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EUROPEAN SOCIAL CHARTER

36th National Report on the implementation
of the European Social Charter

submitted by

THE GOVERNMENT OF DENMARK

Articles 3, 11, 12, 13, 14 and
Article 4 of the 1998 Additional Protocol
for the period 01/01/2012 - 31/12/2015

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CYCLE XXI-2 (2017)

36th Danish Report on the Application of the European Social Charter

Submitted by the
Government of Denmark

**Concerning articles 3, 11, 12, 13, 14 and 4 AP
for the period 1st January 2012 – 31st December 2015**

February 2017

In pursuance of article 23 of the Charter, copies of this report have been communicated to:

The Confederation of Danish Employers (DA)

The Danish Confederation of Trade Unions (LO)

Confederation of Professionals in Denmark (FTF)

The Danish Confederation of Professional Associations (AC)

The Danish Institute for Human Rights

Article 3

The right to safe and healthy working
conditions

Article 3§1 – Safety and health regulations

New legislation and initiatives since the last report

The labour inspectorate in Denmark is known as the Danish Working Environment Authority (WEA) (Arbejdstilsynet – AT).

A single legislative act for health and safety at work, the Working Environment Act, applies to all sectors of industry, but in certain sectors its enforcement lays within other government departments:

- Inspection of health and safety on seagoing ships lies with the Danish Maritime Authority in the Ministry of Business and Growth
- Aviation falls under the responsibility of the Ministry of Transport
- The Ministry of Employment has an agreement with the Institute of Radiation Hygiene, a part of the Department of Health, to monitor the use of ionising and non-ionising radiation at work
- Responsibility for general fire matters at workplaces falls under the local fire authorities

Apart from the above exceptions, the WEA has responsibility for inspection of health and safety in all sectors of industry, including the loading and off-loading of ships in dock and flights on ground.

The Danish Working Environment Act, Consolidated Act no. 1072 of 7 September 2010, legislative amendment of Act no. 1538 of 21 December 2010, Act no. 594 of 14 June 2011, Act No 356 of 9 April 2013, Act No 54 of January 2015 and Act No 1869 29 December 2015 only encompasses work performed on Danish territory, including loading and unloading of ships and shipyard work aboard ships.

<http://arbejdstilsynet.dk/da/regler/love/sam-1072-arbejdsmiljolooven>

Since January 1 2015 WEA supervises the health and safety aspects of the offshore installations on the Danish Continental Shelf in the North Sea. For more information please see

<http://engelsk.arbejdstilsynet.dk/en/offshore>

The Danish Working Environment Act encompasses work for an employer. However, exception is made for:

- Work in the private household of the employer.
- Work exclusively performed by the family of the employer, who belong to his household.
- Work performed by the military and which can be included under actual military service.

However, certain provisions in the Working Environment Act (the extended area) also apply to the exceptions listed above as well as for work that is not performed for an employer, i.e. self-employed. This includes rules about performing work, technical equipment, and substances and materials.

The aim of the Working Environment Act is to create a safe and healthy working environment, which at all times is in accordance with the technical and social developments in society. Furthermore, the Act is intended to create the basis for enterprises themselves to solve problems related to safety and health issues with guidance from the social partners and guidance and inspection from the Working Environment Authority (WEA).

The Act does not only cover work performed by Danish citizens on Danish Territory, but does also cover work performed by foreign workers on Danish Territory. The free movement of workers and services have in the last years led to an increasing number of foreign workers and foreign enterprises performing work on Danish territory. Therefore the WEA spends an increasing amount of time and resources to inspect work performed by foreign workers either for a Danish enterprise or a foreign enterprise. For more information

please see our website <https://workplacedenmark.dk/da/health-and-safety> and the European Platform tackling undeclared work. Member States factsheets and Synthesis Report (Annex 1, p. 78).

List of amendments to the main legislative acts and orders in the period from 1 January 2012 to 31 December 2015

Amendments under the Danish Ministry of Employment

New legislation implemented during 2012

Acts:

No new Acts were implemented in 2012.

Executive Orders:

- Executive Order No 949 of 14 September 2012 <https://www.retsinformation.dk/Forms/R0710.aspx?id=142848> ,Executive Order No 976 of 3 October 2012 <https://www.retsinformation.dk/Forms/R0710.aspx?id=143495> and executive Order No 986 of 11 October 2012 <https://www.retsinformation.dk/Forms/R0710.aspx?id=143596> amending Executive Order No 507 of 17 May 2011 on limit values for substances and materials

New legislation implemented during 2013

Acts:

The Danish Working Environment Act, Consolidated Act no. 1072 of 7 September 2010, legislative amendment of Act no. 356 of 9 April 2013.

The amendment pinpoints that the Act also deals with the psychosocial working environment.

<https://www.retsinformation.dk/Forms/R0710.aspx?id=146291>

Executives Orders:

- Executive Order No 1191 of 9 October 2013 on Recognized Health and Safety certificate obtained via DS/OHSAS 18001 <http://arbejdstilsynet.dk/da/regler/bekendtgorelser/a/anerkendt-arbejdsmiljoecertifikat-opnaaet-gennem-ds-ohsas-18001>, Executive Order No 1194 of 9 October 2013 on Recognized Health and Safety certificate obtained via inspection and demand to the Inspection bodies' control of the enterprises <http://arbejdstilsynet.dk/da/regler/bekendtgorelser/a/anerkendt-aarbejdsmiljoecertifikat-opnaaet-gennem-inspektion>, Executive Order No 1194 of 9 October 2013 on Recognized Health and Safety certificate obtained via certification of enterprises health and safety management system <http://arbejdstilsynet.dk/da/regler/bekendtgorelser/a/anerkendt-arbejdsmiljoecertifikat-opnaaet-gennem-certificering-arbejdsmiljoeleelsessystem>, Executive order No 65 of January 17 on Authorization of external Health and Safety Advisors <http://arbejdstilsynet.dk/da/regler/bekendtgorelser/a/autorisation-af-raadgivningsvirksomheder>, Executive Order No 115 of 5 February 2013 amending Executive Order no 1516 of 16 December 2010 on Building and Construction <https://www.retsinformation.dk/Forms/R0710.aspx?id=145006>, Executive Order No 117 of 5 February 2013 on duties of the Builder, <http://arbejdstilsynet.dk/da/regler/bekendtgorelser/b/bygherrens-pligter> Executive order No 116 of 5 February 2013 <https://www.retsinformation.dk/Forms/R0710.aspx?id=145010> and Executive Order No 444 of 24 April <https://www.retsinformation.dk/Forms/R0710.aspx?id=146442> amending Executive Order No 1181 of 15 October 2010 on Health and safety activities of the enterprises, Executive order No 1192 of 9 October 2013 on Exception from Risk based Inspection for enterprises with a recognised

Health and Safety Certificate <http://arbejdstilsynet.dk/da/regler/bekendtgorelser/u/undtagelse-fra-risikobaseret-tilsyn-for-virksomheder-ankendt-arbejds miljocertifikat>, Executive Order No 1197 of 9 October 2013 amending Executive order No 1276 on Publication of the Health and Safety of the enterprises (the Smiley scheme) <http://arbejdstilsynet.dk/da/regler/bekendtgorelser/o/offentliggor-af-virksomhedernes-arbmiljoe>

New legislation implemented during 2014

Acts:

No new Acts were implemented in 2014.

Executives Orders:

- Executive Order No 1038 of 26 September 2014 <https://www.retsinformation.dk/Forms/R0710.aspx?id=164852> amending Executive order No 239 of 6 April 2005 on work of Youths

New legislation implemented during 2015

Acts:

Consolidated Act No. 831 of 1 July 2015 on offshore-safety
<http://arbejdstilsynet.dk/da/regler/love/offshoresikkerhedsloven>

Executive orders:

- Executive order No 1793 of 18 December 2015 on work with substances and materials (chemical agents) <http://arbejdstilsynet.dk/da/regler/bekendtgorelser/a/arbejde-med-stoffer-og-materialer>, Executive order No 1504 of 4 December 2015 on work related violence out side working hours http://arbejdstilsynet.dk/da/regler/bekendtgorelser/v/arbejdsrelateret_vold_uden_for_arbejdstid, Executive order No 1792 of 18 December 2015 on asbestos <http://arbejdstilsynet.dk/da/regler/bekendtgorelser/a/asbest>, Executive Order No 1805 of 18 December 2015 amending Executive Order no 1516 of 16 December 2010 on Building and Construction <http://arbejdstilsynet.dk/da/regler/bekendtgorelser/b/bygge-og-anlaegsarbejde-1516>, Executive Order No 1795 of 18 December 2015 on Measures to protect Workers from the Risks related to exposure to Carcinogenic Substances and materials at work, <http://arbejdstilsynet.dk/da/regler/bekendtgorelser/f/foranstaltninger-til-forebyggelse-kraeftrisiko-stoffer-og-materialer>, Executive Order No 479 of 15 April 2015 amending Executive order No 1276 on Publication of the Health and Safety of the enterprises (the Smiley scheme) <https://www.retsinformation.dk/Forms/R0710.aspx?id=169490>, Executive Order No 1794 of 18 December 2015 on special Duties of Manufactures, Suppliers and Importers etc. of Substances and Materials pursuant to the Danish Working Environment Act. <http://arbejdstilsynet.dk/da/regler/bekendtgorelser/s/saerlige-pligter-stoffer-og-materialer>

List of new measures

Objectives and priorities of the 2020 working environment efforts

In 2011 there was made an Agreement between the Danish government (Denmark's Liberal Party and the Conservative People's Party), the Social Democratic Party, the Danish People's Party and the Social Liberal Party.

A strategy for working environment efforts up to 2020

The Parliament agreed that the Authority should focus on the following working environment problems as part of the 2020 working environment efforts:

- Accidents at work
- Psychosocial working environment
- Musculoskeletal disorders

Problems arising from any of these three areas lead to serious health issues, long-term absenteeism due to sickness and incapacity for work resulting in early retirement. Consequences that could turn the lives of individuals and families completely upside down and greatly impact society as a whole.

The following objectives regarding the working environment in 2020 have been agreed:

- The number of serious accidents at work is to be reduced by 25% in proportion to the number of employees
- The number of employees who are psychologically overloaded is to be reduced by 20%
- The number of employees who experience musculoskeletal disorders is to be reduced by 20%

These objectives are to be achieved in the period beginning 2012 until the end of 2020.

At the same time it was decided:

To change the inspection efforts of the Danish Working Environment Authority to risk-based inspections in two tiers. This means that enterprises that are considered to have the most serious health and safety issues will be subject to more inspections than is the case today. At the same time, all enterprises with 2.0 full time employees (FTE) or more will be inspected.

Additionally, enterprises may, regardless of the number of employees, be subjected to inspections as a result of accidents at work, complaints issued by employees etc.

The Danish Working Environment Authority will ensure that all companies with 2.0 FTE or more employees will be inspected at least once during the period from 2012 to 2019.

The new risk-based inspection regime and the current appropriation limit of the Danish Working Environment Authority mean that approximately 24,500 inspection visits will be carried out in the first years after 2012. Of these, approximately 14,000 enterprises will be selected every year for inspection due to their high score in an index model, and approximately 10,500 enterprises will be selected by means of spot checks. This means that approximately 55% of inspections will be risk-based while approximately 45% are selected on the basis of spot check

For more information please see <http://engelsk.arbejdstilsynet.dk/en/information/other-informational-material>.

The WEA has in 2015 given greater priority to the work with knowledge and evidence including an increased focus on effect in WEA's strategy. With this increased focus on knowledge and evidence a foundation is created in order to target WEA's activities even more at inspection types and health and safety problems etc. where the largest effect of the efforts is expected.

WEA has continued the mobile task force on prevention of violence. The task force has had dialogue meetings with the management of municipalities, regions and relevant institutions in order to identify challenges, dilemmas and best practices on prevention of violence. In 2015 a status was made on the political agreed objectives in the 2020 Strategy. The result showed a positive development in the areas of serious accidents and musculoskeletal disorders.

Article 3§2 – Enforcement of safety and health regulations

New legislation and initiatives since the last report

2012

Building and Construction Actions

In 2012 WEA carried out several unannounced actions on construction sites in different parts of Denmark. In the actions there was particular focus on the risky work in height and fall accidents. The lesson learnt from these actions was that there still were many working environment hazards leading to accidents in this sector. In 2010 4,522 accidents were registered in this sector - hereof 8 fatal accidents. Many of the accidents could easily have been prevented by better instructions of the employees, better monitoring and planning in the building and construction sites.

There was also special focus on the owner of the construction site and his health and safety coordinator obligations regarding the health and safety planning. Foreign workers have also a special attention in these actions. The actions should ensure among other things that these workers were working under the same health and safety conditions as Danish workers.

Dialogue and guidance in special inspection

In 2012 WEA introduced a special type of action, focusing on dialogue and guidance on health and safety in 2 industries: Means of transport and transporting passengers. The measures concern musculoskeletal loads and on mental health. The new model for effort implied two visits at the companies. At the first visit WEA mainly focused on dialog and guidance for example on psycho-social working environment and how enterprises could avoid musculoskeletal loads. The second visit took place when companies have had time to work with the health and safety conditions. In these second visits the WEA discussed, what health and safety efforts the companies had been initiating since the first visit. The WEA also performed inspection and issued orders, if there were problems in the work environment. It was the second time that DWEA used this action method, and companies welcomed it.

Campaign on young people's work in summer

As part of the priorities of the working environment of young people under 18 years the WEA carried out a nationwide campaign in the summer of 2012. The measures were also part of the implementation of the new 2020 working environment strategy regarding young people's work. Special focus was on the employers obligation to instruct the young people in doing their job in a safe way.

European Campaign on "Working together for risk prevention"

2012 was the first year of the two year EU-campaign on "Working together for risk prevention". The WEA was involved in several events and activities during 2012. The WEA arranged a national seminar as a launch of the campaign in order to inform and discuss the new EU-OSHA campaign "Working Together for Risk Prevention" with representatives from employer and employees organizations.

The WEA took part in 10 regional meetings in the "European Week" arranged by the Danish Confederation of Trade Unions and The Confederation of Danish Employers. The meetings were held at technical colleges / vocational college around cities in Denmark and aimed to inform pupils and apprentices about a safe working day including the importance of the role the health and safety representative in the enterprises carry out.

2013

Special intense inspections

The WEA implemented intensified inspections with regard to a special measure in sectors, where the workforce is at risk of being worn out. The special effort targeted enterprises which potentially have significant health and safety challenges. The inspections took longer than standard inspections and were intended to prevent musculoskeletal diseases and improve the psychosocial working environment.

The criteria used in selecting sectors for inspections include that employees have a higher risk of being granted disability pension, to take early retirement and to go on long term sick leave.

In 2013 following sectors have been selected for special intense inspections:

- Cleaning
- Slaughterhouses and processing of fish
- Manufacture of metal and machinery
- Day care for younger children, day nursery or day care for disabled people etc.

In 2013 the WEA inspected approximately 2,063 enterprises due to the programme of special intense inspections. Enterprises which carry out cleaning activities have been inspected in the period of 2012 -2013.

The most important aims of inspections were to: examine the working environment of the enterprise, provide the inspected entities with information, which will promote working environment activities in the enterprise, knowledge of existing legal requirements, ways to fulfil them and to enforce compliance with these requirements in order to achieve a measurable effect in the form of improved working environment.

Risk-based inspections

WEA has different types of inspections. One of them is the risk-based inspection. The risk-based inspection is based on an index model. The index model contains a number of parameters that are business and industry oriented. Furthermore it is based on the Authority's experience gained from its decisions (e.g. improvement notices), guidance on psychosocial working environment and accidents at work. Together these parameters are used to identify which enterprises that is most likely to have working environment problems.

Enterprises are given points for each of the parameters. Enterprises with the highest number of points in total are selected for inspection. In 2013 WEA carried out 23,679 risk-based inspections.

Prevention Tool-kits

Also in 2013 WEA assisted to develop prevention tool-kits, which are ready-made projects to provide tools to improve the working environment and promote health in enterprises which belong to wear out-threatened industries.

Campaign to reduce accidents in the construction sector

In 2013 WEA carried out 4 nationwide safety inspections targeting construction sites. Each round of inspections was followed up by another round of inspections approximately 14 days later targeting the construction sites that did not comply with the regulations during the initial inspection. Construction sites that still didn't comply with the regulation were individually targeted until they complied with regulation. The inspections focused on the following:

- Work at height
- Slips and trips at the same level

- Risks when using work equipment and machinery
- Manual handling
- Construction site organization
- Responsibilities in CDM (Construction design and management)

The DWEA found that most of the companies at the construction sites were willing and able to learn from the deviations from the regulation. However the follow-up operations showed that a big part of these sites had new problems when inspected again.

Measures to increase awareness of health and safety issues of professional clients

In 2013 an initiative was started to increase the awareness of the duties, possibilities and responsibilities of professional clients at construction sites. The WEA invited relevant clients for a meeting about the duties, possibilities and responsibilities of the client, followed up by inspections at the client's construction sites. If the WEA found problems at the client's construction sites, the client was again called in for a meeting to further discuss the problems and possibilities.

Initiatives against Social Dumping

To ensure a fair and competitive market in the Danish labour market the WEA have launched a number of initiatives in corporation with the tax authorities, and the police. The initiatives aim at ensuring that foreign labour enjoys the same health and safety condition as the rest of the Danish labour market.

The initiatives included:

- A visible and concerted effort by the WEA, the tax authorities and the police sending a clear signal that social dumping is not accepted
- Nationwide inspections geared towards controlling for social dumping in cooperation with tax authorities and the police
- Ongoing proactive inspections to identify and react on social dumping

Accidents in certain industries

WEA also ran a campaign against accidents in three different sectors: Construction, freight transport, agriculture and forestry. The main goal was getting press stories in the media, which was accomplished. Furthermore, campaign material was made, with focus on good advice of how to avoid accidents. The material was available on The Danish Working Environment Authority's website.

Psychosocial inspections

In 2013 WEA carried out inspections, which only focused on the psychosocial working environment. These inspections were carried out in sectors where employees can be exposed to high emotional demands in work, violence or threats about violence. The sectors was furthermore chosen because of a higher risk of being granted disability pension, to take early retirement and to go on long term sick leave.

In 2013 following sectors have been subjected for psychosocial inspections:

- Residential care and private home care
- Prisons

In 2013 WEA conducted psychosocial inspections in 192 enterprises.

2014

Risk based inspections

The risk based inspections is the core inspection activity. The inspection objects (enterprises) are pointed out by an index model. The index model contains a number of parameters characterizing the enterprises (e.g. number of accidents or number of improvement notices from inspections) and the sectors (e.g. number of accidents and work related diseases). To these are added a number of random selected enterprises. The risk based inspections are “general” inspections targeted all kind of working environment issues. In 2014 WEA carried out approx. 27,000 risk-based inspections.

Detailed inspections

Detailed inspections are:

- Investigation of accidents
- Investigation of complaints
- Follow up inspections
- Special initiatives on physical disabilities

Special initiatives on psychosocial and physical disabilities

Inspections consist of 2 announced visits. The first visit has focus on dissemination of knowledge and guidance. After the first visit, the enterprise has 4 to 6 months to improve. The second visit is a follow up.

The sectors are chosen having early retirement, long term sickness absence etc. this year:

- Police
- Horticulture and landscaping
- Plastic-, glass- and concrete industry
- Electronic Industry
- Construction

Continuation of campaign to reduce accidents in the construction sector

4 x 2 days nationwide safety inspections targeting construction sites followed up by follow up inspections approximately 14 days later.

The inspections focused on the following:

- Work at heights
- Slips and trips at the same level
- Risks when using equipment and machinery
- Manual load handling
- Construction site organization
- Responsibilities in CDM(Construction design and management)

The WEA found that most of the companies at the construction sites were willing and able to learn from the deviations from the regulation. However the follow-up operations showed that a big part of these sites had new problems when inspected again.

Continuation of campaign targeted professional clients and construction planners

WEA invited relevant professional clients (representatives for the owner of a construction project) and construction planners for a meeting about the duties, possibilities and responsibilities of the client, followed

up by inspections at the client's construction sites. If WEA found problems at the client's construction sites, the client was again called in for a meeting to further discuss the problems and possibilities.

Special initiatives targeted Social Dumping

In Denmark there is a considerable political focus on social dumping. The purpose is to ensure that foreign workers have the same good working conditions as Danish workers.

WEA also control that foreign enterprises are registered in RUT (Register for Foreign Services).

- 8 nationwide and 14 regional actions are carried out in cooperation with the police and the tax authorities
- Ongoing proactive inspections to identify and take action on social dumping

Special initiatives targeted psychosocial working environment

Inspections in particularly psychosocially demanding sectors where employees can be exposed to high emotional demands, violence or threats of violence.

The sectors chosen were:

- Hospitals (psychiatric ward and nurses)
- Residential institutions (e.g. for psychiatric, maladjusted or disabled)
- Parking attendants

Initiation of special initiative to enforce the prevention of violence in municipal and regional working places.

A "Flying squad" has been established. The "Flying squad" has performed dialogue with the top managements in municipalities and regions to reveal challenges, dilemmas and best practice in prevention of violence. This initiative will continue in 2015.

2015

In 2015 WEA carried out approx. 27,000 risk based inspections.

The special initiatives on the psychosocial area continued in 2015 on:

- Day care centers
- Social workers
- Teachers

The special initiatives on physical disabilities were carried through in the building sector, the textile and paper sector, the nutrition and food sector, hairdressers and the farming and forestry sector.

In 2015 WEA continued the effort to secure orderly conditions in the Danish labour market. The effort included among other things the carrying out of joint inspections with the tax authority and the police. The coordination of the efforts was managed by the WEA. In 2015 were 8 nationwide joint inspections and 38 regional joint inspections conducted. Furthermore WEA started an intensified inspection effort towards social dumping on large infrastructure projects.

In the building sector 4 double building site actions were carried out. In connection with the actions, the building sites were visited again and at the second visit quite a large number of dangerous situations resulted in immediate improvement notices or prohibitions. Parallel were conducted dialogue and control with clients

and project supervisors and consultants in order to raise their focus on the preventive working environment via planning and coordination.

WEA investigated approx. 1,500 accidents at work and conducted 250 incidence inspections at enterprises with relative many reported accidents at work.

A measurement of the effect has shown a significant reduction of the number of accidents at work in a 3 year period, when WEA has conducted an inspection as result of a concrete accident at work at an enterprise.

Question from ECSR: *The Committee asks that further the information provided with respect to special inspections, the next report provides data on the total number of inspection visits by WEA and the number of staff assigned to occupational and health tasks in this framework, including inspectors.*

Total number of inspection visits by WEA and the number of staff assigned to occupational and health tasks.

	2012	2013	2014	2015
Number of	50,388	51,721	62,600	No data
Number of staff	665	721	716	No data
Number of	Approx. 400	375	365	No data

Question from ECSR: *The Committee therefore concludes that the situation was in conformity with the Charter on this point. However, it asked the next report to be more complete and specify the number of industrial accidents for all categories of workers, along with the origin of the accident or illness.*

TABLE 1: Accidents at work reported to the WEA 2009-2014 by gravity and year of notification

Gravity	Year of registration					
	2009	2010	2011	2012	2013	2014
1 Fatal accidents	44	39	40	40	36	37
2 Other serious accidents*	4,843	5,635	5,391	5,243	5,202	4,917
3 Other accidents	37,631	38,657	37,092	36,430	36,113	35,720
Total	42,518	44,331	42,523	41,713	41,351	40,674
*) <i>Serious accidents are accidents resulting in loss of body parts (amputations), bone fractures and injuries to major parts of the body (several body parts)</i>						
Total incidence rate per 100.000 workers	1,496	1,628	1,574	1,548	1,542	1,513

Table 1 shows the number of accidents at work reported to the Working Environment Authority (WEA). Accidents at work shall be reported to the WEA if the accident results in one day or more of incapacity to work.

TABLE 2: Number of inspection visits

	2009	2010	2011	2012	2013	2014
Total number of inspections	62,472	56,913	56,455	44,329	45,324	44,547
Including:						
Risk based inspections				27,984	27,190	27,365
Visits at companies with a high incidence rate				101	257	258
Number of investigations of serious accidents			1,861	1,897	2,146	2,239

TABLE 3: Industrial accidents	Reported				Recognized			
	Line of business/Year	2012	2013	2014	2015	2012	2013	2014
Number of cases								
Agriculture, hunting, forestry and fishery	434	456	500	431	328	334	261	270
Raw material extraction	30	24	35	32	34	26	19	17
Manufacturing	2,199	2,288	2,428	2,292	1,644	1,792	1,293	1,428
Electricity, gas, heat and water supply	195	226	230	212	172	181	119	131
Building and construction industry	1,918	2,109	2,197	2,062	1,442	1,604	1,216	1,233
Wholesale and retail	1,731	1,905	1,850	1,830	1,280	1,383	940	924
Hotel and catering	357	363	410	352	248	266	174	225
Transport agencies	1,720	1,765	1,801	1,658	1,294	1,360	944	910
Banking, financial institutions and insurance	210	207	208	231	147	173	122	101
Real estate, rental services etc.	1,593	1,702	1,834	1,705	1,093	1,239	787	844
Public administration, defence and social	2,020	2,065	1,882	1,769	1,461	1,608	982	749
Education	1,739	1,853	1,993	2,194	1,265	1,370	937	888
Health authorities and social organisations	3,710	3,986	4,346	4,313	2,596	2,931	1,828	1,715
Culture, entertainment and sports	733	748	983	955	533	591	384	508
Domestic work	8	8	8	10	1	6	5	4
Territorial organisations and institutions	0	3	3	3	1	0	0	1
Unknown	331	432	473	624	120	122	88	91
Total	18,928	20,140	21,181	20,673	13,659	14,986	10,099	10,039

TABLE 4: Industrial accidents	Reported				Recognized			
	Year	2012	2013	2014	2015	2012	2013	2014
Number of cases								
Type of injury								
Wounds, incised wounds etc.	1,396	1,472	1,684	1,599	1,075	1,264	934	1,111
Soft tissue injury	632	671	622	532	484	525	293	210
Bone fracture	2,608	2,644	2,784	2,764	2,158	2,496	1,756	2,384
Sprains etc.	8,864	9,056	10,298	9,848	6,215	6,483	4,188	3,954
Amputation	133	125	147	146	112	134	98	124
Other	1,773	1,953	2,026	2,249	1,314	1,491	1,053	962
Injury from chok	942	953	1,062	1,014	529	633	334	213
Death	32	41	25	30	22	21	14	10
Undisclosed	2,548	3,225	2,533	2,491	1,750	1,939	1,429	1,071
Total	18,928	20,140	21,181	20,673	13,659	14,986	10,099	10,039

TABLE 5: Occupational diseases	Reported				Recognized			
	2012	2013	2014	2015	2012	2013	2014	2015
Line of business/Year								
Number of cases								
Agriculture, hunting, forestry and fishery	318	328	311	318	92	105	60	93
Raw material extraction	48	39	33	35	18	25	13	22
Manufacturing	3,788	3,564	3,149	3,310	1,341	1,290	848	1,198
Electricity, gas, heat and water supply	167	173	155	169	51	63	19	47
Building and construction industry	2,023	1,966	1,770	1,745	710	752	536	718
Wholesale and retail	1,832	1,944	1,778	1,814	422	429	288	388
Hotel and catering	478	492	484	514	150	144	91	138
Transport agencies	1,136	1,148	1,065	1,060	148	193	119	188
Banking, financial institutions and insurance	261	268	227	269	33	44	24	52
Real estate, rental services etc.	1,349	1,455	1,396	1,420	215	242	161	260
Public administration, defence and social	3,028	3,180	2,991	2,602	560	533	365	468
Education	916	965	1,070	1,122	90	117	64	104
Health authorities and social organisations	2,989	3,095	3,054	3,472	664	690	404	626
Culture, entertainment and sports	770	741	738	746	170	161	89	157
Domestic work	5	5	3	4	0	1	1	1
Territorial organisations and institutions	1	1	3	4	2	0	0	0
Unknown	1,294	1,904	2,939	2,505	82	137	154	200
Total	20,403	21,268	21,166	21,109	4,748	4,926	3,236	4,660

Table 6: Reported occupational diseases, broken down by reported diagnosis

	2012	2013	2014	2015
	Number of cases			
Skin diseases	2,892	2,888	3,053	2,889
Hearing disorder	2,442	2,675	2,821	2,799
Lung conditions	570	566	598	538
Cancer	660	727	633	743
Shoulder and neck condition	2,774	2,869	2,511	2,517
Arm conditions	1,935	1,967	1,796	1,743
Other conditions in the locomotive apparatus	1,429	1,393	1,472	1,548
Back conditions	1,678	1,573	1,438	1,422
Mental illness/distress	4,483	5,096	5,495	5,539
Other	1,419	1,459	1,307	1,348
Undisclosed	121	55	42	23
Total	20,403	21,268	21,166	21,109

Table 7: Recognised occupational diseases, broken down by end diagnosis

	2012	2013	2014	2015
	Number of cases			
Cancer	162	203	183	231
Mental illnesses	187	210	228	234
Nervous disorders	146	146	108	117
Hearing disorders	1,102	1,045	642	1,095
Lung conditions	309	349	286	396
Skin diseases	1,787	1,737	1,046	1,616
Back conditions	251	234	463	619
Other conditions in the locomotive apparatus	651	634	125	142
Others	122	160	100	172
Undisclosed	31	208	55	38
Total	4,748	4,926	3,236	4,660

Article 3§3 – Consultation with employers’ and workers’ organisations on safety and health issues

New legislation and initiatives since the last report

National level - the Working Environment Council

General surveillance of trends and developments in the working environment is provided by the tripartite Danish Working Environment Council, which advises the Minister for Employment and the WEA and makes recommendations for priorities, improvements and legislative changes. An active dialogue is maintained among the parties. The twenty members of the Working Environment Council are appointed by the Minister from among the employers' organisations, the Trades Unions and the Local Authorities' Association. The appointments are for four-year terms and the Council meets monthly.

According to article 66 in the act the Working Environment Council shall participate in the organisation and performance of all working environment work through providing consultancy for the Minister for employment and issuing recommendations to the Minister for Employment on:

- The overall objectives and setting of priorities for working environment work
- Allocations of the resources which are made available under section 68 between sector working environment councils and the Working Environment Council
- Following up the work of the Working Environment Council

The Working Environment Council shall on its own initiative discuss matters which it finds of importance to the working environment and shall give its opinion on such matters to the Minister for Employment. For the purpose of the Council's political discussions and setting of priorities, it may implement development and analysis activities of a cross-disciplinary nature. The Council shall issue opinions before the Minister for Employment approves sector working environment councils in pursuance of Section 14(1).

Through representatives appointed by the Council from amongst its members or from the outside, the Council shall participate in the drafting rules and submitting proposals for new rules, drawing their authority from this Act. Furthermore, the opinion of the Council shall be obtained before such rules are laid down.

Each year, the Working Environment Council shall issue a report to the Minister for Employment concerning developments in the working environment, and improvements which the Council considers desirable.

Workplace level - Health and safety organisation (HSO)

Collaboration between employer and employee is a fundamental element in the Danish Working Environment Act. The employer is the responsible party.

If an enterprise has ten or more employees, collaboration must be through a formal HSO. In small enterprises with less than ten employees, the employer must facilitate informal collaboration with employees.

All members of the HSO must complete mandatory HSO training (5 days during the first year) and later the members are entitled to complete supplementary training (1½ days per year after the first year).

All companies with employees shall conduct annual HSO discussions. In these discussions it should be assessed whether the goals of the previous year have been achieved and there should be laid down goals for next year and determined how collaboration is to take place and finally all should be documented.

Scope of the provisions as interpreted by the ECSR

Paragraph 1: The implementation of an occupational health and safety policy must include the adoption of framework legislation dealing with all aspects of health, safety and working conditions, as well as the adoption of regulations on specific risks concerning dangerous agents and substances (in particular, asbestos, ionising radiation and chemical substances). All workers –including temporary and self-employed workers–, all workplaces and all sectors of activity must be covered by occupational health and safety regulations.

Paragraph 2: States party must provide for the enforcement of health and safety regulations by measures of supervision. Compliance with this undertaking is assessed by taking into account developments in the number and frequency of work accidents and occupational diseases, as well as the setting up and maintenance of an effective inspection system (that is, conducting a “minimum number of inspections on a regular basis” and putting in place an efficient and dissuasive system of penalties in the event of breaches of the regulations).

Paragraph 3: Authorities shall consult employers’ and workers’ organisations when formulating national policies and strategies in this area. The health and safety regulations must be drawn up in consultation with employers’ and workers’ organisations.

Article 11

Right to protection of health

Article 11§1 – Removal of the causes of ill-health

The Danish healthcare system is universal and based on the principles of free and equal access to healthcare for all citizens. The healthcare system offers high-quality services, the majority of which are financed by general taxes.

The right to treatment, diagnosis and free choice of hospital

All residents in Denmark have access to the public healthcare system, and most services are provided free of charge. National legislation ensures that diagnosis and treatment are provided within certain time limits and establishes a free choice of hospital for patients.

The regions are required to ensure that any patient referred to a hospital is assessed with a view to diagnosis within one month from the date of referral. If, for medical reasons, it is not possible to determine the condition of the patient within one month, the patient must receive a detailed plan to ensure further investigation of his/her health problem, including, for example, further examinations at another public or private hospital.

If the hospital, due to problems of capacity, cannot ensure that treatment will be initiated within 30 days, patients have the right to a so-called ‘extended free choice of hospital’. This means that patients may choose freely among all public or private hospitals in Denmark and abroad. The extended free choice of hospital covers not only the treatment itself but also the assessment with a view to diagnosis.

Patients’ Rights

Legal rights

In order to ensure patients’ legal rights, a number of acts have been passed on patients’ rights and the possibility to complain about treatments and receive compensation for injuries caused by the health care system. The aim of these laws is to create a set of rules to ensure patients the best possible treatment and care in all situations. The main parts of patients’ legal rights are gathered in the Health Act and in the Law on Claims and Compensation within the Health Care System.

Health care professionals are obliged to inform the patient about the illness, the possibility of treatment, the side effects etc. with a view to gaining the patient’s consent to the treatment, the so called “informed consent”.

It is also possible to set up a “living will”, informing health care professionals about one’s wishes regarding pain, treatment and prolongation of life treatment if the patient is no longer able to communicate.

Patients have a right to see their own medical records free of charge, and health care professionals have the obligation to interpret case records if the patient so wishes.

Health care professionals must not disclose any information regarding an individual patient. Such information can only be passed on to another authority/health care professional according to the provisions in the Health Act.

The Danish Patient Safety Authority

The Danish Patient Safety Authority was established in 2015 with the objective to ensure a high level of patient safety.

The Danish Patient Safety Authority is an impartial public authority that is responsible for certain tasks in relation to patient safety: complaints and secretarial services for the Disciplinary Board of the Danish Health Services, secretarial services for the Patient Compensation Appeals Board, supervision with healthcare professionals, learning and international health insurance.

Complaints

A complaint system regarding professional treatment in the health care system was established in 1988. In 2011 The Disciplinary Board of the Danish Health Services became part of The National Agency for Patients' Rights and Complaints, which was replaced by the Danish Patient Safety Authority in October 2015. The Patient Safety Authority functions as a single point of access for patients who wish to complain. Patients may choose whether they complain about a treatment or a specific health care professional.

When a patient has submitted a complaint about the professional treatment in the Danish health care system, the patient is offered a dialogue with the hospital. After this dialogue the patient may decide whether to abide the complaint and have it tried at the Patient Safety Authority or to withdraw the complaint.

1,710 patients chose a dialogue, and 1,103 dialogues were held in 2015. 449 patients chose to withdraw their complaint after the dialogue.

When a patient has submitted a complaint about the treatment provided by certain health care professionals, the Disciplinary Board of the Danish Health Services decides whether there are grounds for criticism of the professional treatment, e.g. when health care professionals have not acted in accordance with commonly agreed professional standards. The Patient Safety Authority provides secretarial services to the disciplinary board. The authority publishes decisions concerning health care professionals, who seriously or repeatedly have disregarded patient rights.

The agency/authority received 5,380 new complaints about a treatment or about a specific health care professional in 2015, which is 6 % less than the year before where 5,700 were received.

57% of the patients chose to have the complaint (about professional treatment) tried at the agency/authority and thus 43 % chose to have the complaint (about specific health care professional) tried at the disciplinary board. This is an increase in percentage of cases, where patients choose to complain about treatment.

Decision authority	2011 - 2012	2013	2014	2015
Disciplinary Board	70%	51%	45%	43%
The agency/authority	30%	49%	55%	57%

Patients may also complain about patient rights that have been overridden, e.g. right to see own medical records, free choice of hospital, right to treatment abroad if the treatment is not available in Denmark. The agency/authority received 1,107 cases in 2015.

Compensation

Patients may seek compensation for injuries caused by examination or treatment in hospitals or by authorized health care professionals in private practice through a compensation system, which was set up in 1992.

The compensation system has two review bodies. Claims for compensation are to be sent to the Patient Compensation Association. The Patient Compensation Association determines whether a patient should be compensated, and the regions or the insurance company of the private healthcare provider pay the compensation.

Decisions made by the Patient Compensation Association may be appealed by the involved parties to the Patient Compensation Appeals Board. The Patient Safety Authority provides secretarial services to the appeal board.

According to the Law on Claims and Compensation within the Health care System, compensation is granted in the following situations: If an experienced specialist would have acted differently and the injury hereby would have been avoided; if there are complications that could not have been avoided but exceed what the patient in fairness should endure; if there has been a failure in the medical equipment; or if the injury could have been avoided if another equal method had been used.

Patients may also receive compensation for injuries caused by medicinal products.

The compensation covers health expenses, pain and suffering, permanent injury, loss of earnings and/or work capacity relating to treatment. In case of death, compensation can be paid for the loss of the provider and the coverage of funeral expenses.

10,617 claims were submitted to the Patient Compensation Association in 2015. The Patient Compensation Appeals Board received 3,097 cases.

The appeal board changed 13 % of the appealed decisions made by the Patient Compensation Association.

Supervision of health care professionals

The Patient Safety Authority is obliged to supervise that treatments are conducted in a safe way by both the individual health care professional and by the health care institutions. The task was overtaken from the Danish Health Authority in 2015.

A new strategy has been implemented, which changed the previous supervisory function towards a risk-based and proactive supervisory function. The plan aims to modernise the supervision of health care professionals and the general supervision of the health sector. The authority therefore assesses the areas where patient safety is most at risk based on the available relevant data and reports.

Based on the supervision, the authority publishes the names of health care professionals, who have received an enforcement order, are under intensified supervision, have restrictions in their authorization or have had their authorization taken.

The authority submits particularly serious cases to the public prosecutor with a view to bringing the cases before a court.

The authority makes recommendations on how authorized health care staff exhibit the due diligence and contentionsness.

The authority is also responsible for the authorization of health care professionals, certifying foreign doctors to ensure their ability to perform as physicians according to Danish standards.

Learning

The Danish Patients Safety Authority is responsible for the administration of the system for reporting adverse events within the health care system, and ensures that the knowledge gained from these incidents as well as from patient and liability suits are used preventively.

International Health Insurance

The Danish Patient Safety Authority offers guidance on rights to health care in other countries in accordance with Danish legislation, EU regulations and other international agreements.

Other healthcare institutions

The Danish Health Authority is responsible for health promotion, prevention and treatment of disease, which focuses on a wide range of areas of preventive interventions, radiation protection, training of health professionals, health emergency services and planning of health care. The authority has also tasks in the professional area of elderly and dementia care.

The Danish Medicines Agency authorises and inspects pharmaceutical companies and licenses medicinal products in the Danish market, monitors adverse reactions from medicinal products and authorises clinical trials, decides which medicines are eligible for reimbursement, monitors medical devices available in Denmark and supervises adverse incidents involving medical devices. The agency also appoints proprietary pharmacists, organises the pharmacy structure and supervises pharmacies and retailers.

Hospital waiting times

The table below contains updated information on the average experienced waiting time for planned hospital surgery. The data is collected from the National Patient Registry administered by the Danish Health Data Authority. Since the last report, the average waiting time has fallen from 54 days to 48 days.

Average experienced waiting time for planned hospital surgery, days 2001-2015													
Days	2001	2003	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Denmark	90	77	57	58	60	64	67	58	54	52	51	49	48

Notes: The present registration definition was implemented on 1 January 2004. The experienced waiting times for 2001 and 2003 are calculated to enable comparison with the waiting times of the remaining years. The figures include planned activity at public hospitals as well as private hospitals and clinics that are paid for by the public.

Source: National Patient Registry

The table below contains data collected from esundhed.dk, which is also based on data from the National Patient Registry. The table indicates the national average experienced waiting time on 17 selected operations.

Average waiting time on selected operations (days)					
	2011	2012	2013	2014	2015
Hernia	56	56	56	62	62
Gallstones	46	46	43	45	48
Kidney Stones – operation	37	38	31	31	29
Kidney Stones – blasting	45	41	46	34	32
Prostate	56	59	48	51	47
Sterilization, male	61	54	79	78	72
Artificial hip	51	49	51	55	55
Artificial knee	50	56	56	59	60
Reconstruction of ligaments in knee	59	66	63	56	48
Meniscus – operation	48	49	50	45	42
Varicose veins	91	92	85	75	72
Spinal disk herniation	45	47	49	55	48
Uterine prolapse	77	68	69	65	59
Removal of uterus	49	48	50	50	50
Sterilization, female	96	56	61	52	46
Cataracts	99	84	85	89	93
Removal of tonsils	51	47	48	45	42

The Danish Healthcare Quality Programme

In 2016, a new national healthcare quality programme was launched by the government together with the regions and the municipalities. The programme establishes a framework for continuously improving the quality of care in the healthcare system. Over the past 10-15 years, the quality of care in Denmark has improved, and the vision is to further enhance the quality of healthcare and to provide world-class treatment for each patient. Hence, the vision of the new quality programme is to provide even better quality for the individual patient, but also to generate higher treatment standards in a more efficient way. The Danish Healthcare Quality Programme introduces a new approach that puts even stronger emphasis on the expertise and skills of healthcare professionals and less emphasis on process-related registration requirements. In this way, the new Danish Healthcare Quality Programme is about cutting red tape as well. The Danish Healthcare Quality Programme thus represents a new and non-bureaucratic way of addressing quality in healthcare, serving as a driving force for regional and local quality improvements. The programme is implemented through different initiatives.

As a first step, Denmark has established a set of ambitious national goals for the quality of care. The national goals reflect the top political priorities in the healthcare system and will serve a governance tool to ensure that all levels of the system – state, regions, municipalities and GP's – will work towards the same goal of providing world-class healthcare. The national goals are supported by a number of local goals and activities aiming to achieve local improvements across Denmark. The national goals will also make it easier to assess which areas are in need of improvements and identify efforts that make a positive difference for patients in

the Danish healthcare system. Besides the national goals, the Danish Healthcare Quality Programme presents the following initiatives:

- Systematic consideration of the needs of the individual patient
- Good management at all levels in the healthcare system
- Learning teams that disseminate knowledge and best practice
- Systematic use of data that creates visibility of results
- Governance and incentives to support high treatment standards for the patient

The Danish Healthcare Quality Programme is inspired by inputs from healthcare professionals and their organisations, patients and patient associations as well as by successful approaches abroad. The framework will be further developed and implemented in cooperation with all parts of the healthcare system including the regions, municipalities, and patient associations.

Question from ECSR: *“Is there in Denmark a requirement for transgender persons to undergo sterilization as a condition of legal gender recognition”. Referring to its question on this matter in the General Introduction*

In Denmark legal gender recognition for transgender persons do not require (in law or practice) that they undergo sterilization or any other invasive medical treatment which might impair their health or physical integrity.

Article 11§2 – Advisory and education facilities

No changes have been made since the previous report.

Article 11§3 – Prevention of diseases

Drug abuse

With regard to drug abuse, some major initiatives within medical treatment and harm reduction have been taken since the 32nd report in 2011.

Drug consumption rooms

In 2012, a Bill on drug consumption rooms was passed by the Danish Parliament and from then on, the Minister for Health has been empowered to permit, at the request of a municipal council, the establishment and operation of drug consumption rooms for persons aged 18 years or above with a severe dependency resulting from long-term and continuing abuse of narcotic drugs.

With regard to the practical implementation of the legislation on drug consumption rooms, the municipal councils of the three largest cities in Denmark have been given permission by the Ministry of Health to establish drug consumption rooms.

In 2015, an evaluation was carried out on the basis of the 2014 annual reports provided by the municipal authorities of the three cities with permission to establish and operate drug consumption rooms. Please find enclosed (Annex 1 – drug consumption rooms) a translation into English of the most relevant parts of the evaluation.

In 2016, a fourth city has been given permission. This took place recently, and the drug consumption room of this city is not yet in operation.

Extension of the heroin prescription programme

In 2013, the Danish Health and Medicines Authority carried out an evaluation of the programme for prescribed heroin to drug abusers – a programme mentioned in the 32nd report from 2011.

The conclusion of the evaluation was that the programme has been successful with regard to improving the social situation of the drug abuser, limit the abuse of illegal drugs, lower the crime rate, and reduce the risk behaviour. For additional information please see:

<https://sundhedsstyrelsen.dk/en/publications/2013/~~/media/59ADB080DBC84FC283EAED55A24C0AE2.ashx>

It was also concluded that some heroin abusers could not be accommodated within the then-existing programme and the Danish Health and Medicines Authority recommended that the programme was extended with the use of heroin in tablet form.

Subsequently, the programme was extended in accordance with this recommendation in order to include these abusers in the programme.

Safety

The aim of the Danish Veterinary and Food Administration is to promote safety, health and growth from stable to table.

This means that the Danish Veterinary and Food Administration aims to reduce the risk of contamination detrimental to health to a minimum, so that consumers have a wide selection of safe food products and diets

which to an ever greater extent comply with simple advice on nutrition.

Easily accessible advice and targeted marking schemes are intended to make it easier for the consumers to choose among the many food products in Danish shops. Healthier eating habits and less people becoming sick from food are some of the focus areas of the Danish Veterinary and Food Administration.

Within the framework of the vision to promote healthy eating habits and improve the high rate of food safety the Danish Veterinary and Food Administration is currently implementing the following initiatives:

- Adjustments – to make the production and the turnover of foodstuffs as safe and transparent as possible
- Action plans to contribute to the combating of microbiological and zoonotic risks
- Guidelines for businesses and private individuals – to give information, e.g. on safe food production and increase consumer awareness on food safety and health
- Information campaigns to widen knowledge on healthy food, nutrition, advice on food and good routines as regards the production of food privately and in food businesses
- Dialogue with the customers of the Danish Veterinary and Food Administration to give and collect information on the development in the area of food administration

Legislation concerning food hygiene covers the production process as well as the sale of all types of foodstuffs. In particular the rules concerning the hygienic conditions in the production process are very strict. The authorities keep control on all companies that produce or sell all types of foodstuffs. The control includes inspections and laboratory control.

Both the food hygiene and the control provisions are laid down in compliance with international standards.

The control systems are based on the "stable to table" philosophy and consequently the same authority keeps control on all hygienic conditions in all steps.

The legislation on hygiene of foodstuffs is laid down in Danish orders that complement the EU legislation. These orders are:

- Order on hygiene of foodstuffs (order no. 11 of 7 January 2016)
- Guideline on hygiene of foodstuffs (guideline no. 9236 of 29 April 2014)
- Order on mussels (order no. 978 of 26 August 2015)
- Order on approval and registration of food business and own-check systems (order no. 1356 of 27 November 2015)
- Guideline on approval and registration of food business (guideline no. 9007 of 9 January 2015)
- Guideline on microbiological criteria for foodstuffs (guideline no. 9044 of 27 January 2015)
- Circular on practise of the control in the meat establishments (circular no. 9611 of 16 December 2011)
- Order on labelling (order no. 1355 of 27 November 2015, link: <https://www.retsinformation.dk/Forms/R0710.aspx?id=175746>)
- Guideline on labelling (guideline of April 2016, link: <https://www.foedevarestyrelsen.dk/SiteCollectionDocuments/Kemi%20og%20foedevarekvalitet/Maerkning/Maerkningsvejledningen-April-2016.pdf>)
- Order on food inspection and publication of food inspection results (order no. 1004 of 17 September 2014)
- Guide on inspection frequencies, link: http://www.foedevarestyrelsen.dk/fvst_ansvar_opgaver/Sider/Kontrolfrekvensvejledningen.aspx
- Inspection Manual, link: <http://www.foedevarestyrelsen.dk/SiteCollectionDocuments/Kontrolstyring/Kontrolvejledning/Samlet>

[kontrolvejledning.pdf](#)

The most common zoonosis in Denmark is campylobacter. Action/monitoring programmes have been established for campylobacter in the broiler production and for salmonella in pigs, poultry, eggs and cattle. The programmes for salmonella are laid down in Danish orders that complement the EU legislation. These orders are:

- Order on the control of salmonella in hatching egg layer flocks and pullets reared for them (order nr. 952 of 10 July 2013)
- Order on salmonellosis in poultry and salmonella in poultry flocks and poultry meat (order no. 1512 of 13 December 2013)
- Order on the control of salmonella in table egg flocks and pullets reared for them (order no. 227 of 2 March 2015)
- Order on salmonella in cattle (order no. 537 of 1 June 2016)
- Order on salmonella in pigs (order no. 539 of 1 June 2016)

The action/monitoring programmes have been successful and the occurrence of disease caused by Salmonella has dropped significantly within recent years.

Denmark has a surveillance programme for BSE/TSE in cattle, sheep and goat in accordance with EU-Regulation (EC) No 999/2001 of the European Parliament and of the Council of 22 May 2001 laying down rules for the prevention, control and eradication of certain transmissible spongiform encephalopathies, link: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CONSLEG:2001R0999:20110318:DA:PDF>

The Danish programme is laid down in the following orders, guideline and circular:

- Order on surveillance and control of BSE/TSE in cattle (order no. 499 of 26 May 2011)
- Order on surveillance and control of TSE in sheep and goat (order no. 1288 of 20 December 2011)
- Guideline on handling specified risk material (guideline no. 9796 of 23 December 2005)
- Circular on control on handling specified risk material (circular no. 9823 of 23 December 2005)

A detailed description of Food Safety in Denmark can be found in the Country Profile of Denmark published by The European Commission, Health and Consumer Directorate- General, Food and Veterinary Office. You can find the Country Profile here:

http://ec.europa.eu/food/audits-analysis/act_getProfile.cfm?pdf_id=367

Question from ECSR: *Please indicate the measures taken (administrative arrangements, programmes, action plans etc) to implement the public health policy and the legal framework:*

Prevention of air pollution and prevention of water pollution

Air

The Ministry of the Environment and Food has laid down provisions for air quality in accordance with EU-directives. The air quality is monitored at 12 monitoring stations. The EU limit value on particles is being complied too at all stations, and just one station is remaining for compliance on NO₂, which is expected to take place by 2017.

In order to further reduce air pollution and the consequent health impact, a number of measures have been implemented. The most significant measures are:

- Low emission zones have been introduced in the five most densely populated municipalities. Here heavy lorries and busses are required to maintain the newest vehicle standards or retrofit particle traps

- Tax subsidies have been introduced in 2006 for light duty and passenger vehicles fitted with particle traps
- A new executive order from 2015 further improves the emissions standards required from new wood-stoves, and a Guidance Document for the municipal regulation of local pollution from wood-stoves
- 75 mio. DKK are allocated to a scrapping scheme for old wood-stoves in 2015-16
- SCR cleaning systems have been installed on 300 public buses running through the center of Copenhagen and Frederiksberg, reducing NO₂ and particles in the center of the city
- New sulphur requirements for ships in the waters around Denmark started from 2015, and a comprehensive control from the air and in Danish harbors have been set up to ensure that all ships are complying and thereby reducing pollution with sulphur and particles

Water

The regulation for the protection of the drinking water resource in Denmark is a.o. given by the Water Supply Act, The Soil Protection Act and the Environmental Protection Act and associated Statutory Orders from the Ministry of the Environment.

The Water Supply Act, (No. 1584 of 10. December 2015) focuses a.o. on regulations related to licences to abstract ground water, mapping of the groundwater resource, vulnerability assessments and planning of groundwater protection and protection of groundwater resources and regulates water resource planning.

The objective of the regulation for groundwater protection is thus, to ensure that the drinking water resource is protected and remains protected from activities and impacts posing a threat to the quality of our main water resource. Cleaning of groundwater for drinking water purposes is very seldom used in Denmark.

In the Statutory order "Water quality and supervisions of waterworks" (No. 802 of 1. June 2016) the maximum permissible concentration of constituents in water are stated. The values and the limits in this order are in accordance with the [EU-directive 98/83/EC](#) on the quality of water.

The Danish EPA has published health based guidelines on methods for establishing quality criteria for chemical substances in soil, air and drinking water (No. 5, 2006).

The Danish EPA has issued guidelines (no. 3, 2005 and no. 9095, 2013) for the municipal authorities monitoring of drinking water quality and supervision of water supplies as an amendment to Statutory order no.802 mentioned above. The background for the guidelines are that water supply from especially private wells supplying a single household and to a lesser degree private water works often produce water of poor quality. Reasons for this are in part deficient technical installations and the borings location relative to pollution sources. The objective of the guidelines is to strengthen the procedures for water quality by increasing the local authorities' options for detecting deterioration in water quality and addressing the problem at an early stage. It is also the objective to improve the supervision of the effectiveness of water treatment.

Planned new activities in drinking water areas are covered by the Planning act and shall therefore be subject to an impact assessment of the activity pollution threat to the drinking water resource.

One of the objectives in The Soil Contamination Act is to prevent, eliminate or reduce soil contamination to hinder harmful impact of soil contamination to groundwater, human health and the general environment and the Environmental Protection Act focuses in terms of groundwater protection on the responsibility of owners

of industrial, agricultural activities as well as land- and property owners in general to ensure that their activities do not give rise to a pollution threat to groundwater.

Prevention of soil pollution

The Environmental Protection Act prohibits the discharge of polluting substances on the ground. This is however not sufficient as there are already existing contaminated sites or areas where the soil is contaminated. The Act No. 370 of June 1999 (with subsequent amendments) covers these problems. The Act set rules for investigation, remediation/risk reduction and soil management. According to the act contaminated soil that possess a risk to residential houses, kindergartens, public playgrounds and present and future drinking water resources, should be remedied. In case of slightly contaminated soil (e.g. diffuse contamination in cities) it is in most cases not necessary to remedy the polluted soil. Instead the citizens are informed by the authority about how contact to the soil can be reduced. To ensure that contaminated soil does not create new problems when moved to another location, contaminated soil and soil from city areas that are excavated and moved to another location should be notified to the authorities.

Danish EPA has published a number of guidelines to support the regional and local authorities administration. The most important are: 1) Guideline no. 8, 2000 "Mapping of contaminated sites", 2) Guideline no. 6, 1998 (main text) and no. 7, 1998 (appendix) "Remedy of contaminated Sites", 3) Guideline no. 7, 2000 "Advices to citizen in slightly contaminated Areas", 4) Guideline no. 2, 2009 "Remedy of contamination from domestic heating tanks". The total yearly budget of the regions for investigation and remedy of contaminated sites is approximately 420 mio. DKK.

Protection against noise pollution

Both the Spatial Planning Act and the Environmental Protection Act include prevention of noise annoyance in their objects clause. (Planloven: LBK 1529 af 23/11/2015; Miljøbeskyttelsesloven: LBK 1189 af 27/09/2016) The Working Environment Act consists the frame for protection against damaging and annoying noise at the workplace. (LBK 1072 af 07/09/2010)

Passive prevention

According to the Spatial Planning Act, noise impacted areas cannot be planned for noise sensitive use, unless the plan includes means to reduce the noise (such as noise barriers). An area is noise impacted if the noise level exceeds the recommended noise limits published by the Danish Environmental Protection Agency. This rule prevents future dwellings, schools, and institutions etc. from being subject to noise pollution. In addition the Danish building legislation sets criteria for the indoor noise level from road and rail traffic, as well as to the noise from technical installations of the building and to noise insulation between dwellings.

Active prevention

Denmark has implemented the Directives 85/337/EØF from 27 June 1985 and 2003/35/EF from 26 May 2003, ensuring that environmental impact statements are made prior to several projects, including roads, railways, airports, and larger industries. For all projects, the noise impact is analyzed whenever this is relevant, and emphasis is put to keeping of the recommended noise limits. The same aim is present in the road rules, which are guidelines for road construction published by the Road Directorate.

Many types of industries and enterprises are so-called "listed enterprises" and must as such apply for and obtain an environmental permit prior to going into operation according to the rules in the Environmental Protection Act. The environmental permit contains specific noise limits, and for new enterprises these are

also, as a main rule, subject to the recommended noise limits. Airports and airfields are among the “listed enterprises” as well as many noisy leisure time installations (shooting ranges, motor racing tracks, etc.).

Measures against noise

If an industry or an enterprise, which is not a “listed enterprise”, causes annoying noise, the Environmental Protection Act enables the authorities (generally the municipalities) to take measures against the noise. Measures can also be taken against noise from workshops, shops, construction activities, restaurants, sports centers, recreation centers, etc. The decision is generally based on a comparison of the noise level to the recommended noise limits, and in the decision on which measures to take emphasis is put both to the noise impact and the practical and economical possibilities to reduce the noise.

The act cannot in general empower measures against noise produced by private individuals, or against noise from road or rail traffic.

Reduction of traffic noise

The major part of the environmental noise problems in Denmark are caused by road traffic.

Denmark has implemented the Noise Directive 2002/49/EF of 25 June 2002, and the second round of noise mapping is noise action planning is completed. The Danish Environmental Protection Agency has informed the obliged municipalities and authorities about noise action plans and the possibilities they have to reduce road traffic noise. Even if a relative small number of municipalities have to make mandatory noise action plans, it is believed that knowledge about reduction of road traffic noise is well spread, and several municipalities have decided to use low-noise asphalt in general when maintaining roads.

In 2013 a national noise mapping was carried out. The statistics indicates that about 724,000 dwellings in Denmark are exposed to road traffic noise exceeding the recommended limit of 58 dB Lden. Of these, about 141,000 dwellings are exposed to noise levels exceeding 68 dB Lden.

Comparing the results of the latest national noise mapping there has been a favorable change in the noise exposure from 2007 to 2012. The number of dwellings exposed to noise levels of 58 dB and above has decreased by 8% - and most significantly, the number of severely affected dwellings at noise levels of 68 dB Lden and above has decreased by 26%.

Within the period of 2012-2015 the Danish Road Directorate has spent about 9 million € installing noise barriers along the existing national road network, which has reduced the number of dwellings exposed to road traffic noise above 58 dB Lden by 520.

The Road Directorate estimates that the expansion of existing roads or construction of national roads in new layouts, in total 15 roads, has reduced the traffic load on municipal road subsequently reducing the number of dwellings exposed to road traffic noise above 58 dB by another 1,000. Constructing the roads about 20 km highway was paved with noise-reducing asphalt layers.

Additionally 2 million € were spent for a noise insulation subsidy scheme, which resulted in noise insulation of facades of 500 dwellings.

In 2012 Banedanmark (Danish Rail) made a complete mapping of the noise exposure of dwellings along all national railway lines in Denmark. Based on the mapping a final noise abatement round was conducted in 2013-2014 offering subsidies for noise insulation of dwellings exposed to noise below 65 dB LAeq and above 64 dB Lden.

At the same time an extra noise abatement round was launched for all dwellings along railway lines exposed to noise above 64 dB Lden or 85 dB Lmax at the façade, giving the neighbors a possibility to apply for subsidies.

It was also possible for the neighbors to apply for subsidies of 50 % for noise screens.

The noise abatement programme comprises 22,750 dwellings of which 4,400 dwellings are protected by noise screens and 18,350 were given an offer on subsidies to insulate their dwellings. In total 8,950 dwellings are now protected against railway noise.

Since 2009 Banedanmark has also worked with innovative projects, with the purpose of finding more cost effective solutions to reduce the noise along the railway lines. However, upgrading existing lines or constructing new lines dwellings exposed to noise above the national guidelines are protected by noise screens and façade insulation.

Article 12

Right to social security

Article 12§1- Existence of a social security system

New legislation and initiatives since the last report

Unemployment benefits

In Denmark unemployment insurance is a voluntary scheme administered by the unemployment insurance funds. The unemployment insurance funds are private associations of employees or self-employed persons organised for the sole purpose of ensuring economic support in the event of unemployment. Unemployment benefits are, however, largely financed by the State.

To be entitled to unemployment benefits persons who become unemployed, must have had at least 1,924 hours (52 weeks) of work within the last three years and have been a member of an unemployment insurance fund for at least one year.

Unemployment benefits are provided for up to five days per week according to fixed rules. Unemployment benefits can be paid up to a maximum of 90% of the member's previous work income, however, no more than the maximum rate of unemployment benefits of DKK 4,180 per week (2016 level). A member has a right to unemployment benefits for a maximum of two years in total within three years. The right to unemployment benefits lapses when the member attains the retirement age.

The Danish system differentiates between the situation for the unemployed insured persons and the unemployed uninsured persons. It is up to the individual whether to join an unemployment insurance fund and thus be insured against unemployment. Uninsured persons have to apply for social assistance at their local municipality.

Unemployment insurance – amendments

Act No 152 of February 28 2012 on amendment of the Act on Unemployment Insurance. The act introduced a simplification of the rules e.g. for the enrolment and transfer of membership in an unemployment insurance fund as well as abolition of the combi-insurance (for workers who is both employed and self-employed), educational benefits etc.

Act No 267 of March 27 2012 on amendment of the Act on Unemployment Insurance and the Act on an Active Employment Measure. The act concerns a temporary extension of the period in which an unemployed can receive unemployment benefits.

Act No. 1374 of 23 December 2012 on an education scheme for persons who have exhausted their right to unemployment benefit. The act introduced a temporary special education allowance (særlig uddannelsesyndelse) for people who exhausted their right to unemployment benefits during the first half of 2013.

Act No. 790 of 28 June 2013 on amendment of Act No. 1374 of 23 December 2012 on an education scheme for persons who have exhausted their right to unemployment benefit etc. The act concerns a temporary extension of the period in which an unemployed can receive special education allowance.

Act No. 1610 of 26 December 2013 on amendment of the Act on Unemployment Insurance and the Act on an Active Employment Measure etc. The act introduced the temporary labour market benefit (midlertidig arbejdsmarkedsydelse) to full-time insured unemployed persons who exhausted their right to unemployment benefits in the 1st half of 2014.

Act No. 720 of 25 June 2014 on amendment of Act on benefits during sickness, the Act on Unemployment Insurance etc. The act introduces the right to unemployment benefits to unemployed persons during the first 14 days of sickness.

Act No. 1486 of 23 December 2014 on amendment of Act on an Active Employment Measure and the Act on Unemployment Insurance etc. The act concerns the implementation of a more intensified contact between the unemployed person and the public employment service/unemployment insurance fund, better opportunities for getting an education boost for unemployed who are unskilled or with outdated educations, and the long-term unemployed will receive a more intensive and individually tailored effort. (Employment Reform 2014).

Act No. 174 of 24 February 2015 on Temporary Labour Market Cash Benefit (kontantydelse). The act introduced a temporary labour market cash benefit, payable in respect of persons who from October 2015 exhausted their right to unemployment benefits and temporary labour market benefits, and who are not eligible for full social assistance.

Act No. 624 of 8 June 2016 on amendment of the Act on Unemployment Insurance and the Act on an Active Employment Measure etc. The act introduced a reformation of the Danish unemployment benefit system. The changes in the Danish unemployment benefit system will enter into force in two phases - on 2 January 2017 and on 1 July 2017.

Family Benefits

Cash family benefits comprise family allowances (child and youth allowances, awarded to all families with children) and child allowances (a range of benefits primarily awarded to single parents, see details below).

The benefit system also includes a range of additional benefits, several of which are targeted at special groups or provides benefits of higher levels for families with children. These benefits are immediately available to all families residing in Denmark. They include, but are not limited to, housing benefits, social assistance, subsidies towards the cost of day care facilities, and help towards reasonable expenses in situations of emergency. In themselves, subsidies towards the cost of day care facilities amount to more than the total amount of family and child allowances.

Both family and child allowances are tax exempted and are generally independent of income. However, special child benefits to pensioners and students child allowance are means tested.

Rates of child and family benefits as at January 2016:

Family allowance amounts to:

- 0 – 2-year old child: DKK 17,880 annually
- 3 – 6-year-old child: DKK 14,148 annually
- 7 – 17-year old child: DKK 11,136 annually

Child allowances include the following allowances and benefits:

- Ordinary child benefit is payable to single parents and to parents who both receive a pension under the Act on Social Pensions. The allowance is DKK 5,432 annually
- Extraordinary child benefit is payable as a supplement to the ordinary child allowance to a single parent who has the child living with him/her. The allowance is DKK 5,536 annually irrespective of the number of children

- Special child benefit is payable to children who have lost one parent or both parents, or when paternity has not been determined. Furthermore, a child may qualify for the benefit if one or both parents receive a pension under the Act on Social Pensions and in some other situations. The benefit is DKK 15,684 annually per child. An orphan, however, receives twice this amount
- Multiple birth allowance is granted in the event of multiple births and until the children reach the age of 7. The multiple birth allowance is DKK 8,956 annually for each child, except for the first
- Adoption allowance is granted to adopters of a foreign child through one of the recognised adoption organisations. The allowance is DKK 51,583 and is payable as a lump sum to cover some of the expenses incurred in connection with the adoption
- Student's child allowance: Parents pursuing an education and having a child living with them are entitled to an allowance of DKK 7,132 annually. A parent can only receive one such allowance and there is only paid one allowance per child
- Supplementary child benefit in trainee or school practice: Family breadwinners can in certain periods of training or education receive a supplementary child benefit of 55 percent of the difference between his or her trainee or school practice allowance (incl. any other income) and the state education grant with a breadwinner allowance. The supplementary child benefit will lift their total income to a level equivalent to the comparable state education grant with a breadwinner allowance

A parent entitled to receiving child maintenance from the other parent under the Act on Child Maintenance has the right to have the maintenance paid in advance by the State if maintenance is not paid on time by the other parent. The advance payment cannot exceed the standard amount of child maintenance, DKK 15,684 annually (2016-level).

The rules on child and family allowances are laid down in the Act on Child and Youth Allowance (formerly the Act on Family Allowance) and the Act on Child Benefits and Advance Payment of Child Maintenance.

Changes to the rules on child and family benefits

In 2010, the rules on family allowance and child allowances were amended by introducing a qualifying period. According to the new rules, it is a precondition for entitlement to the full benefit that the applicant has had at least 2 years of residence or employment in Denmark in a 10 year reference period prior to each benefit instalment (Benefits are generally paid out in quarterly instalments.).

Six months of residence or employment in Denmark in the reference period entitles the applicant to 25 % of the full benefit, one year of residence or employment an entitlement of 50 %, 18 months an entitlement of 75 %, and 2 years an entitlement of 100 %.

The new rules entered into force on 1 January 2012 and apply to both Danish and foreign nationals.

Refugees were in the period 1 January 2013 - 1 September 2015 excluded from the principle of gradual eligibility. Since 1 September 2015 refugees are once again subject to principle of gradual eligibility for the full child and youth allowance and child benefits.

Entitlement to special child benefit has been extended to children where the parent has chosen to become the sole provider of the child, i.e. children born by single women following artificial insemination and children that have been adopted by a single person. These provisions came into force on 1 January 2014.

Family breadwinners undergoing practical training and education have, in certain periods, been eligible to receive a supplementary child benefit, which will lift their total income to a level equivalent to the

comparable state education grant with a breadwinner benefit. The target group for the supplementary child benefit is students undergoing practical training who are either lone parents or breadwinners living together with a recipient of state education grant or educational assistance. The legislative amendment came into force on 1 January 2014.

To enact the political agreement on a “Tax Reform” from June 2012 income testing of the family allowance was introduced on 1 January 2014. Family allowance is reduced by 2 per cent of income over DKK 732,900 per year (2016-level).

Effective coverage of the population for family benefits

Family allowance is given to every family with children under the age of 18 years subject to the fundamental criteria of residency, tax residency etc. This results in an effective coverage for this benefit of 100 %.

The various *child allowances* are targeted to special groups and the recipient has to fulfil the fundamental criteria of residency etc. The most important of these allowances are aimed at orphans, old age pensioners and single parents. Child allowances to orphans and old age pensioners are granted automatically and thus have an effective coverage of these sub-populations of 100 %. Because child allowances to single parents are only granted upon application the effective coverage of this sub-population is approximately 90 %.

Old Age Pensions

The following form shows the level of old age pension per month as at January 2016

	Non-single persons, DKK	Single persons, DKK
Basic amount	6,063	6,063
Pension supplement	3,136	6,399
Total	9,199	12,462

Supplementary pension allowance amounts to DKK 16,600 annually in 2016.

In the reference period the following amendments were made to the old age pensions system under the Act on Social Pension:

Increasing the pension age

The ‘Welfare Reform’ from 2006 – described in the 28th report – increased the eligible age for old age pension from 65 to 67 years of age and also introduced an indexation mechanism to allow further increases of the pension age in the event of continued increases in life expectancy in Denmark. While these provisions entered into force on 1 July 2009, the change in the pension age was to take effect by an increase of the pension age by 6 months each year from 2024-2027. It follows from the indexation mechanism that the pension age is reviewed every 5 years against the life expectancy of 60 year old persons to give an expected period of public old age pension of 14½ years. The pension age may be increased with a maximum of 1 year every 5 years. If the review results in an increase in the pension age, this increase will take effect 15 years later. The first review took place in 2015 and the retirement age has been increased to 68 and will be effected in 2030.

The ‘Retirement Reform’ from 2011 brings forward the increase in the pension age already planned in the 2006 ‘Welfare reform’. This increase will now take effect successively from 2019 to 2022, instead of from

2024 to 2027. The indexation mechanism remains unchanged.

Improving the incentives to work

The 'Retirement Reform' from 2011 increases the incentives that are part of the 'Jobplan'. The amount of annual work income not taken into consideration in the calculation of means tested pension allowances is increased from DKK 30,000 to DKK 60,000. The compulsory annual working hours for deferred old age pension is reduced from 1,000 hours to 750 hours. The reform was entered into force on 1 January 2014.

SFI– The Danish National Centre for Social Research has evaluated the effects of the Jobplan. The evaluation is based on a survey conducted around the turn of 2011-2012. The findings have been published in a report (only in Danish): "Evaluering af jobplanen" in 2012. The evaluation shows that the changes introduced by the Jobplan have not been crucial for the pensioners willingness to work. The modest effects of the Jobplan according to the evaluation may to some extent be due to the short time span from the implementation of the new law till the survey was conducted.

The right of refugees to old age pension

Entitlement to the full old age pension presupposes 40 years of residence in Denmark between 15 years of age and the pension age. A pensioner with less than 40 years of residence receives a pension proportional to the number of residence years divided by 40. When calculating the number of residence years for a person who has been granted refugee status in Denmark, residence years in the refugee's home country and in other countries where the person has been considered a refugee, is equivalent to residence years in Denmark.

By 1st January 2011, the rule on equivalence of residence years for a refugee applying for old age pension was repealed.

By 1st January 2015 the rule on equivalence of residence years for refugees was reinstated and caused by change of government the rule on equivalence was again repealed by 1st September 2015. However, persons with refugee status in Denmark who have entered the country before 1st September 2015 and who reach the pension age before 1 January 2021 are still covered by the former equivalence rule.

A person, who is only eligible to a partial old age pension can apply for additional benefits such as housing benefits, supplementary pension, health allowance, heating benefits and assistance in special cases. These benefits are granted independently of the period of residence in Denmark.

Invalidity pension

The following form shows the monthly level of anticipatory pension per month as at January 2016:

New anticipatory pension scheme (after 2003):	DKK
Single persons:	18,122
Non-single persons:	15,404
Old anticipatory pension scheme (before 2003):	
Single persons:	
- Ordinary	18,122
- Increased ordinary	18,122
- Intermediate	18,122
- Highest	22,190
Non-single persons:	
- Ordinary	15,404
- Increased ordinary	15,404
- Intermediate	15,404
- Highest	19,472

In the reference period the following amendments were made to the anticipatory pension scheme under the Act on the Highest, Intermediate, Increased Ordinary and Ordinary Anticipatory Pension.

Improving the incentives to work

The 'Jobplan' from 2008 (referred to above under Old Age Pensions) introduced the right for anticipatory pensioners under the old scheme to work without losing their right to anticipatory pension. This entered into force on 1 July 2008 and is described in the 28th report.

The 'Retirement Reform' from 2011 (mentioned above under Old Age Pensions) increases the eligible age for VERP (Voluntary Early Retirement Pay) and shortens the VERP-period from 5 to 3 years. In conjunction with this, provisions for a 'senior anticipatory pension' have been established for persons over the age of 60 years with a long attachment to the labour market. The purpose of the new provisions is to create a less bureaucratic decision-making process in relation to anticipatory pension for persons with an inability to work after having had a long attachment to the labour market. The criteria regarding inability to work will be the same for senior anticipatory pension as for "normal" anticipatory pension. The provisions entered into force on 1 January 2014.

Prevention of anticipatory pension

Denmark introduced a reform of anticipatory pension and flexijob in 2013. Since the reform that was set in force 1st January 2013, persons under the age of 40 will in general not be granted anticipatory pension, unless it is proven, or because of the special circumstances is quite obvious that the work capacity cannot be improved. Persons under the age of 40 will instead be offered a resource programme with an individual and holistic approach to try to develop the person's work capacity.

Persons aged 40 and up will also be offered a resource programme before an anticipatory pension is granted. The municipality will not grant an anticipatory pension if the workability can be improved through activation, treatment, rehabilitation, resource programmes or in other ways.

In order to be granted anticipatory pension, a person must have a permanent low work capacity that can't be improved. The person's ability to work must have been tried developed through a resource programme – unless it obviously would be meaningless to try to develop the work capacity.

Question from ECSR: *The Committee reminds the Government that each national report should contain updated information on the minimum levels of unemployment, sickness, old age, maternity and invalidity benefits.*

Sickness benefits – rates

Maximum sickness benefits in 2012 amounted to approximately DKK 204,880 per annum (DKK 3,940 per week for full-time insured persons).

Minimum sickness benefits in 2013 amounted to approximately DKK 208,260 per annum (DKK 4,005 per week for full-time unfit persons).

Minimum sickness benefits in 2014 amounted to approximately DKK 211,900 per annum (DKK 4,075 per week for full-time unfit persons).

Minimum sickness benefits in 2015 amounted to approximately DKK 215,020 per annum (DKK 4,135 per week for full-time unfit persons).

Minimum sickness benefits in 2016 amounted to approximately DKK 217,360 per annum (DKK 4,180 per week for full-time unfit persons).

Maternity benefits – rates

Maximum maternity benefits in 2012 amounted to approximately DKK 204,880 per annum (DKK 3,940 per week).

Minimum maternity benefits in 2013 amounted to approximately DKK 208,260 per annum (DKK 4,005 per week).

Minimum maternity benefits in 2014 amounted to approximately DKK 211,900 per annum (DKK 4,075 per week).

Minimum maternity benefits in 2015 amounted to approximately DKK 215,020 per annum (DKK 4,135 per week).

Minimum maternity benefits in 2016 amounted to approximately DKK 217,360 per annum (DKK 4,180 per week).

Unemployment benefits – rates

Maximum unemployment benefits in 2012 amounted to approximately DKK 204,880 per annum (DKK 788 per day for full-time insured persons).

Minimum unemployment benefits in 2012 amounted to approximately DKK 167,960 per annum (DKK 646 per day for full-time insured persons).

Maximum unemployment benefits in 2013 amounted to approximately DKK 208,260 per annum (DKK 801 per day for full-time insured persons).

Minimum unemployment benefits in 2013 amounted to approximately DKK 170,820 per annum (DKK 657 per day for full-time insured persons).

Maximum unemployment benefits in 2014 amounted to approximately DKK 211,900 per annum (DKK 815 per day for full-time insured persons).

Minimum unemployment benefits in 2014 amounted to approximately DKK 173,680 per annum (DKK 668 per day for full-time insured persons).

Maximum unemployment benefits in 2015 amounted to approximately DKK 215,020 per annum (DKK 827 per day for full-time insured persons).

Minimum unemployment benefits in 2015 amounted to approximately DKK 176,280 per annum (DKK 678 per day for full-time insured persons).

Unemployment insurance – amendments

Regarding amendments concerning active employment measures reference is made to the described in the reporting on article 12, paragraph 1 (Paragraph concerning *Unemployment insurance – amendments*)

Anticipatory Pension

The following form shows the monthly level of anticipatory pension per month as at January 2016:

The monthly level of anticipatory pension as at January 2016	
New anticipatory pension scheme (after 2003):	DKK
Single persons:	18,122
Non-single persons:	15,404
Old anticipatory pension scheme (before 2003):	
Single persons:	
- Ordinary	18,122
- Increased ordinary	18,122
- Intermediate	18,122
- Highest	22,190
Non-single persons:	
- Ordinary	15,404
- Increased ordinary	15,404
- Intermediate	15,404
- Highest	19,472

Old Age Pensions

The following form shows the level of old age pension per month as at January 2016

The level of old age pension per month as at January 2016		
	Non-single persons, DKK	Single persons, DKK
Basic amount	6,063	6,063
Pension supplement	3,136	6,399
Total	9,199	12,462

Supplementary pension allowance amounts to DKK 16,600 annually in 2016.

Question from the ECSR: *The Committee refers to its question in the General Introduction to the Conclusions 2013 and asks what other benefits are paid to the elderly who are only eligible to 1/40th of the full social pension and the supplement.*

A person, who is only eligible to a partial old age pension can apply for additional benefits such as housing benefits, supplementary pension, health allowance, heating benefits and assistance in special cases. These benefits are granted independently of the period of residence in Denmark.

Persons aged 60 or over who do not qualify for a social pension due to the eligibility rules will receive social assistance corresponding to the pension amount payable to a married old-age pensioner without any income other than the old-age pension. They will also be entitled to a number of other benefits eg. housing benefits, help towards reasonable expenses in situations of emergency.

Article 12§2 – Maintenance of social security system at a satisfactory level at least equal to that necessary for the ratification of the International Labour Convention No. 102

Denmark has ratified all parts of the European Code of Social Security with the exception of Part X, and Denmark has for a long time given full effect to the accepted parts of the Code and continues to do so. Thus Denmark maintains a social security system that meets the requirements of ILO Convention No 102 as far as sufficient social benefit levels are concerned.

Consequently, Denmark fulfilling the above standards is tantamount to securing a generally high level of social security.

However, the Government of Denmark pursues a social policy that is organized in a way as to ensure that it pays and is worthwhile to have a job, and so that more people get into employment.

The Danish Government has introduced several reforms that strengthen the financial incentive to work or take an education/training instead of receiving benefits.

So some social benefits such as assistance in cash are not increased, but in return some branches of education are provided free of charge, and incentives to promote employment such as help towards health promoting measures, treatment of drug abuse, in order to help the individual to solve concrete problems and consequently obtain employment, are made available by the government.

Social security benefits such as e.g. pension, sick and unemployment benefits are adjusted in accordance with the automatic annual wage adjustment.

Article 12§3 – Development of the social security system

Most of the social security benefits described in the reporting on article 12, paragraph 1 follow the general, annual increases in wages less a percentage of 0.3 (2016). The rate of increase was 1.1 % in 2016. However the yearly increase in social benefits will be moderated by 0.3 % in 2016, 0.4 % in 2017 and 0.75 % in 2018-2023, as part of the Taxreform from 2012. The rate of increase was 1.4 % in 2016 (1.1 % after moderation). Family allowance follows the general increase in the price index.

Question from ECSR: *The Committee wishes to be informed about the implementation of the Retirement Reform in 2014 and its effects on the minimum levels of pension.*

The Retirement Reform does not affect the minimum social pensions directly. However, increasing the pension age, more favorably rules concerning deferred old age pension and less reduction of social pension by income from work, will all could contribute to raising the pensioners incomes by increasing their supplementary private pensions.

Question from ECSR: *The Committee further notes that measures implemented in 2012 regarding unemployment benefits and wishes to be kept informed about their implementation and their effect on the personal coverage of unemployment branch as well as the minimum level of unemployment benefit.*

As regards unemployment benefit, amendments were implemented through Acts No. 703 of 2010 and No. 912 of 2010 which reduced the period in which an unemployed person is entitled to unemployment benefits from 4 to 2 years and introduced a harmonisation of the period of work needed for acquiring and reacquiring the right to unemployment benefit.

The unemployment benefit reform was adopted in 2010. The reform meant a reduced period in which an unemployed person is entitled to unemployment benefits to two years and a harmonisation of requirements for acquiring and reacquiring the right to unemployment benefit to 52 weeks of full-time employment within three years. The increased employment requirements for reacquiring the right to unemployment benefits came into force in mid-2012.

The phase-in of the reform and a temporary extension of the benefit period (half a year) according to Act No. 267 of 27 March 2012 on amendment of the act on Unemployment Insurance and the Act on an Active Employment Measure meant that it was only from the beginning of 2013 that the unemployed person could use up one benefit period that was shorter than 4 years. A temporary special education allowance (særlig uddannelsesydelse) was introduced for people who exhausted their right to unemployment benefits during the first half of 2013 by Act No. 1374 of 23 December 2012 on an education scheme for persons who have exhausted their right to unemployment benefit. This scheme was later extended to apply also in the second half of 2013 by Act No. 790 of 28 June 2013.

Unemployed persons who exhaust their rights to unemployment benefits in the period from 2014 to mid-2016 will be entitled to temporary labor market benefit (Midlertidig arbejdsmarkedsydelse) which was introduced by Act No. 1610 of 26 December 2013 on amendment of the Act on Unemployment Insurance and the Act on an Active Employment Measure etc. The maximum duration of unemployment benefits and special education allowance and / or temporary labor market benefit may not exceed four years, and the total benefit period is scaled down to 2 years towards the second half of the 2016.

Unemployed persons who have exhausted their right to unemployment benefits and / or temporary labour market benefits, and who have had a total benefit period of less than 3 years and who are not eligible for full social assistance (kontanthjælp) or other public assistance can receive temporary labour market cash benefit (kontantydelse). The temporary labour market cash benefit was introduced by Act No. 174 of 24 February 2015 on temporary labour market cash benefit, and is payable from October 2015. Given that the total period may not exceed 3 years, temporary labour market cash benefit may be paid for a period of ¼ to ½ year depending on when the right to unemployment benefits and / or temporary labour market benefits is exhausted.

Recipients of the temporary labour market cash benefit must actively apply for active labour market measures according to Chapter 13, litra e, of the Act on an Active Employment Measure cf. Consolidation Act No. 807 of 1 July 2015, and furthermore be registered with the public employment service as job seekers and be available for work on short notice.

The Majority of unemployed persons who have exhausted their right to unemployment benefits has been entitled to unemployment benefits for up to 4 years and have thus had the opportunity to receive special training allowance and / or temporary labor market benefits for a shorter or a longer period of time.

The above mentioned measures have not been evaluated independently as regards their effect on the personal coverage of unemployment branch as well as the minimum level of unemployment benefit.

As regards the personal coverage of unemployment benefit, there were 2.2 million insured persons in 2015 and the total labour force stood at 2.9 million. Therefore, the personal coverage of unemployment risk stood at 76 %.

Regarding information on the minimum level of unemployment benefit, reference is made to Article 12, Paragraph 2, Question 1 and 2.

Article 12§4 - Right to social security

Social security of persons moving between states.

The basic principle of equal treatment of nationals of Denmark with nationals of another member state to social security may be complied with by entering into bilateral and multilateral agreements.

Within the scope of EU Regulation 883/04 on the coordination of social security, all EU nationals and the members of their family are given equal treatment with Danish nationals as far as entitlement to social security is concerned.

EU Regulation 1231/10 extending Regulation 883/04 to also applying to third country nationals, does not apply to Denmark as Denmark has laid down legal reservation in relation to the statutory basis of the Treaty. It is therefore not possible, neither legally nor politically, to apply Regulation 1231/10 in respect of Denmark.

The only way to secure the principle of equal treatment in relation to social security, as laid down in Article 12§4 of the Charter, is to enter into bilateral agreements with individual countries. Denmark has entered into such agreement with a number of Council of Europe Member States.

The entering into bilateral agreements presupposes fundamental mutuality on both sides. It is therefore important that both countries have an interest in such agreements and that both countries are prepared to comply with the principles on which the agreement is based.

Conclusion of an agreement has many implications – both financial and administrative. In Denmark we follow the general rule that we may conclude an agreement only if this is justified by a certain number of persons being covered by the agreement. As an absolute minimum it means 200 Danish nationals and 200 nationals from the other contracting state who will be entitled to receiving benefits.

In Denmark the social security system is tax financed and based on residence, not periods of employment. The social security scheme is universal. It is very difficult to find reciprocity to this system and a bilateral agreement must be based on reciprocity. It must be considered in each individual case if a satisfactory number of persons would benefit from an agreement.

It may also be noted that Danish citizens do not have the right either to receive Danish social security benefits during residence in states outside the EU or in a state with which no bilateral agreement has been concluded. An acquired right is preserved for all persons regardless of nationality when they return to reside in Denmark.

Denmark has since last report concluded an agreement with Croatia and is in the process of concluding an agreement with Macedonia (FYROM) as a part of the Agreement from 1977 with Yugoslavia.

Denmark must be considered to be acting in accordance with the equal treatment principle of Article 12 § 4.

Article 13

Right to social and medical assistance

Article 13§1 – Adequate assistance for every person in need

As described in the text referring to article 11, the Danish healthcare system is universal and based on the principles of free and equal access to healthcare for all citizens.

Health insurance groups

All citizens may choose between health insurance groups 1 or 2. Citizens who choose insurance group 1 are registered with a specific GP, who is part of the public healthcare system. Citizens in group 1 have the right to free medical assistance from the GP and the right to free medical assistance from medical specialists in private practice if they have a referral from their GP. No referral is, however, needed for specialist treatment by certain specialists, such as ophthalmologists, otologists and dentists.

More than 99 per cent of all patients are covered in group 1. Patients covered under health insurance group 2 have the right to receive medical help from any GP and may visit medical specialists in private practice without referral, but services may be subject to co-payments.

The primary healthcare sector also includes services provided by a number of other healthcare professionals such as dentists, physiotherapists, and psychologists. Treatment by these specialists usually involves a co-payment although public subsidies may be available under specific circumstances.

New legislation and initiatives since the last report

Social Assistance

There have been three significant reforms of the system during the period of reference. In October 2011 a new Government took office and benefits such as starting allowance, introduction allowance, the ceiling for assistance recipient and the 300 hour-rule (cash assistance is not payable unless a person has worked for a minimum of 300 hours within 2 years) was abolished and replaced by ordinary social assistance from the 1st of January 2012. The second change was a reform of the social assistance system, where the allowance was changed and a new allowance for persons under the age of 30 was introduced – social assistance for persons under 30 without an education. In June 2015 a new Government took office and benefits such as integration allowance (for persons, who has not been living in Denmark for 7 years out of the latest 8 years), was introduced in September 2015 for persons who came to Denmark from that date. A ceiling for assistance recipient and a 225 hour-rule (cash assistance is not payable unless a person has worked for a minimum of 225 hours within 1 year) was introduced in April 2016 and in July 2016 the integration allowance was introduced for all persons, who has not been living in Denmark for 7 years out of the latest 8 years. But the statutory effective date was 1st April 2016 and 1st July 2016 and is not within the report period.

The number of persons who for a shorter or longer period of time received social assistance is displayed in the scheme below.

Recipients of social assistance. Number of beneficiaries and beneficiaries receiving benefit full-time (calculated measure) in percent of the labour force.

		Number of beneficiaries	Beneficiaries receiving benefit full-time (calculated measure) in percent of the labor force, 16-66 years of age
Denmark	2008	151,763	3.3
	2009	176,454	4.0
	2010	187,858	4.5
	2011	195,787	4.8
	2012	206,110	5.1
	2013	217,004	5.5
	2014	223,423	5.5
	2015	219,680	5.6

Source: Jobindsats.dk

Beneficiaries who received starting allowance for immigrants or introductory before December 31st of 2011 are included.

Beneficiaries, who are receiving social assistance for persons under 30 without an education (1st January 2014) and integration allowance from September 2015 are included.

Beneficiaries in percent of the labour force are full-time beneficiaries in percent of the labour force and therefore it has been taken into account for how long a period of time during the year the beneficiary has received benefits.

The scheme below displays the number of periods with benefit that has ended. The scheme also displays the length of each period with benefit. A period with benefit ends when the recipient experience just one day without benefit or if the recipient moves to another municipality.

Recipients of cash benefit. Number of periods with benefit that has ended divided into the length of the period with benefit

		Number of periods with benefit that has ended divided into the length of the period with benefit							
		Less than 2 weeks	2-4 weeks	5-13 weeks	14-26 weeks	27-39 weeks	40-52 weeks	More than 52 weeks	Total
Denmark	2008	8,229	25,328	29,764	18,248	9,305	6,334	25,970	123,178
	2009	9,083	27,171	37,923	23,349	10,916	6,626	20,360	135,428
	2010	8,367	27,423	37,748	25,277	12,896	8,530	26,766	147,007
	2011	9,442	28,448	40,188	27,028	13,223	8,612	29,498	156,439
	2012	9,535	28,925	40,094	27,431	13,914	9,119	30,180	159,198
	2013	10,086	31,016	47,777	35,312	19,010	12,685	47,364	203,250
	2014	6,993	27,459	36,273	27,549	14,645	9,070	23,368	145,357
	2015	5,187	21,377	29,465	21,992	11,984	5,318	34,784	133,331

Source: Jobindsats.dk

The consolidation act on an active social policy from 2012 (not including starting allowance etc.):

<https://www.retsinformation.dk/Forms/R0710.aspx?id=140126>

The consolidation act on an active social policy from 2009 includes starting allowance etc.:

<https://www.retsinformation.dk/Forms/R0710.aspx?id=127214>

Social assistance

In general Denmark is considered as providing a high level of assistance allowance compared to European standards, also when taking into account the costs of living in Denmark.

The table below shows the rates of social assistance 2015:

Table 4.4: Social assistance 2015

	Reference	Rate DKK/month
<i>Social assistance</i>		
Over 30 years, provides for children	Act section 25, subsection 2, no 1	14,416
Over 30 years, others	Act section 25, subsection 2, no 2	10,849
Under 30 years, provides for children, single	Act section 25, subsection 3, no 1	13,779
Under 30 years, provides for children	Act section 25, subsection 3, no 2	9,640
Under 30 years, mentally ill, with children	Act section 25, subsection 3, no 4	14,416
Under 30 years, mentally ill, living away	Act section 25, subsection 3, no 5	10,849
Under 30 years, pregnant	Act section 25, subsection 3, no 3	10,849
25-29 years, living away	Act section 25, subsection 3, no 6	6,992
25-29 years, living home	Act section 25, subsection 3, no 7	3,374
Under 25 years, living away	Act section 25, subsection 3, no 8	6,692
Under 25 years, living home	Act section 25, subsection 3, no 9	3,374
Under 30 years, maintenance obligation, maximum assistance	Act section 25, subsection 4	14,416
<i>Activity/ maternity allowance (for persons who are activity ready or on maternity leave)</i>		
Under 30 years, provides for children, single	Act section 25, subsection 9, no 1	637
Under 30 years, provides for children	Act section 25, subsection 9, no 2	4,776
25-29 years, living away	Act section 25, subsection 9, no 3	3,857
25-29 years, living home	Act section 25, subsection 9, no 4	7,475
<i>Social assistance for persons under 30 without an education</i>		
Under 30 years, provides for children, single	Act section 23, subsection 2, no 1	11,888
Under 30 years, provides for children	Act section 23, subsection 2, no 2	8,319
Under 30 years, mentally ill, with children	Act section 23, subsection 2, no 4	14,416
Under 30 years, mentally ill, living away	Act section 23, subsection 2, no 5	10,849
Under 30 years, pregnant	Act section 23, subsection 2, no 3	10,849
25-29 years, living away	Act section 23, subsection 2, no 6	5,945
25-29 years, living home	Act section 23, subsection 2, no 7	2,562
Under 25 years, living away	Act section 23, subsection 2, no 8	5,945
Under 25 years, living home	Act section 23, subsection 2, no 9	2,562
Under 30 years, maintenance obligation, maximum assistance	Act section 23, subsection 3	14,416

	Reference	Rate DKK/month
<i>Activity/ maternity allowance (for persons who are activity ready or on maternity leave)</i>		
Under 30 years, provides for children, single	Act section 24, subsection 3, no 1	2,528
Under 30 years, provides for children	Act section 24, subsection 3, no 2	6,097
25-29 years, living away	Act section 24, subsection 3, no 3	4,904
25-29 years, living home	Act section 24, subsection 3, no 4	8,287
Under 25 years, living away	Act section 24, subsection 3, no 5	1,047
Under 25 years, living home	Act section 24, subsection 3, no 6	812
<i>Integration allowance</i>		
Provides for children, single	Act section 22, subsection 2, no 1	11,888
Provides for children, married	Act section 22, subsection 2, no 2	8,319
Over 30 years and under 30 years, living away	Act section 22, subsection 2, no 3	5,945
Under 30 years, living home	Act section 22, subsection 2, nr. 4	2,562
<i>Danish allowance (after having passed a Danish test)</i>		
Danish allowance	Act section 22, subsection 4	1,500
<i>One-off assistance</i>		
Over 25 and people under 25, living away (max)	Act section 25 a, subsection 1	5,798
Living at home under 25 years (max)	Act section 25 a, subsection 1	2,882

Question from the ECSR: *The Committee takes note of the on-going work on the possible devising of a nationally defined poverty line and wishes to be informed of any results in the next report.*

Denmark has no official definition of poverty or a poverty line. Hence, on May 11 2012, the Government set up an expert committee with the aim of identifying various methods to measure poverty and suggest a possible Danish poverty line. The Committee delivered a report in June 2013. The new government from 2015 has since declined to suggest a Danish poverty line.

Attention should be drawn to the fact that one of the problems by using the 50 cent median equivalised income threshold is that people who voluntarily work part time and (newly) self-employed as well as students may have incomes that fall below the threshold, without being considered as being poor. Furthermore it should be taken into account, that ordinary social assistance in many cases constitutes a basic allowance. Depending on each individual case, different forms of supplying allowances can be offered. It is a person's or family's overall situation – the sum of own income(s) and government assistance - which may show if a person or a family has enough for his/hers or their own subsistence. And it would often be relevant to include collaterals (capital).

Moreover it should be taken into account, that the OECD uses three poverty thresholds, which are 40, 50 and 60 per cent of the medium income. EU has chosen the threshold to be 60 per cent of the medium income.

As mentioned above the introduction allowance and the starting allowance has been abolished 31th December 2011, but the new government has introduced the integration allowance from September 2015.

As mentioned, Denmark has no official definition of poverty or a poverty line. Poverty is regarded as a broader phenomenon than the lack of financial resources. Focusing on only one indicator will distract attention from the causes of social exclusion, and the Danish Government feels a strong obligation to provide the proper public assistance to those who are in risk of social exclusion. Development in and the characteristics of people with relative low income in Denmark will be described in forthcoming reports.

The Government has set up 10 targets on social mobility, witch among others concern homelessness, education for vulnerable young people and persons with disabilities and effectiveness of drug abuse treatment.

Regarding the use of poverty thresholds, attention should be drawn to the fact that one of the problems by using the 50 cent median equivalised income threshold is that people who voluntarily work part time and (newly) self-employed as well as students may have incomes that fall below the threshold, without publicly being considered as being poor.

Adequate assistance for every person in need

In 2013 the Committee noted that the situation which previously had been found not to be in conformity with the Charter did not change during the reference period.

The Committee noted then that the new Government had abolished certain benefits such as the starting allowance and the introduction allowance and replaced them with ordinary social assistance (which represents a higher amount). It was noted that these changes entered into force on 1 January 2012, i.e. outside the reference period, and the Committee would therefore assess these changes in its next examination of Article 13.

It is correct that ordinary social assistance were provided for applicants from 1 January 2012 until 31

August 2015. The responsible authority for social assistance (cash benefit) is The Ministry of Employment.

A new integration allowance was on the 1st September 2015 introduced for newly arrived foreigners as well as newly arrived Danish citizens who have not lived in Denmark for at least seven of the past eight years. EU citizens are exempt from this regulation under certain conditions. The Integration allowance is granting an amount corresponding to education allowance (uddannelseshjælp):

Financial support shall constitute a monthly amount of

- (i) DKK 12,019 for single persons with dependent children;
- (ii) DKK 8,411 for married or cohabitant persons with dependent children;
- (iii) DKK 6,010 for persons without children, and
- (iv) DKK 2,590 for persons under 30 who are residing with one or both parents

A supplement for learning Danish at a certain level is granted at the amount of DKK 1,517

Not in conformity

We take note, that Denmark is criticized for failing to fully comply with article 13§1, whenever the level of an isolated assistance parameter falls below the so-called poverty-threshold (defined as 50% of median equivalized income and as calculated on the basis of an Eurostats at-risk-of-poverty threshold value) estimated at €1,100 per month in 2011. The Integration Allowance for persons without children does not meet the threshold as defined above.

We have previously expressed serious concern about the definition of poverty threshold used by the Committee of Experts on specific benefit rates to the question of a person having sufficient assistance to cover his/her basic needs.

The 50 per cent median equivalised income threshold is not commonly recognized as a poverty threshold. Persons who voluntarily work part time and (newly) self-employed as well as students may have incomes that fall below the threshold, without publicly being considered as being poor.

To at least present a more true picture of a person's or a family's need situation relative to some poverty threshold it is not appropriate to look at each benefit rate separately.

The Danish Supreme Court stated in a judgment of 15 February 2012 on the constitutional guaranteed level of subsistence, that concerning the size of the introductory/starting allowance and other benefits to which the plaintiff and his family received from the public authorities, there was no basis for concluding that she did not receive help from these authorities in accordance with the Constitution and Denmark's international obligations.

Repatriation of persons in need of social assistance

The Committee concludes that Denmark is not in conformity with Article 13§1 of the 1961 Charter on the following ground:

Nationals of other State Parties not bound by EEA or not covered by bilateral agreements concluded by Denmark may have their residence permit withdrawn on the sole ground of being in receipt of social assistance for more than six months, unless they have resided in Denmark for more than seven years.

Denmark takes note of the non-conformity finding of the Committee. However, as previously stated,

Denmark does not agree with this finding.

Under Article 13§1 of the Social Charter, the Contracting Parties undertake to ensure that any person who is without adequate resources and who is unable to secure such resources either by his own efforts or from other sources, in particular by benefits under a social security scheme, be granted adequate assistance, and, in case of sickness, the care necessitated by his condition.

Under Article 13§4, the Contracting Parties undertake to apply the provisions referred to in paragraphs 1, 2 and 3 of this article on an equal footing with their nationals to nationals of other Contracting Parties lawfully within their territories, in accordance with their obligations under the European Convention on Social and medical Assistance, signed at Paris on 11th December 1953.

Article 7 of the European Convention on Social and Medical Assistance provides the possibility for repatriation on the sole ground that the person concerned is in need of social assistance, provided that certain conditions are met.

The relevant provision, subject to the Committee's criticism is to be found in the Act on active social policy. However, Article 3(5) of that Act provides that:

“Persons covered by the European Convention on Social and Medical Assistance of 11 December 1953 shall only be returned to their own country in accordance with the Convention.”

This means that the provisions of Articles 6 and 7 of that Convention fully apply. The assumption that persons covered by the Convention are only protected after more than seven years of residence is therefore not correct. It is the timeline of five years in Article 7 as set out in the Convention, which applies.

Moreover, it should be noted that the decision as to whether a person in need of permanent assistance should be returned to his or her home country is always based on an individual assessment of the personal circumstances of the person concerned, including the consequences for the person concerned of the repatriation, taking into account a number of criteria, which are set out in the Act in a non-exhaustive manner. Those criteria include notably the following:

- Whether the person is married to and is cohabiting with a Danish citizen, a refugee or a non-citizen who has lawfully been living in Denmark for more than three years with a view to obtaining permanent residence
- The duration of his/her stay in Denmark
- His/her medical condition
- Any family connection or other ties to Denmark as compared to the country of origin
- And any person having undertaken to maintain the non-citizen is or should be observing that duty

Accordingly, the assumption of the Committee that “nationals of other State Parties [...] may have their residence permit withdrawn on the sole ground of being in receipt of social assistance for more than six months, unless they have resided in Denmark for more than seven years” is unfounded.

Article 13§2 – Non-discrimination in the exercise of social and political rights

No changes have been made since the previous report.

Receiving social assistance does not result in any limitations on the recipient's political or social rights.

Article 13§3 – Prevention, abolition or alleviation of need

Social Services

According to Sections 10-12 of the Act on Social Services the municipalities shall ensure that everybody is given the opportunity to obtain free counseling. The object of such counseling is to prevent social problems and to help the person to overcome immediate difficulties and in the longer term enable the person to deal with problems as they arise. The municipalities shall provide counseling as to the choice of technical aids and consumer products as well as instructions in the use thereof. In connection to the counseling the municipalities shall consider if the recipient is in need of any other assistance.

The municipalities shall also ensure that parents and other persons having the actual care of a child are offered free family-related counseling designed to resolve any problem or difficulty in the family. The municipalities shall offer such counseling through fieldwork specifically targeted at persons who must be assumed to be in need of counseling due to particular circumstances. The offer of counseling shall also apply to expectant parents.

Furthermore, the municipalities shall provide free counseling, examination and treatment of children and young persons with behavioral difficulties or substantial impairment of physical and mental function as well as their families. These obligations may be discharged in cooperation with other municipalities.

Counseling may be provided on an anonymous and open basis.

The municipalities shall establish a family counseling scheme designed specifically for families with children under the age of 18 years with considerably and permanently impaired physical or mental function. Counseling shall be offered within three months after the date on which the municipality is informed that such impairment has been established.

Finally, the municipalities shall offer free counseling of adults with impaired physical or mental function or with special social problems. Such free counseling shall include fieldwork.

In addition to these general rules on counseling the Act also contains rules on counseling targeted at specific groups.

According to Section 2(1) of the Act on Social Services any person who is lawfully resident in Denmark is entitled to assistance under the Act, including counseling described above.

Article 13§4 – Specific emergency assistance for non-residents

No changes have been made since the previous report.

Question from the ECSR: *The report states that the legal basis for providing social services to persons lawfully resident in Denmark is the Act on Social Services. The Committee understands that Section 2 of this Act guarantees assistance not only to any person who is lawfully resident in Denmark but also to persons who are lawfully present in the territory (tourists etc.). The Committee wishes to receive confirmation that this understanding is correct.*

With regard to the Committee's question concerning section 2 of the Act on Social Services, the Government can confirm, that any person who is lawfully staying in Denmark is entitled to assistance under the Act on Social Services.

Question from the ECSR: *The Committee requests confirmation that emergency assistance such as shelter, food and clothing is provided to persons who are lawfully present (but not resident/domiciled) in case of need.*

With regard to the Committee's question concerning provision of emergency assistance to persons who are lawfully present, but not residents of Denmark, the Government can confirm that assistance pursuant to the Act on Social Services including emergency assistance is provided to any person who is lawfully staying in Denmark.

Section 110 of the Act on Social Services stipulates that the municipal council shall provide temporary accommodation in facilities for persons with special problems who have no home or who cannot stay in their own home and who are in need of accommodation and activating support, care and subsequent assistance. The provision provides for accommodation in facilities such as homeless shelters.

Article 14

The Right to Benefit from Social Welfare Services

Article 14§1 – Promotion or provision of social services

Children and Families

According to the Act on Social Services the municipalities are responsible for social measures to children and families who need social support. The municipalities 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 are in need of 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 peers, despite their individual problems.

If the municipality has reason to believe that a child needs special support, the municipality shall start an examination in order to clarify the needs 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 child's home or immediate environment. The municipality is obliged to initiate the necessary measures if it is considered that a child is in need of special support. These measures may i.a. consist of temporary placement in treatment institutions or at a foster family, pedagogical support provided in the child's home or allocation of a permanent contact person.

In recent years the following initiatives were taken to improve social services for children and families:

The Children's Reform

By 1 January 2011 a reform of the social welfare services aimed at children – the Children's Reform – was implemented. The objective of the Reform is to make it possible for disadvantaged children to lead a normal life during childhood and adolescence. The Reform improves initiatives targeting disadvantaged children who should have the same possibilities for personal expression, development and good health as their peers. No child should be denied a good life because it grew up in difficult circumstances.

The aim of the Reform is to make sure that a greater number of exposed children get an education and get healthier, including eliminating or reducing drug addictions etc. The children should experience stability in the social services they receive and when placed outside their home they should experience stability in their relationship with adults. The children should be prepared to establish social relationships.

The Reform aims at preventing problems from arising and establishes therefore a system where children with problems are discovered at an earlier stage and offered relevant social services, thereby reducing their problems and solving them easier. The Reform stresses that when offering social services to a child the focus should be on the best interests of the child. The services offered should be adjusted to the needs of the child in question.

The reform emphasized the rights of disadvantaged children placed in accommodation outside their home to specialized support as well as the importance of specialized support for the parents.

The cost of the Reform was 210 – 250 million DKK a year (2010-level).

Reform of the supervision of placement facilities

The Danish government launched January 1, 2014 a major reform of the supervision of placement facilities. The responsibilities to approve and to supervise all types of placement for children (except of foster families, which are approved only for a specific child) are now the responsibility of 5 supervision units that cover every region in Denmark. The aim of the reform is to improve standards and the quality of care and treatment.

Initiative to support the prevention and handling of abuse

In 2013 the Danish Government allocated DKK 268 million to an initiative strengthening the protection of children and young people from abuse. The initiative includes strengthening of the legislation as well as implementation activities and knowledge building.

According to the Act on Social Services everybody who becomes aware of a child exposed to maltreatment or living under conditions that threatens the child's health and development are obliged to notify the responsible municipality. Professionals working with children are subject to a strict duty to inform and notify the social authorities when they learn or have reason to believe that a child has been exposed to violence or other types of abuse. This applies to all professionals with relations to a child working for the public sector, e.g. in the health sector, schools, etc.

The new legislation underlines the importance of timely and correct action from the social authorities when they receive notifications about a child who is presumed to have been exposed to abuse. Thus, the social authorities are obliged to handle every notification within 24 hours to decide if immediate action is needed. Also, if the social authorities receive a notification about violence or abuse against a child, the authorities are obliged to conduct an interview with the child to ensure that the child's view is being taken into account.

The initiative includes a number of ongoing initiatives strengthening the knowledge and handling of cases relating to abuse in the municipalities and among other professionals as well as ensuring that children receive professional help and treatment if they have been a victim of abuse. The initiative therefore also includes the establishment of 5 special "Children's Houses" covering all municipalities in Denmark. In these special houses social services, police, therapeutic services and health services are gathered to ensure that children who are victims of abuse get coordinated and professional help in a child friendly environment.

Early support for vulnerable children

In recent years there has been an increasing focus on early preventive support to vulnerable children, young people and families in order to stop problems or difficulties and prevent them from evolving further.

The Danish Government has launched a number of initiatives e.g. an amendment to The Act on Social Services that highlights the municipality's obligation to secure early, preventive support to vulnerable children (section 11).

According to section 11 the municipalities shall prepare measures that ensure cohesion between the municipality's general and preventive work and the targeted-oriented measures relating to children and young persons in need of special support.

The preventive support that municipalities provide must accommodate the child's, young person's or family's needs and can consist of measures such as consultancy, including measures targeting families, network or support groups, counselling on family planning or other measures designed to resolve any problem or

difficulty experienced by a child, a young person or a family. The municipality may decide to provide financial support to the custodial parent for expenses incurred in connection with 1) consultancy or 2) expenses for contraception. Financial support in relation to consultancy is conditional on the custodial parent not having adequate funds to meet such expenses.

As part of the preventive work the municipality may decide to provide financial support for leisure-time activities for children and young persons in need of special support in order to give them the same opportunities as their peers.

Apart from the changes of section 11, a number of supporting initiatives has been initiated, e.g. the establishment of a number of partnerships between municipalities and The Board of Social Services to rethink and improve the early efforts towards children, young people and families at risk on local level.

Other initiatives also include:

- Efforts to strengthen the parental capability of vulnerable parents
- Support for strategic cooperation between municipalities and NGOs on i.a. counseling, network groups and therapy for vulnerable children and young persons
- Initiatives to strengthen the early support for vulnerable children in day care
- A network between municipalities and The Board of Social Services focusing on the development of local preventive support for children and families at risk

Socially Disadvantaged Adults

From 2009 Denmark has enacted a national Homelessness Strategy, aimed at reducing homelessness in Denmark. The programme under the strategy ran from 2009-2013 with a budget of DKK 500M. The strategy consisted of four overall and long-term objectives:

- No one should live on the street
- Young persons should not stay in care homes but should be offered alternative solutions
- Persons who are ready to move into their own homes with the necessary support should – before the move – be allowed to stay in care homes or shelters for a longer period
- Release from prison or discharge from treatment or hospitals must presuppose that there is a solution to the housing situation of the person involved

The programme under the strategy was enacted in cooperation with 17 municipalities, and proved highly effective in helping homeless towards more stable housing situations. The guiding principle was the immediate provision of housing (Housing First), accompanied by a targeted social support for the individual. Despite the positive outcomes and experiences with Housing First, there has been an increase in homelessness in Denmark since 2009, although this increase is not as evident in the municipalities that were part of the strategy than in those municipalities that did not participate.

Since the conclusion of the programme under the national homelessness strategy the state has sought to further the diffusion and implementation of the successful approach to the remaining municipalities. Since 2013 the state has enacted the following programmes:

- *A Strengthened Effort in Reducing Homelessness (2013)*. An extension of the Homelessness Strategy to include further 24 municipalities (DKK 72.5M)
- *Transitional Housing for Homeless Youth (2014)*. A programme aimed at providing transitional housing targeted at homeless aged 17-24 as well as funding for night shelters (DKK 30.7M)
- *Diffusion of Housing First (2015)*. A programme aimed at funding an expedited diffusion and implementation effort in the National Board of Social Services as well as a number of targeted analyses in the field of Homelessness

Persons with Disabilities

Denmark ratified the UN Convention on the Rights of Persons with Disabilities on 24 August 2009 without exemptions. In ratifying the Convention, the States Parties commit themselves to design national legal rules and administrative practices that comply with the Convention. Denmark ratified the optional protocol to the UN Convention on the Rights of Persons with Disabilities on 23 September 2014.

As an additional aspect of implementing the Convention, the Government has launched nationwide communication activities to make persons with disabilities aware of the Convention and the rights of the individual. The Convention has been communicated in easy-reading, sign-language and audio-visual formats. Special theme meetings were held for persons with mental disabilities nationwide.

Material has also been developed by the National Board of Social Services to provide information and best practices at local level on how to address and implement the Convention. The material targets users and staff at local and regional levels for persons with disabilities.

National implementation and monitoring of the UN Convention on the Rights of Persons with Disabilities Article 33(1) of the Convention requires States Parties to establish a structure for coordinating national implementation.

The Ministry of Social Affairs and the Interior was appointed as the national nexus for matters related to implementing the Convention. The overall objective of the Ministries' Disability Committee (previously the Inter-ministerial Committee of Civil Servants on Disability Matters) is to help create a coherent disability policy effort in line with government goals and visions, including the coherence of government initiatives. The Committee is also acting as a forum for dealing with cross-cutting challenges, network building and knowledge sharing on current disability policy issues, including the continued implementation of the UN Convention on Rights for Persons with Disabilities. Finally, the Committee provides a forum for dialogue with stakeholders and actors in civil society around the current disability policy issues.

The Committee's tasks are:

- To support a coherent disability policy which is based on sector responsibility, but which also supports the coordination, coherence and cooperation between sectors
- To follow the implementation of the Government's recently launched action plan for the disability area
- To facilitate cross-cutting interventions in different sectors and at different levels of implementation of the UN Convention (cf. art. 33.1) in the central administration
- To share knowledge on specific tasks in order to create a joint management of cross-cutting issues, including non-discrimination
- To cooperate with stakeholders and civil society concerning disability policy initiatives
- To create contacts across ministries to help solve tasks for the government on disability matters

The task of promoting, protecting and monitoring under Article 33(2) of the Convention was placed with the Institute for Human Rights. The Institute is Denmark's national human rights institution and is accredited as a National Human Rights Institution (NHRI).

According to Article 33(3) of the Convention, civil society, in particular persons with disabilities and their representative organisations must be involved and participate fully in the monitoring process.

Involvement will be effected through the Disability Council, already tasked with advising the Government on disability issues. As a result of Denmark's accession to the Convention, the Council has,

for instance, been tasked with discussing and assessing developments in society for persons with disabilities on the basis of the Convention.

The Parliamentary Ombudsman contributes to monitoring the disability area by continuing his current work of monitoring developments in equal treatment.

Thus, together, the Institute of Human Rights, the Disability Council and the Parliamentary Ombudsman constitute the framework for promoting, protecting and monitoring the Convention in accordance with the obligations stipulated in Article 33(2) of the Convention.

Statistical data

As of 1 July 2016, 5,717,014 persons were living in Denmark. 1,167,112 of these persons were below the age of 18 years (20.4 % of the population).

At the end of 2014 11,127 children was placed outside their home. The number of placements was reduced by 4 percent from 2013 to 2014.

Information on the number of persons with reduced physical or mental functional capacity living in Denmark is not available, as persons are not registered according to functional capacity, and as it is impossible to make a clear-cut definition of when a person has reduced functional capacity. However, the number of persons receiving social services aimed at persons with reduced physical or mental functional, as shown below, may provide an indication on the number of persons with reduced physical or mental functional capacity in Denmark.

Number of recipients in 2014 of the most important social services provided due to reduced physical or mental functional capacity	
(Please note that the same person may receive several kinds of the social services mentions)	
Escort schemes for physically disabled persons	8,800
Assistant scheme	1,500
Contact person for deafblind persons	400
Sheltered employment	8,200
Activity and social activity offers	14,000
Socio-pedagogic assistance	27,000
Long-term residential accommodation	8,600
Temporary residential accommodation	5,800

*Data is based on data from 32 municipalities on social services for citizens aged 18 years or older with physical or mental disabilities (excluding mentally ill). Figures shown are extrapolated to national level based an age and gender specific weights and rounded to nearest 100. Numbers may be revised.

Question from the ECSR: *The Committee has requested information on whether some social services are provided free of charge, and in respect of services not provided free of charge, what criteria regulate the fees.*

According to section 158 of the Act on Social Services a person who receives social services pursuant to the act is as a main rule obliged to pay for the assistance. The possibility to charge a fee for services is, however, only used with regard to certain types of assistance, and a number of services are provided free of charge. The following types of assistance are examples of services provided free of charge:

- Counselling to prevent social problems and to help the citizen overcome immediate difficulties, cf. section 10 of the Act on Social Services

- Family-related counselling, cf. section 11 of the Act on Social Services
- Counselling of persons with impaired physical or mental function or with special social problems, cf. section 12 of the Act on Social Services
- Counselling of persons affected by honor-related conflicts, cf. section 12 a of the Act on Social Services
- Advisory special counselling in the most highly specialised and complex individual cases, cf. section 13 of the Act on Social Services
- Counselling and guidance provided by independent consultants in cases concerning persons with impaired physical or mental function, cf. section 15 of the Act on Social Services
- Legal assistance to custodians and young persons over the age of 12 in connection with a number of issues related to a child being taken into care, cf. section 72 of the Act on Social Services

For assistance not provided free of charge the fee shall be calculated according to the provisions issued on the matter. The regulations on this matter vary according to i.e. the type of assistance and the beneficiary group. The income of the person receiving the assistance is in general the main factor in the calculation. For low-income groups no fee may be charged for certain types of assistance. A fee is charged for the provision of assisted temporary or long-term accommodation. Such accommodation is i.a. provided to individuals with disabilities, homeless and women who have experienced domestic violence. The individual's municipality decides on a fee according to specific criteria, so it is comparable to the average cost of housing in the surrounding area or so that the costs of housing including food, electricity and so forth are covered. Decisions on fees should always consider the individual's economic situation and ability to pay. Individuals who during the stay maintain own residence, are without income or for other reasons have difficulties paying the fees may be granted an exemption by the municipality.

Article 14§2 – Public participation in the establishment and maintenance of social security

Reference is made to the 32nd report for information on the Council for Volunteer Action, the Centre for Voluntary Social Work, Section 18 of the Act on Social Services, the PUF Fund (the Fund for Voluntary Social Work for the Benefit of Persons with Social Problems), and the non-profit voluntary sector in Denmark.

Question from the ECSR: *The Committee wishes to know whether and how the Government ensures that services managed by the private sector are effective and are accessible on an equal footing to all, without discrimination at least on grounds of race, ethnic origin, religion, disability, age, sexual orientation and political opinion.*

With regard to the Committee's question concerning discrimination, the Government may inform the Committee that pursuant to the Act on Social Services it is the obligation of the relevant municipal council to ensure that all necessary services and facilities under the Act on Social Services are available. The municipal council is hence responsible for ensuring that a person in need receives the necessary and appropriate assistance under the Act on Social Services without discrimination on the grounds of i.a. race, ethnic origin, religion, disability, age, sexual orientation or political opinion. The assistance in question may be provided by municipalities, regions or private service providers.

Article 4 of the 1998 Additional Protocol

Right of the elderly to social protection

Article 4 of the 1988 Additional Protocol – Right of the elderly to social protection

New initiatives on elderly care

In 2012, the Government established a Commission on Home Care Services in order to examine the challenges of taking care of elderly persons and to make recommendations in this respect. The work of the Commission on Home Care Services has resulted in rehabilitations schemes and a change in the law regarding preventive home visits.

Rehabilitation schemes

Since 1 January 2015 the municipal council shall provide a brief and time-limited rehabilitation programme to persons with functional impairment, if the rehabilitation programme is deemed capable of improving the person's functional impairment and thus help the person regaining independence, physical or social functionality and thereby better quality of life. The purpose is to improve the person's functional capacity; independency and personal freedom. The rehabilitation scheme is offered to citizens that are considered to be able to profit from this initiative. Every rehabilitation scheme must be adjusted to the recipient's resources and needs. Elderly individuals who are not capable of going through a rehabilitation scheme will still receive home care services if needed.

Preventive home visits

On the background of the Commission's work the law regarding preventive home visit was changed on 1 January 2016. The aim of the home visit is to identify the need for individual assistance and discuss the well-being and current life situation, as well as give advice and provide guidance about activities and support services. The municipalities are now obliged to offer yearly visits to every elderly person from the age of 80 (before 75 years) but also to offer preventive home visits to special risk groups aged 65 to 79 years. This is a new amendment to the law.

Furthermore, the work of the Commission has resulted in different initiatives focusing on preventing loneliness among older people.

Other new initiatives for the elderly population in Denmark have been established over the past few years; most notably the National Action Plan for the Elderly Medical Patient (DÆMP) and the National Action Plan on Dementia 2025.

The National Action Plan for the Elderly Medical Patient

In the Finance Act for 2016, the Government has prioritized an annual allocation of EUR 40.2 million to a new national action plan for the elderly medical patient.

The elderly medical patient often suffers from severe disease, several simultaneous diseases and/or impaired functional abilities. As a result, the elderly medical patient is in frequent contact with the GP, the hospital and the municipality.

The national action plan for the elderly medical patient focuses primarily on efforts before and after hospitalization and on increased coherence across sectors. For instance the plan outlines initiatives to improve the ability of the municipalities to detect early signs of disease, loss of functional ability etc. in order to prevent unnecessary hospitalization of elderly people and to support a more flexible use of competences across sectors.

The new national action plan also includes a plan for immediate action against overcrowding at hospitals that provides methods and tools to ensure better use of hospital capacity across departments.

Analyses show that almost fifty per cent of the patients in medical wards are over 65 years. Many of the elderly people who are hospitalized suffer from a chronic disease or dementia. Chronic obstructive pulmonary disease (COPD) is one of the most frequent diseases among elderly patients in medical wards. A minor percentage of the elderly have two or more chronic diseases.

The National Action Plan on Dementia 2025

In December 2016, the Danish government also allocated almost 2 billion DKK in the period 2016-2019 to target elderly persons with dementia particularly through the National Action Plan on Dementia 2025.

The action plan is based on the assumption that all people living with dementia should be able to live a dignified and safe life. Diagnosis, treatment and care of people with dementia should be based on the individual's needs and values. The government has put forward five priority areas: Early detection and high quality in diagnosis and treatment, improving the quality of care and rehabilitation, support and guidance for relatives of persons with dementia, dementia friendly communities and residences, and an increased knowledge and competency level.

Organizing elderly care in Denmark

Social services for elderly citizens are provided mainly by the 98 municipalities, that are fully responsible for public governance, provision, delivery and financing of elderly care in Denmark. While the Social Service Act constitutes the framework for the services provided by municipalities and their obligations within the entire area of social services, the extended self-rule principle for local government in Denmark means that the municipalities decide on the specific methods and service levels they wish to apply. The municipal council must ensure that services are always provided on the basis of an assessment of individual needs.

In order to promote user influence, all municipalities must establish Senior Citizens' Councils. These councils are elected for a four-year term, and all citizens over 60 have the right to vote or run for the council. The municipality must consult the Senior Citizens Council in any issue relevant to the elderly population in the municipality.

Every resident is entitled to in-kind personal and practical assistance if s/he cannot perform the basic personal and practical activities autonomously, regardless of ability to pay. There is no specific minimum level of dependency. Any request for personal and practical assistance must be considered on the basis of a specific and individual assessment of the need for assistance. This means that the municipality must consider all requests for personal and practical assistance from citizens living in the municipality.

Financing elderly care

All personal and practical assistance, which each resident is entitled to, is publicly financed by the state and the municipalities.

The municipalities have the authority to collect taxes, but are also supported by a system of central government grants, reimbursements and equalization schemes. Block grants from the central government are divided among the municipalities in proportion to their tax base. The equalization scheme is included in the block grants and ensures that the municipalities have more uniform conditions for taking care of municipal responsibilities.

Quality models

Each local municipality establishes quality standards for home care services, rehabilitation and training. The quality standards are politically decided at a local level and thereby express local political goals to the public. The quality standards define the service level of the municipality and gives information to the citizens about the help they can expect to be offered. Quality standards thus create transparency regarding the connection between the politically decided service standard, the specific ruling on help, and the services delivered.

Home care

Home care services are typically targeted at elderly people who live at home but are unable to manage everyday life on their own. Home care falls in two categories: practical help (e.g. cleaning and laundering) and personal care (e.g. bathing and shaving). The municipality provides these services free of charge. Elderly people may also receive food services based on an assessment of individual need. In 2015, around 12 per cent of all elderly over 65 received home care services.

Elderly people pay for food services, but a maximum limit for co-payment has been set at national level and the cost cannot exceed average production cost.

The principle of free choice is fundamental to Danish elderly care. The municipality must provide a choice between different service providers of home care and food services. The local authorities are under the obligation to ensure that there are at least two providers of home care services, of which one may be a public provider.

Services or facilities for families caring for elderly persons

The municipal council has to offer substitute or respite services to a spouse, parents or other close relatives caring for a person with impaired physical or mental function. A person who takes care of a terminally ill close relative is entitled to care allowance from the municipality. The care allowance is not determined by the carer's or the terminally ill person's economic situation.

Institutional care

There are different types of housing for elderly or disabled persons who need a special residence:

- Family home
- Private nursing home

If a citizen is offered residential accommodation, s/he can choose between different alternatives within the municipality or even in other municipalities, if the legal requirements are fulfilled.

The local authority is also responsible for ensuring that a sufficient supply of housing is available for elderly or disabled persons who have a special need for such housing.

Inspection and complaints procedure

Under the Social Service Act each municipality is committed to supervise the performance of municipal duties with regards to personal and practical assistance, and rehabilitation/reablement services in order to ensure that the decisions of the municipal council comply with the quality standards.

Furthermore, the municipal council shall perform at least one yearly unannounced visit to nursing homes in its jurisdiction.

The municipal council must actively, investigative, and systematically supervise, that every resident is offered the help he or she is entitled to, and that this help reach the quality – both professional and

economical – that the municipality has decided on in its quality standards. The duty of supervision also includes that the municipal council is obliged to take action, if members of the council get information about possible insufficient or criticizable services or institutions.

Prevention of elder abuse

The extent of elder abuse in institutions has not been evaluated on a national level.

In Denmark all municipalities are - under the Social Service Act - required to supervise relatives, institutions and staff, and the elder themselves in regard to this subject.

Furthermore, institutions are obliged to report any cases of abuse to the municipality which again is obliged to act within this area.

However, as mentioned one of the priority areas propound in *The National Action Plan on Dementia 2025*, is to create more dementia friendly communities and residences. This area of priority is i.a. made to prevent and reduce aggressive and violent behavior among older people suffering from dementia, which can lead to violence against the staff but also between older people in care institutions.

Specific procedures are in place as regard cases of abuse/use of force towards people with dementia.

Health care

Question from the ECSR: *The Committee asks the next report to provide any information on recent health care initiatives for elderly persons.*

Please see "new initiatives on elderly care" above.

Housing

Housing benefit

Housing benefit is granted to pensioners and to tenants who are not pensioners.

Housing benefit is calculated from the income of the household, the housing costs and size of the dwelling.

Housing benefit available for old age pensioners

Housing benefit granted to old age pensioners is calculated as the difference between 75 pct. of the annual housing costs - supplemented by DKK 6,600 - and 18 pct. of the household income exceeding DKK 157,000. If the household comprises more than one child, the income threshold is increased by DKK 41,400, for each child up to a maximum of four children.

The annual housing cost included in the calculations cannot exceed DKK 88,100, unless there is a child or children in the household.

The pensioner shall as a minimum pay a share of the housing costs corresponding to 11 percent or more of his/her household income, provided always that such amount shall constitute not less than DKK 16,600. The annual housing benefit cannot exceed DKK 46,476, unless there is a child or children in the household.

All numbers are based on rates applying for 2017.

Nursing homes, senior housing, sheltered housing

Pensioners living in nursing homes (plejehjem) cannot receive housing benefit as a nursing home is a housing arrangement that is not covered by the law on individual housing benefit. The special financing that apply to nursing homes fall within Social Services.

Housing benefits is granted to pensioners living in senior housing (ældre-bolig) and sheltered housing (plejebolig).

Generally, the rules for housing benefits are the same if the pensioner lives in senior housing, sheltered housing or other rental property. Housing benefit recipients assigned by the local authority for senior housing or sheltered housing, are subject to a number of more favourable rules than other recipients.

Pensioners assigned to senior housing or sheltered housing are not subject to an upper limit for housing benefit. Also the threshold for the annual housing costs, of which housing benefit is calculated, do not apply to pensioner as-signed to senior housing or sheltered housing.”

Institutional care

Question from the ECSR: *The Committee asks for updated information on the inspection, complaints procedure etc. in institutional type facilities such as care homes.*

The competent municipality shall supervise the performance of the municipal duties with regard to home care and rehabilitation/reablement services in order to ensure that the decisions of the municipal council comply with the quality standards. Also, the municipal council shall perform at least one yearly unannounced visit to nursing homes in its jurisdiction.

Question from the ECSR: *The Committee asked for information on the cost of social housing, as well as on any housing allowances, benefits or subsidies that are available for the elderly to meet the costs of their housing. However, the report provides no information in response to this, so the Committee repeats its requests for this information.*

Total cost of social housing was approximately 10 billion DKK, granted to 280,000 pensioner households. Each household received approximately 35,000 DKK annually by way of housing benefits (Soruce: Finance bill, 2017)

Legal framework on assisted decision making procedures

Question from the ECSR: *The Committee asks what is the difference between the two procedures mentioned in the report: between the appointment of a legal guardian and restrictions on self-determination by the municipalities whether the use of such procedures is monitored/reviewed in order to ensure no abuse, whether there is a requirement that any representative appointed through such measures is obliged to strictly act in the best interest of that older person and be free of conflict of interest. Further the Committee asks whether consideration has been given to establishing a mechanism which would allow an elderly person to appoint a trusted third party of their own choice.*

Legal guardianship

According to the Danish Act on Legal Guardianship, a guardian may be appointed for an adult who suffers from a mental illness, including severe dementia or impaired mental development or other types of severely impaired health, and who is unable to manage his or her affairs. There must be a specific need for the

appointment of a guardian. A guardianship does not restrict the personal autonomy of the person under guardianship. Thus, the Legal Guardianship Act does not provide the guardian with the legal capacity to, inter alia, consent to the use of force towards the person, in question unless this is expressly authorized by other specific legislation.

All legal guardians are supervised by the State Administration. It is expressly stated in the Legal Guardianship Act that if the relevant circumstances have changed, the guardianship must be changed to a less or more supportive guardianship. Furthermore, the guardianship must be ended, if the conditions for initiating the guardianship are no longer existing.

All legal guardians must act in the best interest of the person under guardianship. A legal guardian must also be free of any conflict of interest.

Provisions on the use of force (in special cases) under the Social Services Act do not apply in case of older people.

On 12 May 2016 the Danish Parliament adopted a bill on continuing powers of attorney (CPA). When the Act comes into force, a CPA is introduced as a new legal institute in Danish law that may be considered as an alternative to guardianship and ordinary powers of attorney. The Act provides an opportunity for granters to appoint a future representative in case of the granter's loss of mental capability.

To be effective, the CPA must be set into force by decision by the State Administration upon request from the granter or the attorney. Like guardianship, the CPA does not restrict the personal autonomy of the granter, and the attorney is obliged to act in the best interest of the granter.

It should be noted that such cases are very rare. During May 2013 - May 2016 a total of 40 persons were comprised by the legal guardianship scheme. The 40 persons are not broken down by age.

Source: The State Administration.

The procedure is not under the responsibilities of the municipalities but under the state administration.

Right of the elderly to social protection

Please see above under replies to art. 12.1 and 13.

Annex 1 – drug consumption rooms

Excerpt from the 2015 evaluation of the drug consumption rooms in the municipalities of Copenhagen, Odense and Aarhus

4. Conclusion

Many people use the drug consumption rooms in the municipalities of Copenhagen, Odense and Aarhus in which a wide range of treatment and harm reduction measures that the rooms do not replace, but supplement, already exist. The number of consumptions in the facilities is high.

The markedly more people using the drug consumption rooms in the City of Copenhagen and the markedly higher number of consumptions in these facilities compared to the drug consumption rooms in the municipalities of Odense and Aarhus seem to reflect differences in the number, opening hours and capacity of the drug consumption rooms. These differences are presumed to reflect the local situation, including with regard to the size of the drug problem and its consequences. The local situation in the three municipalities is also presumed to be the reason why there are seats for injection in all of the five drug consumption rooms whereas there are seats for inhalation in only two of the facilities.

The distribution by sex among the users of the drug consumption rooms almost corresponds to the distribution among persons who suffer from drug abuse according to the estimate of the Danish Health Authority and to the distribution among those who suffer a drug related death and those who enter drug abuse treatment. Accordingly, drug consumption rooms do not seem to consider the needs of one sex more than the needs of the other sex.

The fact that in 2014, the drug consumption rooms had a total of 3,564 active users who in the course of the year consumed controlled substances 199,075 times in the facilities demonstrates that within the target group – persons aged 18 or above with a severe dependency resulting from long-term and continuing abuse of controlled substances – there is a widespread desire to be able to consume controlled substances in a hygienic setting and under supervision of qualified personnel. This desire is also expressed in the overall great satisfaction with the drug consumption rooms and in the joy at being accepted in a facility as the users in the City of Copenhagen are reported to say.

The high number of consumptions – 355,255 from the establishment of the drug consumption rooms until the end of 2014 and as mentioned 199,075 in 2014 alone – is presumed to contribute to the reduction of the risk of deaths and harms related to consumption of controlled substances. Due to the severe dependency of the target group, all of these consumptions would presumably have taken place even if there had been no access to drug consumption rooms. Had there been no access to such facilities, by far the most of these consumptions would hardly have taken place in a hygienic setting and presumably none of them would have taken place under supervision of qualified personnel.

With regard to hygienic settings, the drug consumption rooms are fitted in a way and have facilities that contribute to the reduction of the health risk related to consumption of controlled substances. E.g. there is access to wash the hands before the consumption and there is distribution of sterile equipment for consumption of controlled substances.

With regard to supervision, personnel of the facilities are present in the room or the rooms in which controlled substances are possessed and consumed and with regard to qualifications, the personnel supervising the consumption of controlled substances are capable of distributing relevant equipment for

consumption, giving guidance on consumption and giving first aid in case of an overdose or another emergency.

Though the contribution of the drug consumption rooms to the reduction of deaths and harms related to consumption of controlled substances cannot be quantified directly, both the hygienic settings and the qualified personnel are presumed to have great significance in that respect. E.g. first aid was given in all of the 301 cases of overdose/severe poisoning that occurred from each of the drug consumption rooms was established until the end of 2014. In 2014 alone, it occurred 133 times. None of these cases, in which the users could not breathe unaided, caused death. Had these overdoses/severe poisonings occurred in another place than in a drug consumption room it would not necessarily have been possible to give first aid and in any case not as quickly.

The municipalities of Aarhus and Odense as well as DanChurchSocial [Kirkens Korshær], which operates the drug consumption rooms in the two municipalities, also report that the personnel experience that the acknowledging approach to the users has a good effect with regard to the reduction of deaths and harms which is an overall aim of the drug consumption rooms.

Due to the high number of active users of the drug consumption rooms, there is an opportunity of obtaining contact with many persons who are severely dependent resulting from a long-term and continuing abuse of controlled substances and who are not necessarily in contact with the treatment system or other authorities. The reports of the municipalities demonstrate that the contact with the target group inter alia gives the opportunity to give guidance on the consumption of controlled substances, to give advice as regards health, to conduct medical examinations and to refer to external measures, including health and social measures as well as drug abuse treatment.

The municipalities of Aarhus and Odense as well as DanChurchSocial, which operates the drug consumption rooms in the two municipalities, report that the personnel experience that the early and close contact with the users facilitates bridge building to drug abuse treatment and external measures.

Especially with regard to drug abuse treatment, it is positive that in 2014, the drug consumption rooms made in total 354 referrals – not least taking into consideration that the persons in question are severely dependent resulting from a long-term and continuing abuse of controlled substances. According to the Municipality of Odense, there are inter alia examples that the contact obtained in the drug consumption room can be a step on the way to treatment within the scheme of medically prescribed heroine with the resulting advantages in shape of improvement of the social situation, reduction of the abuse of illegal substances and of the risk behavior as well as reduction of the criminality.

The supervision by the qualified personnel of the consumption of the controlled substances in the hygienic setting as well as the guidance on the consumption, the advice as regards health, the medical examinations and the referrals to external measures are presumed to contribute positively to the reduction of the mortality among and improvement of the situation for the target group who are particularly exposed as regards drug related deaths, health harms and social problems.

In addition, the drug consumption rooms are presumed to contribute positively to the reduction of public nuisance in the shape of malaise and insecurity, including not least for the people, inter alia families with children, living in neighborhoods affected by street-level abuse of controlled substances.

According to the City of Copenhagen, Vesterbro [the neighborhood most affected by street-level abuse of controlled substances], where the drug consumption rooms of the city are located, overall experiences less public nuisance resulting from the abuse of controlled substances in the neighborhood.

The Funen Police [local branch of the National Police] has reported that before the establishment of the drug consumption room in Pantheonsgade [name of street] in Odense, there were major problems with behavior causing insecurity among people living and shopping in the city centre, and that after the establishment of the facility, order was reestablished and the police and the municipal authorities no longer received complaints from the people in question.

(...)

The East Jutland Police [local branch of the National Police] has reported that in connection with the establishment of the drug consumption room in Nørre Allé [name of street] in Aarhus, some people in the neighborhood expressed the concern that the facility might cause increased insecurity, including increased sale of controlled substances, in the neighborhood which was already known for being the place where the marginalized people of city stay. However, the East Jutland Police has inter alia noted that the establishment of the drug consumption room has not caused additional policing challenges in the neighborhood. Actually, after the establishment of the facility there have been fewer notifications than previously.

Also in another way, the drug consumption rooms are presumed to contribute positively to the reduction of public nuisance. E.g. in Copenhagen, the high number of consumptions in the facilities is reflected in a decrease in the amount of needles and syringes waste by at least 70-80 per cent since the establishment of the first drug consumption room. Correspondingly, the Funen Police has reported that after the establishment of the drug consumption room in Pantheonsgade in Odense, needles and syringes are left in the neighborhood in a much smaller amount than previously.

Accordingly, drug consumption rooms seem to be an effective measure that results in significant advantages for the target group as well as for the community. All things considered, the experiences from abroad that drug consumption rooms can contribute to the reduction of the mortality among and the improvement of the situation for the target group as well as for the reduction of the public nuisance in the community seem to have been confirmed in a Danish context.

The advantages for the community as well as the cooperation between the municipalities and the private foundations operating drug consumption rooms on the one hand and the police, the local community and the target group on the other hand are presumed to be contributing to the fact that no significant problems related to the operation of the drug consumption rooms have been reported.

The problems that have been reported seem primarily to be of a practical nature, e.g. capacity and opening hours, and it seems that solutions to the problems have been found or that solutions are worked on.

(...)

Neither from the municipalities nor from other sides there have been reports on problems resulting from the fact that on one hand, the prohibition against possession of controlled substances for other than medical and scientific purposes is maintained, and on the other hand, in and close to a drug consumption room such possession for personal use is normally not prosecuted by the police if the offender is aged 18 or above and has a severe dependency resulting from long-term and continuing abuse of controlled substances.

It is a task of the police to enforce the prohibition against possession of controlled substances for other than medical and scientific purposes and neither the judgment of who is aged 18 or above and has a severe dependency resulting from long-term and continuing abuse of controlled substances, the assessment of what amount could be considered for personal use nor the more specified determination of the area which is close to a drug consumption room seem to have caused problems in practice.

The reason why the enforcement of the prohibition does not seem to have caused problems in practice is presumably that drug consumption rooms are established after consultation with the police which knows the location of each facility and the conditions for its establishment and operation and that the police actively participates in meetings and other cooperation concerning the drug consumption rooms. In addition, the professional discretion which forms part of the enforcement is used by the police with due allowance for the intended functioning of the drug consumption rooms as well as for the people living around the facilities.