

DENMARK Country Summary

Introduction and Overview

Denmark does not have an explicit family policy and there is no one overall family policy statement. Denmark--among the child and family policy leaders in the OECD world--is a prototypical Nordic welfare state: developed and supported historically by a strong labor union and Social Democratic party alliance (and sustained under political change), universal, with generous and comprehensive policies, and "with support for transfers between generations. It is also a gender friendly welfare state...giving both sexes opportunities and possibilities of combining work and family life by [a] very extensive coverage with services" (Greve, 1999, p. 9).

While state and "social partners" (business and labor) share a consensus social contract and take the lead on labor-market matters, the municipality (275 local authorities) is the locus of a decentralized system of service delivery, including fields dealt with elsewhere nationally. Thus the municipalities are the paymasters for many cash benefits, but not family allowances, which are administered by the Ministry of Taxation. As is the case in Sweden, Denmark has one of the highest rates of taxation and of social expenditure as a proportion of GDP in the OECD world, assigns 6 percent of GDP to child and family benefits and services, and is also unusual, in sharing only with Sweden the dedication of more money for services (especially child care) than for family cash benefits.

While the economic situation of the late 1980s and early 1990s threatened program financing and resulted in what Americans would consider very modest family and child policy cutbacks, Denmark's mid-1990 economic recovery was followed by a restoration of cuts and further positive developments (Kamerman & Kahn, 2000). The 2001 electoral victory of the Liberal Party over the long-governing Social Democrats was over elements of immigration policy, not other basic social policies. Nor has the present governing Liberal-Conservative coalition moved to dismantle core social policy.

Denmark spends more of its GDP on education than any other OECD country (1998). Eurostat education statistics from 1995 show Denmark with a (comparatively) excellent record in the percent of the population with more than a lower secondary education. As a result, "the country now has the most educated workforce in the EU." Much attention is given to vocational education and training and to student drop-outs (Eurostat, 2002).

Government Agencies

Responsibility for child and family policies is spread among a number of functional ministries, but in recent years a coordinating Inter-Ministerial Committee on Children has been striving for coherence and a holistic orientation to families. There is also a coordinating policy mechanism in the Parliament. Municipal social service departments with multi-disciplinary staffs do not compartmentalize broad-based universal developmental services and those for children and youth in trouble or at risk. Family Allowances (Child Benefits) are the responsibility of the

Ministry of Taxation, health care and health visitors are under the Minister of Health, and childcare is under the Minister of Social Affairs and the Minister of Education. Cash maternity benefits also are under "social affairs" but other aspects are under health. Other family cash aid is under social affairs.

A Child Council (permanent since 1998) has a "watchdog" role, fosters genuine child "participation" as feasible in personal and program choice, and assesses the conditions of children in the light of the U.N. Convention on the Rights of the Child.

Demographic and Other Social Trends

With its population of some 5.3 million (2000), Denmark (like all Nordic countries) is one of Europe's smallest. About 17.6 percent of the population are under-15s, a bit below the EU proportions. Denmark has the highest 15-64 employment rate in the EU. In 2000, 71.6 percent of all women, 16-66, were in the labor force, but one-fourth worked part-time, below the EU rate. They constitute 46 percent of the labor force, a number exceeded only by Finland. In 1996, 92 percent of mothers and 96 percent of fathers were in the labor force. Of women ages 30-50, 86 percent worked full time. Of mothers of children under age 3, 71.4 percent were in the labor force, as were 77.8 percent of those whose youngest child was 3-6. Over 70 percent of lone parents were at work. On average fathers worked 42 hours and mothers 36 hours weekly (1996). High divorce and separation rates and socially acceptable cohabitation give Denmark high lone parent totals, depending on definition. Some 18.4 percent of children were in single parent families in 2001. Most young children in fact live with two adults.

“Danish policy...is aimed towards gender-equitable labour force participation on a full-time and universal basis. To that aim, comprehensive family support is provided, workers can access generous child-related leave programmes, and child care is accessible to almost all children as from the age of 6 months” (OECD, 2002a, Vol. I, p. 15).

Denmark follows Finland in the lead in the age (under 21) at which half of all young people have left the parental home according to the EU 2001 report. Denmark and Finland lead in the percentage of young people, ages 16-29, who are cohabitating (over 40%) (Eurostat, 2001).

Social Protection

The context is that of a generous Scandinavian welfare state which evolved during the period when Bismarck was developing social insurance in Germany, but was based in the peasantry and an enlightened mercantile class. It has emphasized universalism, rather than contributory benefits-but the pattern is not pure. (There have been some departures from universalism in recent years). Nonetheless, most benefits are flat rate. Danish unemployment insurance has been generous, but its labor market policies have not been dramatically "active" in the Swedish sense. A general national health service covers everyone and has no "insurance" (contributory) features. The national health service involves a publicly funded and administered delivery system. Co-payments are low. Social assistance has been generous, comparatively, since the 1970's, offering

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a living standard that is viable. While overall housing policy is modest by European norms and there is considerable reliance on the market in this field, grants to the poor—which are means tested—are graduated and contribute substantially to a decent housing standard for most low-income families with children. Education on all levels is public, universal, of high quality, and accessible.

Denmark's social expenditures as a portion of GDP are high comparatively (29.4 percent, compared to a European average of 27.6 in 1999). A Eurostat analysis for 1999 found that in standardized ECU's, adjusted by PPP, the average European country spent 5120 ECU's per head for social programs. Denmark (6884) led Germany (6351), Sweden (6119), France (5608), and U.K. (4839). Moreover it assigned 12.0 percent of those expenditures to family and child benefits, more than Sweden (11.2) and far more than the other listed countries. (These results are consistent with ranks on per capita GDP.) In another calculation, Eurostat (1998) notes that only Luxembourg and Norway led Denmark in expenditures on families and children among the 15 European Union countries, plus Iceland and Norway.⁵

According to a report from the UNICEF Innocenti Center, Denmark ranks 7th among 19 OECD countries in per capita GDP, but it is third in a ranking of lowest child poverty, employing a U.S. poverty line. It has the 6th best record (5.1 percent) in poverty by the European standard of less than 50 percent of the median. The comparable U.S. rate is 22.4 percent. Some 13.8 lone parent Danish families (15.2 percent of all children) are poor by this standard, compared with 3.6 percent of other families (UNICEF, Figures 1, 2, & 3). An EU 2001 report notes that Denmark like Ireland, Netherlands, and Luxembourg has one of the best performances in going from high pre-transfer poverty to low post-transfer poverty (relative) (Eurostat, 2002). A study using LIS data shows this to be the case for all family types (Beaujot & Liu, 2002, Table 1).

In accord with a universalism philosophy, Danish social benefits are not based on social security contributions by employers or employees. The Danish welfare state is financed by the VAT and the high personal income tax (and it is individual, providing for equal treatment of different family types).

A Danish expert notes that despite divorce and considerable non-marital cohabitation, once a child is 6 months to a year old, "the daily life of the average Danish family with children...is a daily life with two parents who are both active in the labor market." This does not occur without societal support. She adds,

"Emphasis on the individual has resulted in special attention being given to children and to families with children. This direction of family policy has become increasingly visible over the last ten years, assuming a shape which makes it possible to speak of Danish family policy in terms of a focus on child policy, in spite of extensive quantitative (economic benefits) and qualitative (support of parents' care taking functions) services" (Pruzan, 1998, p.15; Pruzan, 1995, pp. 35-36).

Danish institutions show much interest in ensuring each child "a good childhood" and optimum personal growth and development as well as (more recently) in early acquisition of needed knowledge and skills. The children's rights message of the Universal Declaration of Children's

Rights is taken very seriously. A strong group supports the concept of childhood as a stage in itself, needing to be protected and enhanced and not only as a precursor to something later. And the combination of policies and services means that Denmark has virtually no child poverty or homelessness and that Danish health records are outstanding.

Child, Youth and Family Policies

Maternity, Paternity, Parental, and Family Leaves

A reform effective in January 2002 extended maternity leave but cut the original one-year parental leave. Maternity leave was increased from 32 to 52 weeks. Of these weeks, four must be taken before the child's birth. The father may take two weeks during the childbirth period and the first 14 weeks after birth are available to the mother. The remaining 32 weeks may be "shared freely" between the father and the mother. After the maternity period the parents may claim up to 32 weeks of parental leave, of which 8-13 weeks may be used until the child's ninth birthday (Bertelsmann, 2003, p. 36).

Denmark does not match those countries with generous benefits permitting care of a sick child. There is no statutory right to such leave, but all public sector and most private sector workers have the right through workplace policies to remain at home with full pay for the first day of a child's illness. What apparently occurs is that the mother remains at home the first day, the grandmother the second, perhaps the father on the third. Then the mother, if needed, will report in sick and use her own sick days for sick childcare. This is regarded by some child advocates as an area requiring attention.

On the other hand, a 1990 amendment to Denmark's Social Security Act makes it possible for a parent to stop work to care for a seriously ill child under age 14. The income replacement corresponds to what the parent would have been entitled to as a sickness benefit and may cover fifty-two weeks over eighteen calendar months.

Early Childhood Education and Care (ECEC)

As is common in Europe, most children ages 3-5 in Denmark are in pre-school programs. In addition, however, with almost all mothers of young children in the labor force, as are almost all parents in two-adult families, Denmark has been leading Europe in infant and toddler care. (66 percent of those aged 6 months-2 then 93 percent of the 3-5's in 2000). Access to subsidized child care is available to working parents at all income ranges and government per-child subsidies are high. The Danish system, largely government provided, is made up of crèches for the under-3s, kindergartens for the 3-6 (mostly full day), and some age-integrated centers. Municipalities also operate and supervise a family day care system covering most children in care between 6 months to 3 years. A new at-home option, adopted by most municipalities and chosen by 3000 families by last reports, allows at-home care for one year with the usual fee going to the family if one parent stays home (thus, matching—in part—an on-going Finland program). Currently, government pays 70 percent of child care fees and families 30 percent, but many low-income families receive significant additional relief. Overall, parents pay approximately 19 percent of "running costs." Since elementary schools begin at age 7, localities must offer preschools to the 6's for at least half-time. All children are enrolled and spend the

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open half days in day care centers or after-school clubs. In totality, 90 percent of all children are in some form of local authority care.

"Child care quality declined somewhat in the early 1990's, albeit from an exceptionally high baseline (lower staff: child ratios, larger groups) but there is a beginning return to earlier standards and conviction that quality matters and should be sustained. Given earlier economic problems, it is understandable that the first priority has been to assure a full supply of places for all children with employed parents or with special needs. The basic guarantee has been largely met, but there are some shortages in care during irregular or unusual hours (at night; during weekends). Apart from filling these needs, the current intention on the part of the Ministry, is to extend coverage to the children of unemployed and at-home parents who wish their children to participate. As essential as child care/preschool is if women with young children are to be in the labor force, there is growing conviction that these programs are important for all children whatever their parents' employment status" (Pruzan, 1998, p.15; Pruzan, 1995, pp. 35-36). Danish child policy values childhood as an important stage as of itself and children as social actors while all the various ECEC programs are designed to contribute to a "safe and secure childhood", great value is placed on enabling children to "share the responsibility for their own daily life depending on their age and developmental stage" (Fridberg, 1998, p.30). In 2001, the Ministry of Social Affairs, the local government's association and the educator's union embarked on a quality-improvement collaboration.

Denmark was part of a 2000 OECD review of ECEC in twelve countries. Consult the full Danish report on line at: <http://www1.oecd.org/els/pdfs/EDSECECDOCA015>.

Family and Child Allowances

After some experimentation with shifts to means-testing its benefits and other benefit variations from the 1950s through the 1980s, Denmark has restored its universal approach, convinced of its rightness for child policy. The allowances, which are higher for the 0-2s than for the 3-6s, and higher for the latter than for the 7-17s are relatively generous by European standards. They are government financed and untaxed. They affect poverty rates modestly. There are also important untaxed supplements: for children in a one-parent household or in a two parent household where one has had long hospitalization; if the allowance is the sole source of income of a single custodial parent; for orphans who have lost one or both parents. There are special multiple-birth allowances until age 7. There also is an adoption allowance. Benefit levels are indexed to wage levels. Allowances are, in fact, granted to the children except for special allowances awarded to student parents.

Child and Family Tax Benefits

Danish taxes focus on the individual with earnings or other income. Family structure has no significance. There are no special family tax deductions. A European Commission report in the early 1990s, stated that Denmark uses its tax system for family policy less than any country in the Community.

Child Support

When non-custodial parents fail to pay assigned child support or pay it late, the local social welfare office advances the payment. The typical grant level was about four percent of an

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average annual wage in the mid-1990's and went to about 15 percent of children. They are separate from child allowances. Payments are in advance, semi-annual, and continue to age 18. These payments, which are modest, are not considered as social assistance, nor do they count as income if there is an application for social assistance or a means-tested rent subsidy.

Other Child Conditioned Income Transfers

There are survivor benefits for children under age 18 as there are benefits for children deprived of support because the supporting parent has had an occupational accident or illness. Also adoption allowances and social assistance special benefits to help keep a disabled child at home. Social assistance, means-tested, is set at 80 percent of unemployment insurance for families with children and requires efforts to prepare for a job. It is taxable.

Child and Adolescent Health

Denmark's maternal and child health program has long been considered an exemplar. Apart from the excellent infant mortality, maternal mortality, and morbidity results-much of which is attributed to a generally progressive social policy and the related standard of living-the program has been seen as the nucleus of a municipal family supportive health and social service effort, geared to case finding and early intervention.

All Danish medical care is a public service, financed by the tax system, not differentiated by income. Families choose their primary physician and may make a change once in six months. Referrals to specialists are available. From the time of birth notification, home health visiting, routine check-ups until the child is 6, an inoculation schedule, and a pattern of parent education and support combine in an exemplar program. Children are monitored and served by a municipality-based health system, closely integrated with the personal social services. The same service works closely with the childcare facilities. Every child to the end of school has a health "passport". When compulsory school begins (6-7), the school health service takes over. The patterns and frequencies are adapted to family circumstances and needs. The nurses, who are well trained, continue with annual sight and hearing tests and health education through the school years. The health care system includes free dental care to age 18. Adolescents have comparably comprehensive free medical service.

School-Aged Children: Policies and Programs

Education is compulsory between ages 7-16, and almost all children attend a largely half-day, one-year pre-school in a system which seeks to integrate ECEC and early elementary philosophies and experience.

A Danish expert provides a report on provision and participation.

"After school hours many children will go to a public after-school center for 6-9 year-old children or a school based recreation scheme for the same age group. 60 per cent of all 6-9 year-old children are registered in such a public day-care facility. The local authorities must also provide the necessary club and other socio-educational leisure time facilities for children from the age of 10 and for young people. Clubs are social and cultural leisure-time services for the age group who no longer need to be looked after. The most common forms are after-school clubs for 10-14 year-olds in the afternoon and youth clubs for the 14-18 year-olds in the evening. The

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local authorities are required to draw up aims and frameworks for club activities, in order to provide a variety of good stimulating leisure-time facilities. The aim of the social club legislation is particularly to ensure that the needs of vulnerable groups are also looked after and met.

"In addition to public services a large variety of leisure activities are made use of by schoolchildren. More than 80 per cent of children aged 7-15 years participate in some kind of scheduled leisure activity i.e. sports, scouts, music etc. More than two thirds do sports of some kind and one fifth sing or play an instrument..."(Pruzan, 1998).

Youth

The income transfer and education benefit systems are seen as covering youth allowances to 18, youth clubs, children's institutions, railroad travel to holiday camps, and a 50/50 mix of education allowances and loans for those who continue post-grade 10 education (usually age 16). As put by one Danish expert:

"Local authorities are also obliged to supply the necessary number of places in youth centers or other necessary support measures for older children and adolescents. A new act that came into effect on 1 July 1995 stipulates that youth centers should always be part of a local authority's general child/youth policy measures" (Fridberg, 1998).

Current rules give young people a statutory right to influence planning and operation of these programs- and to express themselves on matters affecting their own welfare.

Click here to view in PDF format a table on the ages at which children and youth are legally entitled to carry out a series of acts in EU countries. Denmark has the lowest teen birth rate in the EU (OECD, 2002a, p. 40).

Denmark was one of the fourteen countries participating in the OECD thematic review, From Initial Education to Working Life—Making Transitions Work. For more detail on the transition to working life in Denmark, see OECD's background report on Denmark, as listed among references.

Housing Benefits

In general, families with children have adequate housing, 80 percent in private houses and 20 percent in apartments. The local social service authorities are charged with helping families with children "if they have problems with housing, and provisions are available for subsidizing the rent if necessary." Allowances are granted to youth under 23 who live with parents or grandparents. At the end of 1998 some 83,000 households with children received housing allowances. Homeless families with children "are practically unknown in Denmark." Almost all live in homes with indoor plumbing and central heating. Some 0.6 percent lack indoor toilets (Eurostat, 2002)

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