy is to ensure:

- That the housing and urban policies ensure social cohesion, welfare and growth in society
- That all groups in the Danish society have a possibility to find modern habitations that are appropriate given their needs and economic resources
- A well-functioning and varied housing market

## SOCIAL HOUSING

The social housing sector is responsible for solving a range of social welfare problems concerning housing. The majority of the 585,000 social housing units (equivalent to 21 % of the total housing stock) are relatively new. Only 5 % were built before 1940.

The local council grants subsidies to social housing. The grants shall be made on the basis of an overall assessment of the situation in the local housing market and the need for new subsidised housing in the local authority area. The distribution shall be made considering the letting situation in the area where the housing is intended to be constructed.



Social housing habitations are owned by (non-profit) housing associations. The actual construction of the houses is conducted by private enterprises through a tendering offer.

Since the housing associations receive government subsidy, they are subject to inspection by the local authorities. The rent is set in a manner where expenditures and revenues in the individual units balance out.

## Financing Public Housing

The acquisition costs of social housing are financed as follows:

- |                                  |      |
|----------------------------------|------|
| • Resident's deposit             | 2 %  |
| • Local authority capital grants | 14 % |
| • Mortgage loan                  | 84 % |

The resident's deposit is paid by the tenant when taking up residence. The deposit is refunded when the resident vacates the housing.

The capital grant is a loan issued by the local authorities. The loan, which covers 14 % of the acquisition cost, is interest free and repayments do not have to be made for up to 50 years.

Most of the acquisition cost is financed by means of a mortgage loan (84 %). The State grants a repayment subsidy to cover the gross repayments on the mortgage loan not paid by the residents.

## Management of Social Housing

The social housing sector is characterized by extensive tenant participation. The majority of the housing associations' board members are voted in by the tenants and each unit has an extensive degree of autonomy.

A housing association is divided into units, each with a management committee which is responsible for the daily upkeep. The size of these units can vary from a few to several thousand flats.

The governing body of the housing association is responsible for attending the primary management of the association and its units as well as the hiring out of vacant flats. Additionally, it decides on initiatives regarding new building projects. The tenants elect a majority of the governing body members. In addition, the local authorities are represented in some cases.

The social housing associations are subject to municipal supervision. Because of a reorganisation of the sector's management in 2010, there is an increased focus on establishing dialogue and cooperation between the respective municipalities and housing associations, as well as obtaining thorough knowledge and

documentation regarding the activities of the housing associations.

## Tenants

All citizens can apply for a position on the waiting lists used by the housing associations when assigning tenants to apartments. Besides the waiting lists, the local authorities have a municipal allotment right for a certain percentage of the vacant apartments in the social housing.

In supplement to the general system where apartments are rented out according to a waiting list, there are a number of additional flexible rules that the housing associations can apply when assigning tenants to apartments. This is especially relevant in deprived areas where the associations are trying to attract people in employment to vacant apartments.

Tenants in social housing, private rented housing and elderly in co-operative habitations can also apply for individual housing benefits, which is an important element in the overall effort on housing policies.

## Family Housing

There are three different categories of public housing: Family housing, housing for the elderly and youth housing. The majority of social housing provided is family housing. Family housing is not, however, reserved for specific groups in the population. About 485,000 of the social housing units are family housing.

## Housing for Elderly People

Most elderly people in Denmark live in ordinary housing units. Municipal programmes provide them with access to care if the need should arise. However, approximately 67,000 of social housing units provide housing for elderly people.

Social habitations intended for the elderly can be owned by a social housing organisation, an



independent institution or the municipality. The habitations shall be let to elderly and disabled persons with a special need for such a habitation. The local council is in charge of allocating these habitations based on an assessment of individual needs.

Social housing for the elderly is overall managed and financed in the same manner as family housing. The resident is a tenant and thus covered by the Social Habitations Rent Act. Nevertheless, social housing for the elderly must be particularly adapted to the needs of dependent elderly and disabled people, and each habitation must have an alarm system to enable residents to call for help quickly.

Social care housing is a special type of social housing for elderly people and consists of habitations for dependent elderly with care facilities and in-house staff. It is provided by the local council to elderly and disabled persons in need. The council shall offer such a habitation for elderly people with special needs within two months after the admission has been given. However, this guarantee does not apply if the elderly person has chosen a specific social care habitation or a specific care home.

## Housing for Young People

During the last 60 years, the government has subsidized the construction of special housing for young people, because they often need interim housing after leaving home and before establishing a more long-term adult home. The target group for youth housing is young people in education and young people with special needs, e.g. arising from social problems.

The total stock of youth housing consists of 65,000 habitations, of which 38,000 are in halls of residence. Generally, social housing for young people is financed and managed in the same way as family housing.

## Socially Deprived Areas

The problems in socially deprived areas are solved locally in cooperation between the local municipalities and housing associations. Therefore, the national government has established various instruments which make it possible to form locally integrated urban regeneration programs for each deprived area.

Besides the flexible rules on how to assign tenants to apartments, deprived housing areas can receive financial support to physical renovation and improvement of the building stock and surrounding areas as part of an integrated urban regeneration strategy. Furthermore, the areas can also be granted financial support for a wide number of social initiatives.

# ADDRESSES

## Ministry of Social Affairs and Integration

Holmens Kanal 22  
 DK-1060 Copenhagen K  
 Tel.: +45 3392 9300  
 Fax: +45 3393 2518  
 Email: sm@sm.dk  
 Website: www.sm.dk

## Ministry of Housing, Urban and Rural Affairs

Holmens Kanal 22  
 Tel: +45 3392 9300  
 Fax: +45 3393 2518  
 Email: MBBL-Ministersekretariat@sm.dk  
 Website: www.mbbldk

## National Social Appeals Board

Amaliegade 25, P.O Box 9080  
 DK-1022 Copenhagen K  
 Tel.: +45 3341 1200  
 Email: ast@ast.dk  
 Website: www.ast.dk

## Ministry of Employment

Ved Stranden 8  
 DK-1061 Copenhagen K  
 Tel.: +45 7220 5000  
 Fax: +45 3312 1378  
 Email: bm@bm.dk  
 Website: www.bm.dk

## Danish Pensions Agency

Landemærket 11  
 DK-1119 Copenhagen K  
 Tel.: +45 3395 5000  
 Fax: +45 3391 5654  
 Email: penst@penst.dk  
 Website: www.penst.dk

## National Board of Industrial Injuries

Sankt Kjelds Plads 11, P.O. Box 3000  
 DK-2100 Copenhagen Ø  
 Tel.: +45 7220 6000  
 Fax: +45 7220 6020  
 Email: ask@ask.dk  
 Website: www.ask.dk

## Ministry of Health

Slotsholmsgade 10-12  
 DK-1216 Copenhagen K  
 Tel.: +45 7226 9000  
 Email: sum@sum.dk  
 Website: www.sum.dk

## Ministry of Economic Affairs and the Interior

Slotsholmsgade 10-12  
 1216 København K  
 Telefon: +45 72 28 24 00  
 Fax: +45 72 28 24 01  
 E-mail: im@im.dk (temporary)  
 Website: www.oeim.dk

## Ministry of Children and Education

Frederiksholm Kanal 21  
 DK-1220 Copenhagen K  
 Tel.: +45 3392 5000  
 Fax: +45 3392 5547  
 Email: uvm@uvm.dk  
 Website: www.uvm.dk

## Local Government Denmark

Weidekampsgade 10  
 P.O. Box 3370  
 DK-2300 Copenhagen S  
 Tel.: +45 3370 3370  
 Email: kl@kl.dk  
 Website: www.kl.dk

## Danish Regions

Dampfærgevej 22  
 DK-2100 Copenhagen Ø  
 Tel.: +45 3529 8100  
 Fax: +45 3529 8300  
 Email: regioner@regioner.dk  
 Website: www.regioner.dk







**Ministry of Social Affairs and Integration**

Holmens Kanal 22  
DK-1060 Copenhagen K  
Tel. +45 3392 9300  
sm@sm.dk  
www.sm.dk