European Agency for Safety and Health at Work

Safer and healthier work at any age

Country Inventory: Denmark

European Agency for Safety and Health at Work

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Abbreviations

DA:	Dansk Arbejdsgiverforening
DWEA:	Danish Working Environment Authority
SIO:	Social insurance officers
ENWHP:	European Network for Workplace Health Promotion
EU:	European Union
Eurofound:	European Foundation for the Improvement of Living and Working Conditions
EU-OSHA:	European Agency for Health and Safety at Work
HR:	Human resources
ILO:	International Labour Organization
LO:	Landsorganisationen i Danmark
MSD	Musculoskeletal disorder
NGO:	Non-governmental organisation
NRCWE:	National Research Centre for the Working Environment
OECD:	Organisation of Economic Cooperation and Development
OSH:	Occupational Safety and Health
P.p.:	Percentage point
RTW:	Return to work
WEA:	Danish Working Environment Act
WHO:	World Health Organisation

Introduction

This report is part of the project 'Safer and healthier work at any age', initiated and financed by the European Parliament[1][2]. The objective of the European Parliament was to further investigate possible ways of improving the health and safety of older people at work.

The project, which started in 2013,

- reviewed state of the art knowledge on ageing and work;
- investigated EU and Member States policies, strategies, and programmes addressing the challenges of an ageing workforce in the field of occupational safety and health (OSH) and policy areas that affect OSH, such as employment and social affairs, public health, and education;
- investigated EU and Member States policies, strategies, and programmes in relation to rehabilitation/return-to-work;
- and collected information on related workplace-level practices.

To review policy developments and initiatives taken in Europe to tackle the demographic change, country reports were prepared, with a specific focus on initiatives to improve the health and safety of an ageing workforce and on those aiming at promoting rehabilitation/return to work.

Methodology

The country reports were prepared in each of the 28 European Member States and EFTA countries (Iceland, Switzerland, Lichtenstein and Norway). In eight countries (Austria, Belgium, Denmark, Finland, France, Germany, the Netherlands and the United Kingdom), the research was carried out at a more in-depth level including additional resources and the consultation of relevant stakeholders via the organisation of expert workshops.

The **information** used to prepare the reports was collected between September 2013 and June 2014 and comes from international, European and national sources, referenced in the report's bibliography.

The **indicators** presented in the first section of the reports have been selected taking into account:

- *Relevance to the topic:* In addition to data on working conditions and health, indicators related to general contextual factors such as the demographic development, labour market and employment have also been included.
- *Availability of data by age groups:* As the focus of this work is to investigate activities in the context of an ageing workforce, it is central to the project to collect data by age groups.
- *Geographical coverage:* In order to be able to compare results across the Member States, it is important to use the same indicators in all country reports. For this reason, European and international sources were favoured.

National expert workshops took place in the eight countries subject to in-depth review as well as in two additional countries, Poland and Greece between March and June 2014.

The objectives of the workshops were to:

- Confirm the findings and interpret the results of the desk research;
- Stimulate discussions between intermediaries and experts in the field of occupational health and safety and rehabilitation/return-to-work, in order to collect additional information and examples of good practices;
- Exchange views and ideas on what works well, what could be improved, and what are the drivers, needs and obstacles to address the challenges of an ageing workforce.

In Denmark, the expert workshop on safer and healthier work at any age took place on 4 June 2014, with around 28 participants. The workshop was planned in cooperation with EU-OSHAs focal point in

[1] Official Journal of the European Union, '04 04 16 – Pilot project - Health and safety at work of older workers', Chapter 0404— Employment, Social Solidarity and Gender Equality, 29.02.2012, pp. II/230 - II/231. Available at: http://bookshop.europa.eu/en/officialjournal-of-the-european-union-l-56-29.02.2012-pbFXAL12056/ (Accessed December 2014

[2] The activities carried out for the European Parliament's pilot project are coordinated by the European Agency for Safety and Health at Work (EU-OSHA) and implemented by a consortium led by Milieu Ltd (other consortium partners include: COWI, IOM, IDEWE, FORBA, GfK, NIOM).

Denmark, the Danish Working Environment Authority (DWEA) and the National Research Centre for the Working Environment (NRCWE), where the workshop also took place. Due to the holistic approach favoured in Denmark for OSH prevention and rehabilitation, making a distinction in the discussions between the OSH of older workers and rehabilitation/return-to-work was not justified. During the workshop, experts and policy-makers came together to discuss the implementation and effectiveness of policies and strategies (at national level and within companies) that play a role on safer work at any age.

Representatives from the European Agency for Safety and Health at Work (EU-OSHA), the Danish Working Environment Authority (DWEA), the Danish Trade Union for Public Employees (FOA), the National Research Centre for the Working Environment (NRCWE), the Danish Agency for Labour Retention and International Recruitment, the Confederation of Danish Employers (DA) and from Danish businesses gave presentations to introduce the topics for discussion. All relevant stakeholders for OSH in Denmark, including labour market organisations, authorities and healthcare institutions dealing with OHS and rehabilitation, researchers working with OHS, older workers and/or rehabilitation and selected companies with special attention on OHS and older workers then took part in the active discussions. A summary of the stakeholders' views is provided in the conclusions of this report.

The present report describes policies and strategies in Denmark addressing the ageing of workforce. Specifically, it focuses on initiatives to improve the health and safety of an ageing workforce and on those aiming at promoting the rehabilitation/return to work of workers following a health problem.

Structure of the report

The first section of the report provides background information on demographic developments, the labour market, working conditions and the health status of the older working population. The institutional and legal framework for occupational health and safety in Denmark, as of June 2014, is also described.

The second section of the report describes strategies, policies, programmes and activities initiated by the government or government-affiliated organisations, social partners and non-governmental organisations to tackle the challenges related to demographic change, and more specifically to the ageing of the workforce. These initiatives were identified primarily in the area of occupational health and safety but also in the areas of employment and public health and any other relevant policy areas.

The third section of the report focuses on the issue of the rehabilitation and return to work of workers following a health problem (accident or disease). The section starts by introducing the national system for the rehabilitation of workers following a long-term sick leave or work incapacity and considers the legal and policy framework, the actors involved and the main steps of the rehabilitation process. The second part of the section describes specific activities, programmes or strategies implemented by the government or government-affiliated organisations, social partners and non-governmental organisations for the rehabilitation of workers.

1 General context

Section I of this report starts with an overview of the most relevant facts and figures on the current situation in Denmark with regard to demographics, the labour market, working conditions and the health status of the older working population. It then provides background information on the institutional and legal frameworks in Denmark that pertain to safe and healthy work in the context of an ageing workforce. Finally, it provides a brief overview of the pension system, looking specifically at legal and actual retirement ages, early retirement opportunities and ongoing or upcoming reforms that would affect older workers.

1.1 Facts and figures

In this sub-section on facts and figures, a number of indicators introduce the current situation in Denmark with regard to demographic factors, the labour market, working conditions and health status of the older working population.

The following definitions aim to provide clarity on a number of terms used frequently in this section:[3]

- "Median age" is the age that divides a population into two groups that are numerically equivalent.
- The "old age dependency ratio" is the ratio of the number of elderly people at an age when they are generally economically inactive (i.e. aged 65 and over), compared to the number of people of working age (i.e. 15-64 years old)
- "Old age pension" is payment to maintain the income of a person after retirement from employment at the standard age or payment made to support the income of elderly persons.[4]
- "Anticipated old age pensions" are periodic payments intended to maintain the income of beneficiaries who retire before the legal/standard age as established in the relevant scheme.[5]
- "Survivors' pension" is payment to a person whose entitlement derives from their relationship with a deceased person protected by the scheme (widows, widowers, orphans and similar).[6]
- "Healthy life years", also called disability-free life expectancy (DFLE), is defined as the number of years that a person is expected to continue to live in a healthy condition.[7]
- The "demand-control-model"[8] is used to measure certain dimensions of occupational stress; it shows that the combination of a large number of demands made to a worker and the low level of control that the worker has on his/her own tasks has a negative effect on his/her health.
- The model of "effort-reward-imbalance" (ERI)[9] is also used to measure certain dimensions of occupational stress; it shows that the lack of rewards received by a worker in return for his/her efforts spent at work (including money, esteem and career opportunities) causes job strain. The ERI model therefore measures the proportion of 'rewards' for the level of effort provided.

Table 1 provides a quick snapshot of selected indicators, some of which are further described in the rest of the section.

[3] Definitions extracted from the Eurostat glossary (unless stated otherwise): http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Thematic_glossaries (Accessed December 2014)

[4] Eurostat, Methodologies and Working Papers, *The European System of integrated Social PROtection Statistics (ESSPROS), ESSPROS Manual and user guidelines*, 2012, p. 58. Available at: http://ec.europa.eu/eurostat/documents/3859598/5922833/KS-RA-12-014-EN.PDF/6da3b2bf-85ba-4665-b318-a41d6a2df37f?version=1.0 (Accessed December 2014)

[5] Definition according to Eurostat Methodology Paper on ESSPROS, p. 51

[6] Ibid, p62.

[7] This indicator is compiled separately for men and women, both at birth and at age 65. It is based on age-specific prevalence (proportions) of the population in healthy and unhealthy condition and age-specific mortality information. A healthy condition is defined as one without limitation in functioning and without disability.

[8] This model was created by Karasek (1979) Job Demands, Job Decision Latitude, and Mental Strain - Implications for Job Redesign. Administration Science Quarterly 24: 285-307.

[9] This model was created by Siegrist (1996) 'Adverse Health Effects of High-Effort/Low-Reward Conditions', Journal of Occupational Health Psychology 1: 24-41.

Table 1, Overview table of main indicators

	Denmark	EU-28
Median age 2013 (2060)	41 (43.3)	41.9 (46.3)
Share of population aged 55 to 64 years (2013)	12%	13%
Share of population aged 65+ (2013)	18%	18%
Old age dependency ratio (65+/15-64) 2013 (2060)	27.6% (41.6%)	27.5% (50.2%)
Employment rate of 55 to 64-year-olds (2013) (Δ since 2003)	61.7% (+1 p.p)	50.2%(+10.3 p.p.)
Official Retirement age[10]	65	
Effective retirement age[11] (2012)	63.4(m)/61.9(f)	62.3(m)*/60.9(f)*
Share of pensioners (50-69) who quit working for health or disability reason (2012)	31.6%	20.9%
Pension expenditures (% of GDP) (2011*)		
All pensions	14.3%	13.0%
Old-age pensions	10.9%	9.5%
Disability	0%	0.9%
Life expectancy at 65 years, in years (2011)	18.8	19.7
Women	20.1	21.3
Men	17.3	17.8
Healthy life years at the age of 65 (and 50)		
Women	13 (22.1)	8.6 (17.9)
Men	12.4 (21.8)	8.6 (17.5)
Employed persons aged 55 to 64 years reporting one or more work-related health problems in the past 12 months in 2007 (% from all employed aged 55 to 64 years)	12.5%	11.4%[12]
Share of employed people aged 55-64 yrs who perceive their health as in being in a bad or very bad status (and 45-54 yrs), 2012	4.5% (3%)	5.7% (3.8%)
Share of employed people aged 55-64 yrs who have a long-standing illness or health problem (and 45-54 yrs), 2012	25.4% (21%)	33.3%** (24.2%**)
Share of people aged 55-64 yrs who report MSDs as their most serious work-related health problem during the past 12 months (2007)	66%	59.9%[13]
Women	70%	64.4%
Men	61%	56%
Share of workers above the age of 50 who think they could do their current job at the age of 60[14] (2010)	83.6%	71.4%[15]
Share of employed people with working experience who report that measures to adapt the workplace for older people have been put in place at their workplace[16] (2013)	23%	31%

Sources: All figures are as published by Eurostat, unless mentioned otherwise. Sources used by Eurostat include: Eurostat population statistics, Eurostat population projections, the European Labour Force Survey (EU-LFS), the European Survey on Income and Living Conditions (EU-SILC), the European System of Integration Social Protection Statistics (ESSPROS)
*figure refers to 2011; ** estimated figures only (by Eurostat)

[10] See 1.4: Pension system
[11] OECD estimates on the "average effective age of retirement versus the official age, 2007-2012". Available at: http://www.oecd.org/els/emp/ageingandemploymentpolicies-statisticsonaverageeffectiveageofretirement.htm (Accessed December 2014)
[12] This figure is for the EU-26 without France. Due to different wording in the French version of the questionnaire, the results were very different in France and Eurostat recommends using the aggregate figures without France.
[13] This figure is for the EU-26 without France. Due to different wording in the French version of the questionnaire, the results were very different in France and Eurostat recommends to use the aggregate figures without France.
[14] European Working Conditions Survey 2010
[15] This Figure refers to the EU-27
[16] European Commission, Flash Eurobarometer on Working Conditions – Fact sheet for Denmark, 2014. Available at: http://ec.europa.eu/public_opinion/flash/fl_398_fact_dk_en.pdf (Accessed December 2014)

1.1.1 Demographic developments

In Denmark the population has been ageing since 1960, but particularly since 1980 (Table 2). The **median age** rose from 34 years in 1980 to 41 years in 2013 (EU-28: 42 years). The increase was not as large as the EU average increase, however.

Table 2, Median age (actual and projections) of population in Denmark and for EU, 1960-2060 (in years)

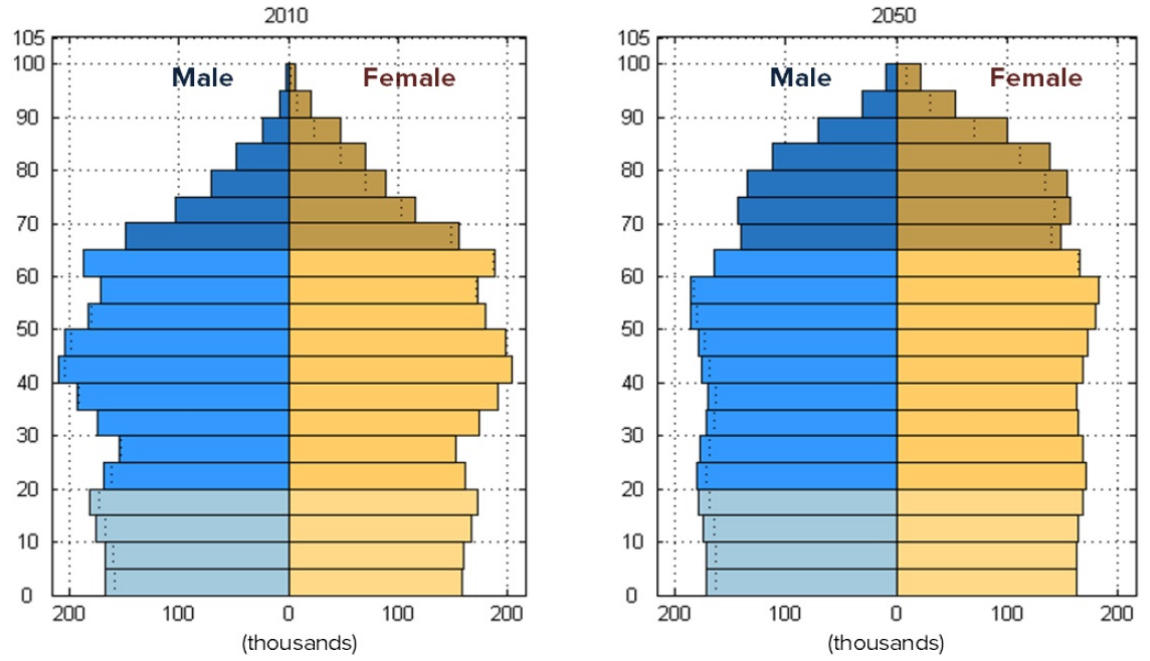
	1960	1980	1990	2000	2012	2013	2020	2040	2060
Denmark	33	34	37	38	41*	41	42	43	43
EU-27	:	:	35	38	42*****	42**	44**	46**	46**

Source: Eurostat population statistics: Population on 1 January: Structure indicators [demo_pjanind].
*figure for EU-27 for this year is flagged "estimated"
** figures from 2013 onwards are for the EU-28 aggregate

The population ageing is also reflected in the **distribution of the population across the different age groups** and their development since 1990: The share of the oldest age group (65 years and above) increased between 1990 and 2013 from 16% to 18% (EU-28: 18% in 2013). The share of the age group of 55 to 64-year-olds increased as well, from 10% in 1990 to 12% in 2013 (EU-28: 13% in 2013).

This ageing of the population is predicted to continue. The age group of persons above 65 years is predicted to increase from 18% in 2013 to 25% in 2060. This ageing is also shown in the age pyramid below (figure 1) which shows that between 2010 and 2050, the age group of around 30 to 55 years will decrease in size, while the age group above 55 years will increase in size.

Figure 1, Total population by age group and gender, 2010 and projection for 2050



Source: International Conference on Population and Development Beyond 2014, Denmark Country Implementation Profile[17]

[17] International Conference on Population and Development Beyond 2014, Denmark Country Implementation Profile. Available at: http://icpdbeyond2014.org/about/view/19-country-implementation-profiles (Accessed December 2014)

The **old age dependency ratio** (ratio of 'dependants' – aged 65 and above – and working-age population) is predicted to increase until 2080 (Table 3). The increase will be strongest between 2020 and 2040. This means that while in 2010 there were four people of working age per old person (65 years and above), in 2040 there will be fewer than 3 people and in 2080, around 2 people of working age per old person.

Table 3, Old-age dependency ratio (65+ year olds/15-64 year olds) (actual and projections), 1990-2060

1990	2000	2010	2015	2020	2040	2060
23%	22%	25%	29%	31%	41%	42%

Source: Eurostat, Old dependency ratio 1st variant (population 65 and over to population 15 to 64 years), population on 1 January: Structure indicators [demo_pjanind], 1990-2010; the same ratio was calculated for 2015-2060 with figures from Eurostat population projections [proj_10c2150p]

The population ageing in Denmark is reflected in the change of the total numbers of **old-age pension beneficiaries** (Table 4). Between 2006 and 2011, the number of beneficiaries of all old-age pensions increased by around 65,000.

Table 4, Number of beneficiaries of old-age pensions in Denmark 2006-2011, in thousands

	2006	2007	2008	2009	2010	2011
Total old-age pension beneficiaries	1,035	1,048	1,055	1,082	1,102	1,101
As % of total population	19%	19%	19%	20%	20%	20%

Source: Eurostat ESSPROS Pensions beneficiaries at 31st December [spr_pns_ben], figures include beneficiaries of means-tested and non-means-tested pensions

The increase in pension beneficiaries is also reflected in the **pension expenditures** (measured in % of GDP). Both the total pension expenditures and the expenditures on old-age pensions increased significantly compared to 1990 (Table 5). The share of expenditures on old-age pensions from the GDP almost doubled between 1990 and 2011. Both expenditures in relation to the GDP were higher than the EU average in 2011.

The expenditures on anticipated old-age pensions decreased from 1.9% in 1990 to 1.1% in 2011. On the contrary, in 2011 the expenditures on early retirement benefits due to reduced capacity to work for the first time since 1990 exceeded 0 and were at 2.3% of the GDP (Table 5). This may be a long-term effect of the legislative changes in 2003 (legislation as of 1/1/2003), according to which the rules for receiving early retirement pensions were tightened. This is now allotted on the basis of an evaluation of working capability, contrary to the previous concept[18].

Table 5, Expenditures on all pensions and old-age pensions, Denmark and EU, as % of GDP, 1990, 1995, 2000, 2005 and 2011*

		1990	1995	2000	2005	2011
Total	**DK**	9.4	11.3	10.5	11	14.3
	EU-27**				12.1	13.0*
Old-age pension	**DK**	5.9	7.2	6.6	7.3	10.9
	EU-27**				8.5	9.5*
Anticipated old-age pension***	**DK**	1.9	2.3	2.3	1.9	1.1
	EU-27**				0.7	0.7*
Disability pension	**DK**	1.6	1.8	1.5	1.8	0
	EU-27**				0.9	0.9*
Survivors pension	**DK**	0	0	0	0	0
	EU-27**				1.7	1.6*

Source: Eurostat ESSPROS Expenditures on pensions [spr_exp_pens], 1990-2011
* figures for 2011 are provisional; ** figures for 2011 are for EU-28; *** 'anticipated old age pension' are periodic payments intended to maintain the income of beneficiaries who retire before the legal/standard age as established in the relevant scheme.[19]

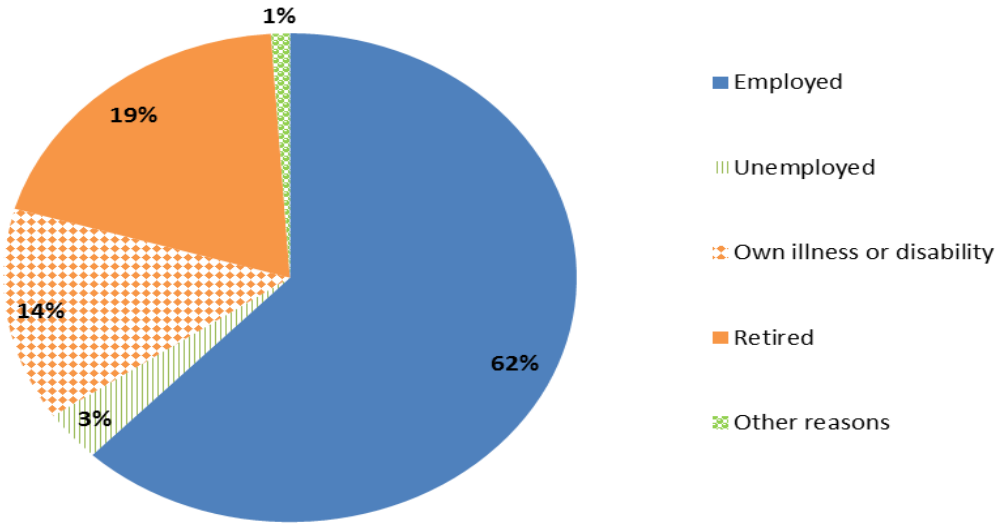
[18] Eurostat, Qualitative Information on Social Protection (ESSPROS), last updated 06/2013.
[19] Definition according to Eurostat Methodology Paper on ESSPROS, p. 51

1.1.2 Labour market participation

Retirement age

The official **retirement age** in Denmark in 2012 was 65, both for women and men. The effective retirement, however, was 63.4 for men (EU-27: 62.3[20]) and 61.9 for women (EU-28: 60.9[21]). The effective retirement age actually decreased by 2 years for men compared to 1990 (although it varied strongly in the meantime at around 63 +/- 2 years) and for women it remained more or less the same since then[22].

Figure 2, Population of 55 to 64-year-olds in Denmark, by labour status (employed, unemployed or inactive) and reason for inactivity (not seeking employment), 2013 (in %)



Source: EU-LFS, Eurostat "Population by sex, age, nationality and labour status (1 000) [lfsa_pganws]" and "Inactive population - Main reason for not seeking employment - Distributions by sex and age (%) [lfsa_igar]"; all green shades are inactive persons by reason of inactivity.

In 2013, 62% of 55 to 64-year-olds were still in employment, while only 3% were looking for a job. 35% of the population of this age group were inactive, with the largest groups among them having retired or being inactive due to illness or disability.

According to the LFS ad-hoc module 2012, the main **reason to quit working** for people in Denmark aged 50 to 69 years who receive a pension and do not work anymore was their own health or disability (32%), followed by the fact that they had reached eligibility for a pension (29%). Quite a large share also said they had lost their job or could not find a job (12%).

Table 6, Main reason for economically inactive people who receive a pension to quit working (%), 2012

Main reason	Denmark	EU-28
Favourable financial arrangements to leave	6.9	7.2
Lost job and/or could not find a job	11.6	7.5
Had reached the maximum retirement age	1.8	9.8
Had reached eligibility for a pension	28.6	37.0

[20] Figure is from 2011.
[21] Figure is from 2011.
[22] OECD estimates based on the results of national labour force surveys, the European Union Labour Force Survey and, for earlier years in some countries, national censuses. *The average effective age of retirement is calculated as a weighted average of (net) withdrawals from the labour market at different ages over a 5-year period for workers initially aged 40 and over.*

Main reason	Denmark	EU-28
Other job-related reasons[23]	6.4	4.0
Own health or disability	31.6	20.9
Family or care-related reasons	6.2	3.9
Other reasons	7.0	5.3
No answer	:	4.3

Source: Eurostat, LFS ad-hoc module 2012: Main reason for economically inactive persons who receive a pension to quit working (%) [lfso_12reasnot], 2012

A dissertation on factors that influence retirement of Danish workers [24] found that among a representative sample of 52- and 57-year-old workers, "more than 20 percent find it hard to satisfy job demands as regards new technology, 13 percent find it hard to readjust to new tasks, while only 10 percent face problems in relation to demands for further training.(…) Further, half of the sample finds that their job satisfaction is diminished by stress and a tight timetable, almost 40 per cent is bothered by high speed, while about 20 per cent is disturbed by lack of influence, lack of recognition and respect and job insecurity respectively". [25] . Fewer than half of the older workers were in a position to adjust their working conditions: 30-50% of workers were in a position to reduce their number of working hours, 20-30% could move to a less demanding job or move to a more challenging job[26].

Furthermore, results for Denmark[27] show "that subjectively assessed job measures (particularly job satisfaction, working hours satisfaction, the usual retirement age in one's position and difficulty in satisfying job demands), while not as important as, for example, retirement income, play a role in retirement planning". Furthermore, "while removing barriers to satisfying job demands are found to be the most suitable way to persuade women to prolong their working life after the early retirement age, an increase in working hour satisfaction seems to be the most effective approach in the case of men"[28].

Concerning health, the study showed that self-rated physical and mental health is an important predictor of retirement planning and more important than economic factors, both among men and women[29]. "Being in poor general health reduces planned retirement age by about 1.3 years for men and about 8 months for women". In particular, "back problems and myalgia significantly hasten male retirement, while back problems, osteoporosis and depression are significant conditions triggering retirement among women".

The main **reason for pensioners** (aged 50 to 69 years) **to continue working** were by far non-financial, such as work satisfaction (79%) and secondly, to a much smaller extent, to provide sufficient personal/household income (9%) (Table 7).

[23] Other job-related reasons not included above: inconvenient working hours, tasks, health and safety at the job site, job stress, job too demanding, and skills not adequate or not valued, employer's attitude.
[24] Larsen, M.(2004), 'Retaining Older Workers in the Danish Labour Market', Aarhus School of Business, Department of Economics, The Danish National Institute for Social Research and Graduate School for Integration, Production and Welfare.
[25] Ibid., p.13
[26] Ibid., p.15
[27] In this dissertation the effect of subjectively assessed job factors on retirement planning was analysed controlling for the effect of health, education, cohabitation, financial and retirement income variables and objective job characteristics.
[28] Ibid., p.16.
[29] Ibid., p.20, for methodology see ibid., p. 17.

Table 7, Main reason for persons who receive a pension (50-69 years) to continue working (%), 2012

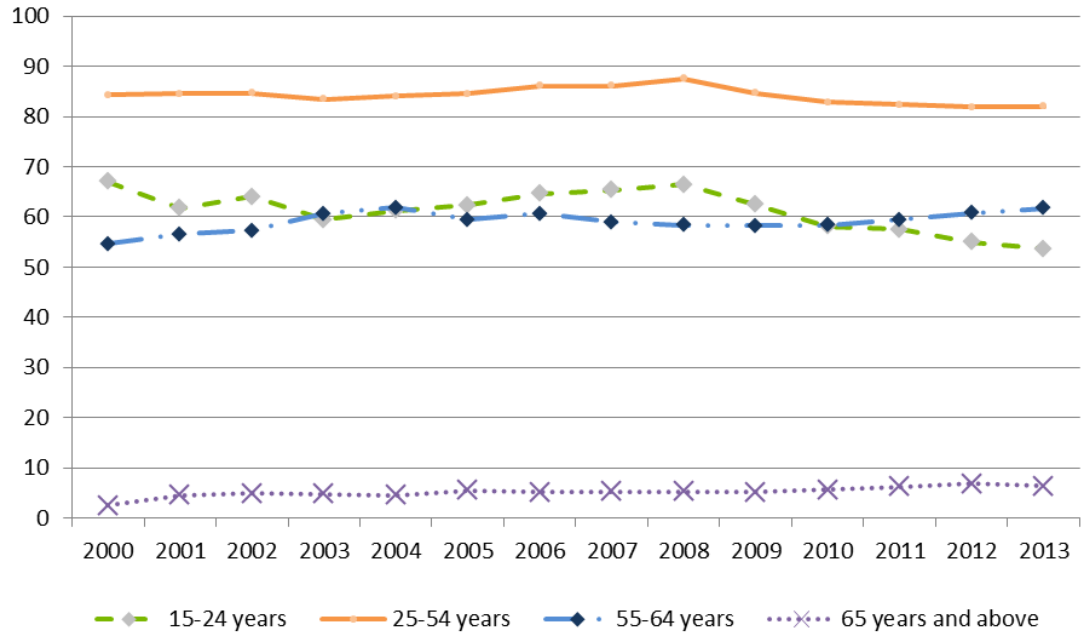
Main reason	Denmark	EU-28
To establish or increase future retirement pension entitlements	:	6.8
To provide sufficient personal/household income	9*	37.3
To establish/increase future retirement pension entitlements and to provide sufficient personal/household income	5.9*	14.5
Non-financial reasons, e.g. work satisfaction[30]	78.8	29.1
No answer	:	12.3

Source: Main reason for persons who receive a pension to continue working (%) [lfso_12staywork], 2012
* Low reliability

Employment rate

In Denmark, employment among the 55 to 64-year-olds has not been significantly increasing over the past decade (also reflected in the effective retirement age which has not increased, but instead decreased compared to, for example, 2008 and 2009). This **employment rate** increased by around 7 percentage points between 2000 and 2013(Figure 3). However, employment of this age group in Denmark was already much higher in 2002 (57% compared to EU-27: 39%) and consequently in 2013, was around 12 percentage points higher than the EU average.

Figure 3, Employment rates per broad age groups, trend 2000-2013, residents in Denmark (in %)



Source: Eurostat 2013, EU-LFS, annual detailed survey results, Employment rates by sex, age and nationality (%) [lfsa_ergan]

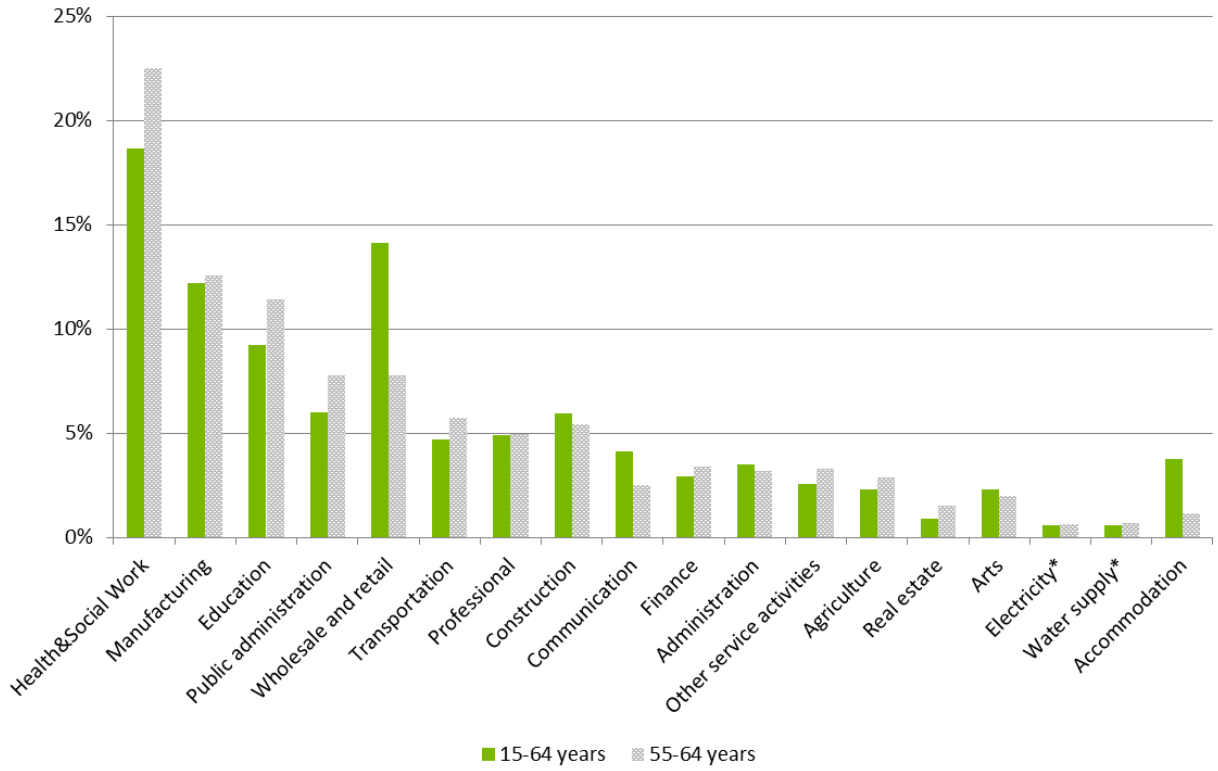
The employment rate of the people aged 65 years and above increased between 2000 (2.5%) and 2013 (6.4%) and was in 2013 slightly higher than the EU average. Furthermore, the youth employment rate

[30] Also: flexible working arrangements, good opportunities to update (labour) skills, healthy and safe workplace, appreciation at work, social contacts; see Eurostat Explanatory Notes on ad-hoc module 2012.

in Denmark has been substantially higher than the EU average youth employment rate throughout the past decade and remained higher in 2013 (54% in Denmark compared to around 33% on EU average).

There are some differences between age groups concerning **employment in different sectors**: older workers (55 to 64 years) are overrepresented in the health and social work sector and slightly overrepresented in education and public administration (Figure 4). Conversely, they are underrepresented in wholesale and retail (one of Denmark's largest sectors), in communication and in accommodation.

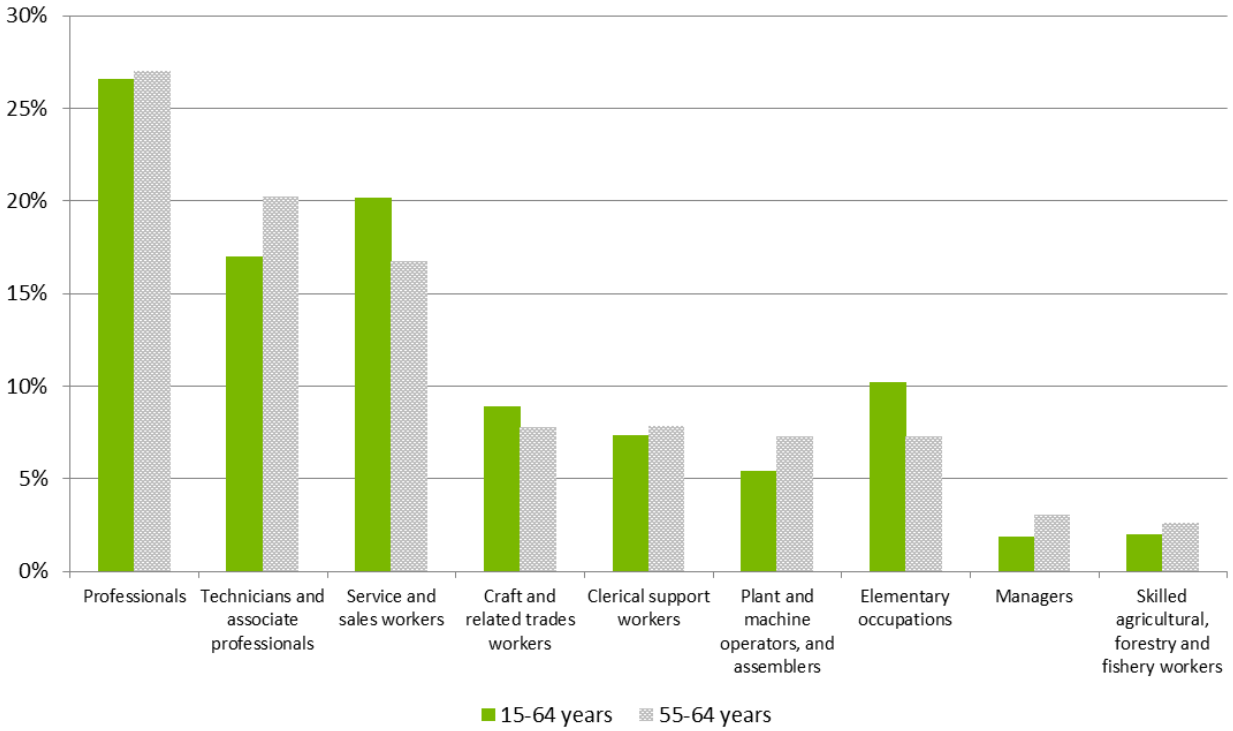
Figure 4, Shares of workers employed in different sectors, by age groups 15 and above and 55 to 64 years, 2012 (in %)



Source: EU-LFS, Employment by sex, age and economic activity (from 2008 onwards, NACE Rev. 2) - [lfsa_egan2]. Shares refer to total number of workers in above-mentioned sectors
* figures for the age group 55 to 64 years are unreliable; sector labels were abbreviated for presentation purposes.

Concerning professional **occupations**, the largest shares of Denmark's population are employed as professionals, technicians and associate professionals, and service and sales workers. There are no large differences concerning the distribution of the two age groups (Figure 5).

Figure 5, Distribution of employed persons across different occupations, by age group; shares of total employed persons per age group, 2013 (in %)



Source: Eurostat, EU-LFS, Employment by sex, age, professional status and occupation (1 000) [lfsa_egais]

Gender gap

Women are less likely to be employed than men in Denmark. However, this gender gap is lower than in other EU Member States: from 2003 to 2013, the gender gap for the 55-64 year-olds age group has dropped from 14 p.p. to 10 p.p. Among the 25-54 year-olds age group the gender gap dropped from 9p.p in 2003 to 6p.p in 2013[31].

1.1.3 Working conditions

Working conditions

Based on the Fifth European Working Conditions Survey (5th EWCS), carried out by the European Foundation for the Improvement of Living and Working Conditions (Eurofound) in 2010,[32] the following conclusions can be drawn with regard to the working conditions of older workers[33] in Denmark:

- The share of workers having to *carry heavy loads* at least a quarter of their working time decreases with age in Denmark (44% among the young workers and 17% among older workers) and is lower than the EU average (32% of older workers).
- Workers in general and older workers work much less in *tiring or painful positions* in Denmark than across the EU-27: 30% of older workers in Denmark and 48% of older workers across the EU-27 work in tiring or painful positions at least a quarter of the time, 4% and 16% respectively work in these positions all the time.

[31] Eurostat 2013, EU-LFS, annual detailed survey results, Employment rates by sex, age and nationality (%) [lfsa_ergan]
[32] Unless otherwise mentioned, all of the following figures come from the European Working Conditions Survey, http://eurofound.europa.eu/surveys/ewcs (Accessed December 2014)
[33] The term "older workers" in this section refers to workers aged 50 years and above, the term "young workers" refers to workers below 30 years.

- Exposure to *night work* slightly decreases with age (23% among young workers and 19% among older workers have to work at night once a month or more, compared to 16% of older workers across the EU-27). Workers in general and older workers are less exposed to *shift work* in Denmark than across the EU-27 (5.3% of older workers in Denmark work shifts and 14% across the EU-27). Furthermore, the share of workers working shifts decreases with age.
- A larger share of older workers think their *work-life-balance* is well or very well in Denmark (95%) than across the EU-27 (85%).
- Older workers in Denmark have more *control over their work pace* than younger workers: 28% of young people report that their work pace is determined by three or more factors, while among the older workers this share is only 16% (EU-27: 27%)[34].
- Although *on-the-job-training* decreases with age, the share of older workers receiving it is still higher (39%) than across the EU (26%).
- Older workers think that *work affects their health negatively* (28% in Denmark, 27% across the EU-27) more often than younger workers (23% among workers aged 30 to 49 years in Denmark).
- Workers in general as well as older workers are more *satisfied or very satisfied with their working conditions* in Denmark (96% are satisfied with their working conditions) than across the EU (84% are satisfied with their working conditions).
- The share of workers who think they will be *able to do their current work at the age of 60* is higher in Denmark than across the EU for workers aged 30 to 49 (70% in Denmark, 15% across the EU) and for older workers (83.6% in Denmark, 71.4% across the EU).
- In Denmark, 23% of employed people and people with working experience indicated that *measures to adapt the workplace for older people* had been put in place at their workplace (compared to 31% on EU-28 average). Of the respondents, 65% responded that such measures had not been put in place (compared to 62% on EU-28 average). 12% of the respondents did not know whether their workplace had been adapted to older workers[35].

Quality of work and early retirement

While the ESWC data mentioned above shows differences in working conditions between age groups and countries, another data source, the Survey on Health, Ageing and Retirement in Europe (SHARE) allows drawing conclusions on how working conditions impact early retirement. SHARE is a large, cross-national survey that was conducted in 20 European countries (plus Israel). Its first wave of data was collected in 2004 and it is the first study to examine the different ways in which people aged 50 and older live.[36]

Several studies include an analysis of SHARE data that measures certain aspects of occupational stress (low control at work/high effort-reward imbalance[37]). For Denmark, one study shows that the odds ratios[38] of intended early retirement due to effort-reward imbalance in Denmark are lower than in France, Spain, the Netherlands and Germany, but higher than in Sweden, Italy, Greece and Switzerland and about the same as in Austria[39]. Accordingly, older workers in Denmark who experience effort-reward imbalance are about twice as likely to want to retire early than those who do not experience effort-reward imbalance[40,41]. The odds ratio for low control at work is lower (around 1.7, with CI= around 1.1 to 2.5);

[34] The index measures if any of the following factors determine the worker's pace of work: work done by colleagues, demands from people, production or performance targets, speed of a machine, direct control of a boss; shares refer to workers reporting that their work is determined by three or more of these factors.
[35] European Commission, Flash Eurobarometer on Working Conditions, fact sheet for Denmark, 2014, as above.
[36] For further information, see: http://www.share-project.org/home0/overview.html (Accessed December 2014)
[37] These measures refer to two models of occupational stress, namely the 'demand-control-model' and the model of 'adverse health effects of high-effort/low-reward conditions'; for a definition, see glossary; for details on measurement, see the related studies.
[38] Odds ratios show how much more likely people suffering from low job quality are to intend early retirement.
[39] Country comparisons have to be interpreted with caution due to large confidence intervals (see report).
[40] The 95% confidence interval goes from around 1.2 to 3.2.
[41] 'low effort-reward-imbalance' and 'low control' were a measurement for low job quality; for details of measurement, see report.

however, workers with low control at work are still more likely to want to retire early than those with high control at work.

Another analysis of figures from the SHARE survey[42] shows that restrictions in Activity and Participation (A&P)[43] increase when an employee has experienced a high level of 'Effort-Reward-Imbalance'[44] two years earlier (the study compared the same individuals from SHARE wave 1 and SHARE wave 2). Accordingly, the mean A&P score[45] of employees in Denmark aged 50 to 65 years is around twice as high if they reportedly experienced effort-reward-imbalance[46].

1.1.4 Health

In 2011, **life expectancy** in Denmark at the age of 50 for men was 29.7 (EU-28: 29.7), for women 33.2 (EU-28: 34.5) and at the age of 65 it was 17.3 years for men (EU-28: 17.8) and 20.1 for women (EU-28: 21.3)[47]. Since 2005, life expectancy increased by between 1.0 years (for women aged 65) and 1.4 (for men aged 50) years. Men and women at age 50 can expect around 22 more **healthy life years.** This is higher than the EU average (17 for men and 18 for women). At the age of 65, men and women in Denmark can expect around 12 to13 more healthy life years, which again is higher than the EU average (9 years)[48]. The amounts of healthy life years at age 50 slightly decreased for both genders between 2005 and 2009 and then slightly increased again until 2011. The healthy life years at age 65 were more or less the same in 2011 as in 2004 for both genders.

This indicates that life expectancy increased at a slightly faster pace than the number of healthy life years which means that people can expect to live longer, but not necessarily in a healthy state.

General health status

The **general health status** (Table 8) deteriorates with age. The health status among the population in Denmark (employed) is similar to EU averages.

Table 8, Self-perceived health among employed in different age groups, 2012; shares of age group reporting "very bad" or "bad" health status (in %)

	16-44 years	45-54 years	55-64 years	65 years and above
Employed	1.7%	3.0%	4.5%	4.0%*

Source: EU-SILC Self-perceived health by sex, age and labour status (%) [hlth_silc_01]
*figure for 'very bad' status not available

The prevalence of **long-standing illnesses** (according to self-reported information) shows the same scheme as the general health status (Table 9): the unemployed report higher rates than employed people, and prevalence of long-standing illnesses increases with age. However, it is lower among the employed in Denmark than the EU average. In Denmark, around 25% of employed 55 to 64-year-old

[42] Reinhardt, J.D., Wahrendorf, M., Siegrist, J. (2013) 'Socioeconomic position, psychosocial work environment and disability in an ageing workforce: a longitudinal analysis of SHARE data from 11 European countries' in: Occupational and Environmental Medicine, 2013, 70: 156-163; data analysed was from the first two waves of SHARE (2004-2005 and 2007-2008).
[43] The Index for A&P restrictions is based on the International Classification of Functioning, Disability and Health of the WHO. It include problems with everyday activities, e.g. dressing, bathing, eating, using the toilet, shopping; for the whole item list, see report, p. 158.
[44] This term refers to a model created by Siegrist (1996) 'Adverse Health Effects of High-Effort/Low-Reward Conditions', Journal of Occupational Health Psychology 1: 24-41.; according to this model, the lack of rewards received in return for efforts spent at work including money, esteem and career opportunities causes job strain; it measures the proportion of efforts and rewards at work.
[45] The higher the score, the more A&P restrictions respondents reportedly suffer from.
[46] Reinhardt, J.D. et al., p.160.
[47] Eurostat 2013'Life expectancy by age and sex' [demo_mlexpec].
[48] Eurostat 2013 'Healthy Life Years (from 2004 onwards) (hlth_hlye)'; The indicator of healthy life years (HLY) measures the number of remaining years that a person of specific age is expected to live without any severe or moderate health problems. For more detailed information, see http://epp.eurostat.ec.europa.eu/cache/ITY_SDDS/en/hlth_hlye_esms.htm; Figures are from 2011.

reported long-standing illnesses (EU-28: 33%) and 44% of the unemployed 55 to 64-year-olds (EU-28: 47%).

Table 9, Long-standing illness among employed persons, by age group, 2012 (in %)

	16-44 years	45-54 years	55-64 years	65 years and above
Employed	16.4%	20.7%	25.4%	27.7%

Source: EU-SILC, people having a long-standing illness or health problem, by sex, age and labour status (%) [hlth_silc_04], 2012.
: Figures not published; *figures with low reliability are flagged; ** figures are estimated

Work-related health

The workers in Denmark between 55 and 64 years reported fewer **work-related health problems** (12.5% in Denmark and 16% on EU-average). Furthermore, work-related health problems do not seem to increase with age (Table 10).

Table 10, Self-reported work-related health problems by workers in Denmark and EU-27, by age group

Age group	Share
DK 25-34 yrs	11%
DK 35-44 yrs	14.3%
DK 45-54 yrs	**15.7%**
DK 55-64 yrs	**12.5%**
DK 55-64 yrs women	***14%***
DK 55-64 yrs men	***11.1%***
EU-27* 55-64 yrs	**11%**

Source: EU LFS ad-hoc module 2007 on accidents at work and work-related health problems. Persons reporting one or more work-related health problems in the past 12 months, by age - % [hsw_pb1]
*The EU-27 average is calculated without France as, due to different question wording, their results are not comparable to other countries

Like in many other EU Member States, musculoskeletal disorders was by far the most serious work-related health problem suffered by the largest share of workers in 2007 among all age groups (Table 11). 66% of older workers reported this as their most serious work-related health problem. This is followed by psychological illnesses (stress, depression, anxiety), which 15% of older workers reported as their most serious work-related health problem. Psychological illnesses and musculoskeletal disorders seem to be of higher importance in Denmark than across the EU, while cardiovascular disorders and pulmonary diseases seem to be of lower importance.

Table 11, Most serious work-related health problem during the past 12 months, % of all employees who reported a work-related health problem; by gender and by most prevalent types of disease[49], 2007

		Cardiovascular disorders	Musculoskeletal disorders	Stress, depression, anxiety	Pulmonary disorders
35-44 yrs.	**Total**	2.0%	56.5%	28.7%	1.1%
	(EU-27*)	(2.9%)	(60.9%)	(16.4%)	(4.9%)
	Women	*1.6%*	*52.2%*	*32.4%*	*1%*
	Men	*2.4%*	*62.2%*	*23.8%*	*1.3%*
45-54 yrs.	**Total**	2.7%	62.6%	24.9%	1.3%
	(EU-27*)	(6.2%)	(61.3%)	(13.5%)	(4.7%)
	Women	*1.5%*	*62.7%*	*26.7%*	*1.6%*
	Men	*4.4%*	*62.4%*	*22.2%*	*1.0%*
55-64 yrs.	**Total**	2.9%	65.8%	14.9%	2.7%
	(EU-27*)	(11.3%)	(59.9%)	(9.2%)	(5.8%)
	Women	*1.9%*	*69.9%*	*15.7%*	*2.2%*
	Men	*4.0%*	*60.8%*	*14%*	*3.4%*

Source: EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting their most serious work-related health problem work in the past 12 months, by type of problem - % [hsw_pb5],the module distinguishes 8 different problems in total.
*this figure is for the EU-26 without France. Due to different wording in the French version of the questionnaire, the results were very different in France and Eurostat recommends to using the aggregate figures without France

Mental health

According to a study based[50] on the data from SHARE Wave 4 (2010-2011), the prevalence of **depression** was significantly higher among unemployed people compared to employed people in Denmark[51]. The share of older people showing four or more symptoms of depression was around 2.5 times as high among the unemployed as among the employed[52].

1.1.5 Definition of older workers

There is no official definition for 'older workers' in Denmark.

1.2 Institutional structure for health and safety at work

The following section presents the overall institutional structure related to occupational health and safety in Denmark.

Overall structure

The main actor for health and safety at work in Denmark is the **Ministry of Employment**, which has exclusive competences for drafting legislation on a number of employment-related topics including

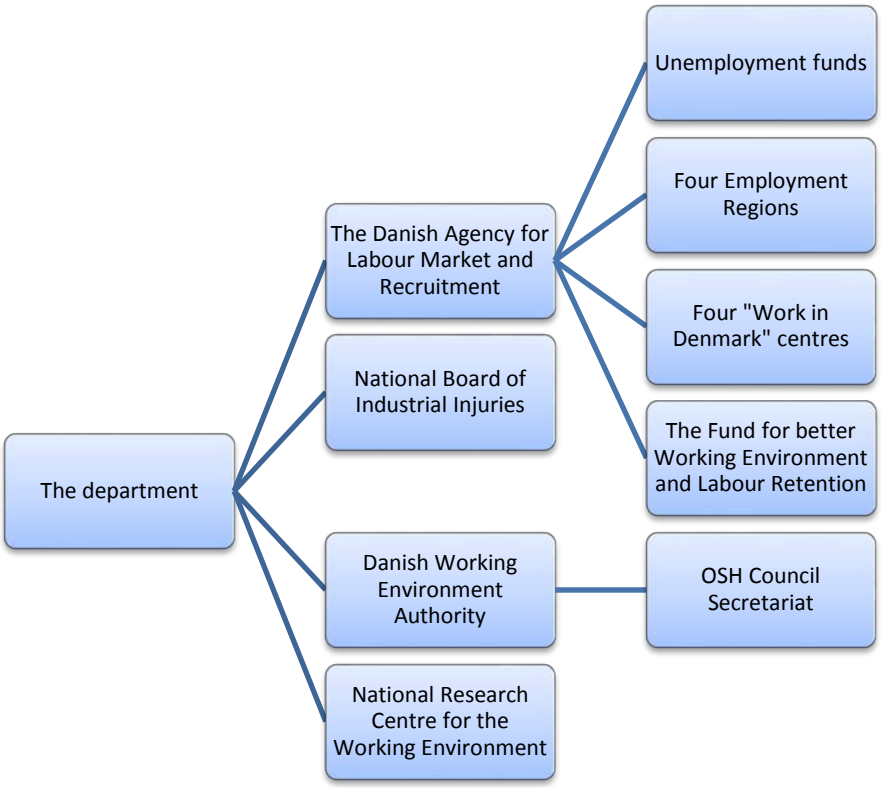
[49] More recent figures are available (EU-LFS ad-hoc module 2013); however, several countries have not delivered data for 2013, which is why no EU aggregates for this variable could be calculated. Due to these limitations, the 2007 data was used in this report. Data for 2013 can be obtained from Eurostat, available at: http://ec.europa.eu/eurostat/web/lfs/data/database
[50] Borges Neves, R. et al. 'Unemployed 50+ : exploring risk factors for depression in Europe', chapter 8 in: Börsch-Supan, A. et al. (2013) 'Active ageing and solidarity between generations in Europe. First results from SHARE after the economic crisis', de Gruyter; the sample for this study includes unemployed and employed aged above 50, while excluding retirees, the disabled and homemakers. Available at: http://www.degruyter.com/viewbooktoc/product/185064 (Accessed December 2014)
[51] Ibid., p. 95.
[52] Ibid., p. 96.

health and safety at work and compensation for occupational accidents. More specifically, the entities working under the Ministry of Employment relevant for OSH include:

- The **Department:** The Department formulates the general policy for OSH, drafts new legislation and serves and advises the Minister directly.
- The **Danish Agency for Labour Market and Recruitment**[53]**:** the main task of the Agency is to support a flexible, dynamic and efficient labour market. The main goal is to increase the supply of labour and get people out of unemployment and off social security benefits. One of the means to achieve this is by retaining people who are at risk of leaving the Danish labour market. The **Fund for Better Working Environment and Labour Retention**[54] is under the responsibility of the Danish Agency for Labour Market and Recruitment. The fund was established by law in 2007 with the aim to prevent arduous working conditions and retain people in the labour market. In this context, the fund has launched a series of initiatives to improve the working environment. One of these initiatives is the "senior package", which is described in Section 2 of this report.
- The **Danish Working Environment Authority (DWEA)**[55]**:** The Authority contributes to a safe and healthy environment in Danish workplaces. Through inspection of workplaces, preparation of laws and regulations, and information and guidance, the DWEA contributes to reduced sickness absence and early retirement and to the prevention of arduous working conditions. The responsibilities of the DWEA are based on the Working Environment Act and related Executive Orders (see section 1.3).
- The **National Board of Industrial Injuries**[56]**:** The Board of Industrial Injuries is an impartial authority which decides whether an injury or disease qualifies for recognition as an industrial (occupational) injury. The Board also decides the amount of the compensation.
- The **National Research Centre for the Working Environment (NRCWE)** [57]**:** The main task of the Centre is to provide relevant research-based knowledge in order to contribute to healthy and stimulating working conditions in accordance with the demands and needs of society, workplaces and the working environment system.
- The **Danish Working Environment Research Fund**: [58] The Fund supports research and development in OSH with a view to preventing and limiting forced retirement from the labour market due to physical or mental impairment, occupational accidents, work-related illnesses, etc. In the period 2007 to 2009, the fund managed more than 175 million Danish Krone.

[53] Website of the Danish Agency for Labour Market and Recruitment: http://star.dk/da.aspx (Accessed December 2014).
[54] Website of the Fund for Better Working Environment and Labour Retention: http://www.forebyggelsesfonden.dk/ (Accessed December 2014).
[55] Website of the DWEA (in English): http://engelsk.arbejdstilsynet.dk/en/ (Accessed December 2014)
[56] Website of the National Board of Industrial Injuries: http://www.ask.dk/ (Accessed December 2014).
[57] Website of the NRCWE: http://www.arbejdsmiljoforskning.dk/en (Accessed December 2014).
[58] Information about the Danish Working Environment Research Fund on the website of the Ministry of Employment: http://arbejdstilsynet.dk/da/om%20arbejdstilsynet/arbejdsmiljoforskningsfonden.aspx (Accessed December 2015)

Figure 6, The OSH infrastructure in Denmark



Source: Ministry of Employment[59]

Social dialogue

The Danish system for OSH and employment is based on a division of tasks between the State and the social partners. Denmark has a long tradition of co-operation between public authorities and social partners on solving working environment problems. The social partners have a great influence on the design of policies and regulations for employment, wages, OSH and working conditions, particularly through the Working Environment Council (see below).

The Danish model has three main features[60]:

1. *Tripartite cooperation:* The cooperation between the Danish State and the social partners is an integrated part of the employment policy. Legislative proposals relevant to the labour market are released to the social partners for consultation before the Parliament adopts them.
2. *Collective agreements:* Wages and working conditions are regulated through collective agreements. As long as the social partners are able to solve the problems themselves, the State interferes as little as possible in these matters. A benefit of the collective agreements system is that the social partners can easily adapt the agreements to the specific situation of industries/companies and are more likely to have the support of the social partners at workplace level.
3. *High level of union membership:* In order for the Danish tripartite system to work, a high level of organisation of the social partners is necessary. According to the OECD, trade union density[61] in

[59] Ministry of Employment: http://bm.dk/da/Ministeriet/Organisation/Organisationsdiagram%20for%20koncernen.aspx (Accessed December 2014).
[60] More information on the website of the Ministry of Employment: http://bm.dk/da/Beskaeftigelsesomraadet/Arbejdsret/Det%20arbejdsretlige%20omraade/Den%20danske%20model.aspx (Accessed December 2014).
[61] Trade union density corresponds to the ratio of wage and salary earners that are trade union members, divided by the total number of wage and salary earners (OECD *Labour Force Statistics).*Density is calculated using survey data, wherever possible, and administrative data adjusted for non-active and self-employed members otherwise (OECD)

2013 was at 66.8% in Denmark, which is considerably higher than the OECD average of 16.9%.[62]

The main organisations/social partners:

- **Landsorganisationen i Danmark (LO)**[63], (in English, the Danish Confederation of Trade Unions): LO, the Danish Confederation of Trade Unions, is the largest national trade union confederation in Denmark and is recognised as the most representative workers' organisation in both the private and public sectors. LO's main objective is to influence the government and the political parties when it comes to drafting and implementing legislation, especially in relation to labour market policies. Today, one of the trade union movement's objectives is to help employees achieve a better harmony between working life and family life.
- **Dansk Arbejdsgiverforening (DA)**[64] (in English, the Confederation of Danish Employers): DA represents 14 employers' organisations with a membership of more than 28,000 Danish private companies in manufacturing, retail, transport, services and construction. DA's main activities include the coordination of collective agreements; employment policy and skills; occupational health and safety; labour law; monitoring in terms of analysis and statistics on wages, absenteeism, conflicts, etc. DA is not a direct party in the bargaining process, but must ensure the necessary and sufficient coordination among the member organisations, when they conclude new agreements. Any conclusion of a collective agreement is subject to the approval of DA.

The **Working Environment Council**[65] is made up of representatives from the social partners. The council helps draw up rules and advises the Minister of Employment on OSH. It also co-ordinates all the parties' OSH work and plays a central role in designing initiatives for the Danish Parliament. The Minister of Employment can also approve **Sector Working Environment Councils** (Branchearbejdsmiljøråd), established to help companies resolve sector-specific OSH and working environment issues. Each council sets their own rules of procedure and establishes a secretariat.[66]

1.3 Labour, OSH and anti-discrimination legislation

The following section provides a brief overview of the main pieces of legislation in the fields of occupational health and safety, labour and employment and antidiscrimination and whether they contain any provisions in relation to older workers.

Occupational health and safety legislation

The **Danish Working Environment Act** (WEA) contains the general rules about the working environment. It is elaborated in executive orders, and the Ministry of Employment is authorised to develop further guidance on any specific problem. The guidance is normally made in cooperation with the social partners and is released as executive orders. One of the executive orders is about the certification of companies' safety and management systems, which includes a chapter on diversity and health promotion. If a company wants to be certified, it should have a written agreement about: 1) How to retain employees threatened by exclusion from the labour market. 2) How to work for health promotion at the workplace. In addition, the executive orders relating to work performance and work equipment are important in relation to ensuring all employees a safe and healthy working environment. Following the latest reform of the WEA in 2012, the Act now emphasises that individual workplace design should prevent employees being forced to leave the labour market due to burnout and stress. Factors which can lead to physical or mental health risks – both long and short term – must be remedied, and socio-economic and technological developments affecting working conditions should be taken into account.[67]

Furthermore, the Danish Working Environment Authority also prepares **guidelines**, entitled AT

[62] OECD (Online OECD Employment database: http://www.oecd.org/els/emp/onlineoecdemploymentdatabase.htm#union (Accessed December 2014).
[63] Website of LO: http://www.lo.dk/ (Accessed December 2014)
[64] Website of DA: http://www.da.dk/ (Accessed December 2014)
[65] Website of the Working Environment Council: http://www.amr.dk/ (Accessed December 2014).
[66] EU-OSHA – European Agency for Safety and Health at Work, OSHWIKI, "OSH system at national level – Denmark". Available at: http://oshwiki.eu/wiki/OSH_system_at_national_level_-_Denmark (Accessed December 2014)
[67] EU-OSHA, OSHWIKI, "OSH system at national level – Denmark", as above.

guidelines (AT is an abbreviation for Arbejdstilsynet which is the Danish word for the Danish Working Environment Authority). The AT guidelines inform workplaces on how they should comply with the provisions in the Danish Working Environment Act and the Executive Orders. In total about 150 AT guidelines exist. None of the guidelines relate specifically to age management or diversity management. But in light of the health and safety strategy from the Ministry of Employment ("The Occupational Health and Safety Strategy to 2020") the Danish Working Environment Authority must provide guidance about health promotion in connection with the risk-based inspections.

Industry guidelines are also developed by the social partners. These guidelines express the social partners' common understanding of good working environment practices and standards in a specific industry. The industry guidelines are prepared by 11 working environment councils. Councils for construction, trade, social and health, transportation and wholesale, teaching and research are some of the examples. The industry guidelines comply with the Danish Working Environment Act and the Executive Orders. There are no industry guidelines about age management on seniors, but many of the working environment councils have guidelines about young employees. The working environment council for services has a guideline about *diversity* called "The inclusive labour market – How do we create room for all?" It includes older workers and deals with subjects like senior policy, early retirement and partial pensions. The working environment councils for Industry and for Transportation and wholesale have guidelines about *workplace health promotion*, dealing with issues such as: benefits from workplace health promotion; examples of workplace health promotion and the development of a WHP policy.

Each workplace also develops **minimum rules/requirements** on how the OSH system must be organised. As per one of the executive orders of the WEA, the organisation of the health and safety activities in each workplace depends on the number of employees at the workplace. In enterprises with fewer than ten employees, the employer is responsible for ensuring that consultation of employees on OSH matters and activities related to OSH can take place without the establishment of a formal OSH committee. In enterprises with ten or more employees, health and safety activities must be organised in a health and safety committee (called "Health and Safety Organisation" in Danish). Both employers and employees must be represented in the health and safety committee, and there are provisions for annual discussions to be held in the committee and specific topics to be covered.

Labour and employment legislation

In 2006, Denmark underwent a reform of its welfare system (**Welfare Reform**), which constituted a political agreement of various changes in the welfare state with the aim of preparing the Danish society for future challenges, including future labour supply. **Law No. 1543 of 20 December 2006 on senior work** (as part of the 2006 Welfare Reform) defines the circumstances for obtaining the right to be appointed to a senior job. The Danish municipality of an unemployed person must offer the unemployed a senior job if their benefit period has expired and the time before obtaining early retirement is shorter than five years.

The "**Pension Act**", Law No. 1116 of 23 September 2013, based on the 2011 "**Agreement on later retirement**", enacts the government's plan to increase the retirement and pension age (see more information in the next section)

Antidiscrimination legislation

The **Act on prohibition of discrimination in the labour market**, Law No. 1349 of 16th December 2008, defines that the reason for hiring, keeping in employment or dismissing a worker must not be based on an employee's age or disability. Similarly, employers are not allowed to discriminate among employees as regards access to vocational education and training, continued training and retraining. The criteria age and disability were added only in 2004 to the first legislation adopted in 1996.

- The prohibition in relation to *age* applies both to older and younger employees. However, the law does not prohibit employers, as part of the human resources policy of the company, from offering its older staff special working conditions, intending to promote employment opportunities for this part of the team. For instance, Act 9, 3rd paragraph, "Senior schemes" encourages more flexible working conditions designed to retain older workers at work.

- In relation to *disability*, the Act stipulates that the employer has a duty to adapt the workplace to suit the needs of employees with a disability (more details in Section 3).

1.4 The pension system

The Danish Pension System is divided in three elements[68]:

1. *First pillar:* The State Pension: This is the general, statutory, tax-financed and basic pension. It consists of a basic amount to which all people from the age of 65.5 years have the right. Furthermore, there is a supplement for people with special needs. Examples: State pension, voluntary early retirement (possible from 60.5 years), disability pension, etc.
2. *Second pillar:* Additional labour pension systems: These are based on individual savings after regulations in collective agreements between the employee organisations and the organisations of the employers.
3. *Third pillar:* Additional individual pensions systems.

Retirement age

The "Pension Act" defines that the age for retirement pensions will increase gradually from 65 years old in 2013 to 65.5 in 2014 and 67 in 2022. By deferring the age of receiving pension and staying at work, the pensioner will receive a higher pension. In 2012, the effective retirement age was 63.4 for men and 61.9 for women, above EU average (62.3 for men and 60.9 for women in 2011).

Under the current system, the legal age for State Pension depends on a person's birth date, as can be seen in the table below.

Birth date	Retirement age
31 December 1953 or earlier	65 years
1 January 1954 – 30 June 1954	65 ½ years
1 July 1954 – 31 December 1954	66 years
1 January 1955 – 30 June 1955	66 ½ years
1 July 1955 – 31 December 1962	67 years
1 January 1963 or later	67 years +

Early retirement

In 2011, the "Agreement on later retirement", which reformed the Danish retirement system, was adopted. The aim was to enrich the labour market with approximately 65.000 persons by 2020 and thereby improve the public finances and create growth. The reform contains four main components:

1) The plan of increased retirement and pension age was brought forward five years.
2) The period of early retirement was reduced from five to three years.
3) Favourable conditions are provided if a person chooses not to take early retirement.
4) Establishing a senior disability pension for employees who are no longer able to work.[69]

According to the "Act on Unemployment Insurance", Law No. 1101 of 12 September 2013, the age for early retirement will increase gradually from 60 years in 2013 to 60.5 years in 2014 to 64 years in 2023. Concurrently, the period of early retirement will be reduced from five years (in 2013) to three years (in 2023). The age of early retirement and age of pension are indexed to life expectancy.

Combination of work income and pension

Pensioners are encouraged to continue working and are allowed to earn up to DKK 30.000 extra per year without their pension being reduced.

[68] Article on the Danish pension system from BankTorvet.dk: http://www.banktorvet.dk/artikler/om-pensionssystemet/ (Accessed December 2014)

[69] More information on the website of the Ministry of Finance: http://www.fm.dk/nyheder/pressemeddelelser/2011/05/20110513-aftale-om-senere-tilbagetraekning/ (Accessed December 2014).

2 Overview of policies, strategies and programmes in relation to the occupational health and safety of older workers

As life expectancy rises, it is important to create working conditions that enable healthy and active ageing and ensure that workers reach pension age in good health. Several surveys carried out in 2011 show the retirement habits of Danish workers and what can motivate people to stay at work longer. A possibility to adapt working conditions is clearly a major reason in the decision to stay on the labour market longer.

In 2011, the **National Research Centre for the Working Environment (NRCWE)** published a descriptive analysis about retirement in Denmark. The respondents were 50-59 years when they answered the questionnaire. The main conclusions were: 1) Occupational groups: People with a high educational level and people with their own company were planning a later retirement than others. Physically hard work and low educational level increased the incidence of early retirement. 2) Age: Two-thirds of 50-59 year-old working people were planning to retire before they would reach the retirement age. 3) Gender: Women were planning to retire before men[70].

Also in 2011, The **Danish National Centre for Social Research** produced a report on "55-70-year-olds remaining in the labour market". The report is a study of 55-70-year-olds' behaviour, expectations, agreements and knowledge about rules/laws regarding being in the labour market after they have turned 60[71]. The aim of the study was to find out which motivating factors and barriers exist in Denmark to retain older employees in the labour market. The results were primarily based on telephone interviews with 5,140 still not fully retired persons in the age category 55-70 years. Some of the results and conclusions include:

- 55% of the 55-59-year-olds expected to continue working when they turned 60. 40% expected to continue working when they turned 62. 15% expected to be in work after they turn 65.
- Reasons to choose a voluntary early retirement include: family/leisure time (33%), reasons linked to the labour market and the workplace (25%), poor health (17%).
- More people stay longer in the labour market if they can stay in their current workplace and if management shows a willingness to keep them. Having the possibility to adapt their working conditions, to have a certain freedom in their work organisation and to be able to develop their skills enhances people's choice to stay at work longer.
- More people retire early if management is showing that they expect the employee to leave early. The choice to retire early is also enhanced by poor health, physical difficulties in performing the job or difficulties in staying up-to-date in the working field.
- A focused effort from the workplace/employer may positively influence the older worker's decision to stay at work. If the older worker is offered flexibility and the workplace is inclusive, it may allow the worker to combine better working life with family and leisure time.

These studies show the importance of encouraging the implementation of good/adapted working conditions for senior workers in order to retain them at work.

The following chapter provides an overview of the various policies, programmes and initiatives put in place by governmental and non-governmental organisations in Denmark to address the issue of work sustainability and healthier working lives.

[70] NRCWE, *Tilbagetrækning fra arbejds markedet*, 2011. Available at: http://www.arbejdsmiljoforskning.dk/da/arbejdsmiljoedata/flere-datasaet/arbejdsmiljo-og-helbred/~/media/Forside/Arbejdsmiljoedata/Arbejdsmiljo-og-helbred-2010/3-4-6--Tilbagetraekning-fra-arb-markedet.pdf (Accessed December 2014)

[71] SFI, *55-70-åriges forbliven på arbejdsmarkedet*, 2011. Available at: http://www.sfi.dk/rapportoplysninger-4681.aspx?Action=1&NewsId=3071&PID=9267 (Accessed December 2014)

2.1 Initiatives from government/ government-affiliated organisations

2.1.1 National level

Occupational health and safety

The **Strategy for the Improvement of the Working Environment up to 2020**, of the Ministry of Employment[72], contains a number of goals and priorities for the working environment supported by 19 specific initiatives, which include inter alia:

- risk-based supervision/inspections;
- focus on psychosocial working environment;
- dialogue about health promotion;
- focus on young and new employees; and
- help to SMEs.

There is no specific goal or initiative focusing on older workers. Initiative 11 focusses on *health promotion*. The Danish Working Environment Authority should, in connection with the risk-based inspections, provide advice and guidance about health promotion. The dialogue with the companies will be about how the companies can create the best conditions for the employees to make healthy choices and about how health promotion and working environment can be combined, e.g. to prevent MSDs.

The **OSH Strategy of the Danish Working Environment Authority**[73] should contribute to the OSH Strategy of the Ministry of Employment (above). The main focus of the Danish approach to OSH is to put in place a good prevention system and measures to prevent risks to all workers. Therefore, the OSH Strategy of the Danish Working Environment Authority does not have specific goals or initiatives focusing on older workers. The strategy has a goal of reduction of exposure to "lifting" and "poor working positions" in the following industries: construction, metal and machinery, residential care and home care. In the same industries, another goal is to reduce the number of declared occupational accidents due to acute physical overloads.

The **Strategy for research and development related to working environment**, of the Working Environment Research Fund[74], contains the following formulation: "Issues related to young and new employees, gender differences, ethnic background, age, and exposed and vulnerable groups are all relevant to the research themes". In 2012-2013 the fund focussed on four themes: 1) Occupational accidents 2) Psychological working environment. 3) MSD and 4) Instruments for the working environment. In connection with MSDs, the fund says that there is a need for more resesarch on the prevention of MSD, how to recover effectively, how to retain employees with early MSD and on interventions and tools directed towards MSD.

Employment

Retaining older people at work

As mentioned in Section 1.3, one of the main aims of the 2006 Welfare Reform was to promote later retirement as an answer to the demographic challenge. This was later reinforced through the "Agreement on later retirement" (2011). As part of this move to retain older workers in the labour market, both "carrot" and "stick" policies were adopted. For instance, the previous right to prolonged unemployment benefits for people aged 55 years and over was abolished for those born in 1953 or later. Instead, they are now entitled to a "senior job" proposed by their municipality (see Section 1.3).

[72] A strategy for working environment efforts up to 2020. Available in English at: http://arbejdstilsynet.dk/~/media/at/at/12-engelsk/rapporter/2020%20engelskpdf.ashx (Accessed December 2014).
[73] OSH Strategy of the Danish Working Environment Authority. Available in Danish at: http://arbejdstilsynet.dk/~/media/at/at/01-arbejdstilsynet/01-formaal-og-opgaver/strategi2013%20pdf.ashx (Accessed December 2014).
[74] More information about the strategy on the website of the Ministry of Employment: http://arbejdstilsynet.dk/da/om%20arbejdstilsynet/arbejdsmiljoforskningsfonden/fondens-strategi-.aspx (Accessed December 2014).

In 2006-2007, the **Ministry of Employment** carried out an awareness-raising campaign entitled "A few extra years make a difference"[75]. The campaign's aim was to get companies, senior employees and organisations to think about **senior policies** and senior agreements as an alternative to early retirement. For this purpose, a number of brochures were published on a number of related topics:

- The benefits of companies of having senior agreements and includes examples on senior policies practice in 10 different public and private companies.
- The benefits for employees of having a senior agreement with their employer and includes interviews with four employees from different companies.
- employment discrimination because of age.
- Advice about how companies can retain and attract senior employees.
- Particular opportunities in municipalities.

From 2007 onwards, unemployed persons aged 58 and 59 could no longer be exempt from general activation measures, which are otherwise mandatory for all unemployed people. This was part of an effort to increase the participation of older people in the labour market and increase the effective age of retirement. In 2008, a temporary tax credit arrangement was proposed for persons who would turn 64 between 2010-2016 and would stay at work. The aim of the tax credit is to increase employment among seniors by giving individuals greater financial incentive to work longer[76].

Following the 2006 Welfare Reform and the Ministry's initiative for maintaining older people at work, a number of governmental organisations have put in place programmes and activities to encourage companies to set up senior policies and retain their older workforce at work:

- The **Danish Agency for Labour Market and Recruitment** developed in 2004 (when it was still called the Agency for Labour Retention and International Recruitment) a website, www.seniorpraksis.dk, presenting information and advice about senior policies at the company level which has continuously been updated throughout the years.
- The **Fund for Better Working Environment and Labour Retention** has launched a series of "packages" to improve the working environment in Danish companies. One of these, the **Senior Package**, focuses specifically on older workers. The Senior Starter Kit was launched in June 2013[77]. The primary focus is to raise the retirement age by influencing companies to retain senior workers for a longer time. The initiative is to provide Senior Packages for small and medium-sized companies requiring extra effort to solve the retention challenge. The Senior Packages will contain step-by-step tools which describe how management and the senior employee in collaboration can determine what is needed to keep the employee at work. With the Senior Package the enterprises receive help to focus on the senior employees' work environment, health, skills and competencies. The enterprise will also receive help to take account of the senior staff's specific requirements and wishes regarding organisation of the work. The Danish Government has allocated about 17,4 million EUR for the Senior Packages. To ensure a successful implementation of the Senior Packages within companies, it is important that the trade unions, social partners and other stakeholders take an active part in the Senior Packages.
- In the period 2005 – 2010, the **Labour Market Board** launched a consultancy scheme where a company can receive five free hours of consultancy assistance on *motivating employees to continue working longer*[78]. Ten consulting firms with a thorough knowledge of relevant and tested methods have developed a **senior policy** and can be contacted by every company for five hours of free consultancy services on senior policy. Their counselling is based on information from the webpage: www.seniorpraksis.dk and focuses on the following four main topics: 1) What benefit can a senior policy give a company? 2) Strengthen an existing senior policy. 3) Define goals. 4) How a senior interview could be conducted. This scheme has not been operating for the past five years. In March 2011, the Labour Market Board initiated a research project to investigate the following three areas in relation to the retention of senior employees: 1) Needs

[75] The website senioraftale.dk on which the brochures were published has seen been taken down. Publications, guidance, brochures and checklists are now available on the website www.seniorpraksis.dk (Accessed December 2014)

[76] OECD, *Thematic follow-up review of policies to improve labour market - Prospects for older workers, Denmark (situation mid-2012)*, 2012. Available at: http://www.oecd.org/els/emp/Older%20Workers%20Denmark-MOD.pdf (Accessed December 2014)

[77] More information on the senior packages on the website of the Fund for Better Working Environment and Labour Retention: http://www.forebyggelsesfonden.dk/seniorpakker (Accessed December 2014)

[78] More information on the website of the Ministry of Employment: http://bm.dk/da/Aktuelt/Pressemeddelelser/Arkiv/2005/1101%20Seniorpolitisk%20konsulentordning%20og%20vidensbank.aspx (Accessed December 2014)

of retention. 2) Senior policy. 3) Knowledge about the homepage www.seniorpraksis.dk. The last section of the report provides advice and tools for senior policy made on the basis of the investigation.

- Between 2010 and 2012, a total of DKK 12 million (about EUR 1.6 million) was given by the **Danish Agency for Labour Market and Recruitment** (at the time the Agency for Labour Retention and International Recruitment) to various projects aimed at increasing job security for older workers. The projects are all aimed at influencing the maintenance of older workers in Danish companies by giving advice about senior policies at the company level. All the projects are primarily locally-based senior retention projects. The target group is employed seniors over 50 years and all types and sizes of businesses[79].
- A toolbox entitled "Socialtengagement.dk" (Social Commitment) has been created with the support of the **Agency for Labour Market and Recruitment.** It is now hosted on the website of CABI, an information centre focused on an inclusive labour market[80]. The toolbox helps companies to be socially engaged, that is, to work on recruitment, wellbeing and retention of vulnerable workers, including older workers. A section of the web-based toolbox, called "Seniors", is dedicated to older workers. Under this topic, ideas are provided on how companies can retain their older workers, and the benefits of doing so are highlighted (keeping knowledge, avoiding early deterioration of employees' health, etc.)
- In 2008, the **Employment Agency** and the **Joint Committee of the Central Organisations** have developed a booklet to inform about some of the agreements made between the government, the public employers and some of the social partners on retention of older workers. The booklet focuses on senior bonus (who, when, and how) and senior conversations (when and how)[81]. Senior bonus is a bonus employees are entitled to when they reach a specific age. A senior conversation is a conversation between the senior and the employer/leader where they talk about senior issues, e.g. career paths, working time, working conditions, training, etc. The agreement was limited in time and was effective from 2009 – 2011.

Unretirement

The **Ministry of Children, Gender Equality, Integration and Social affairs** and the **Ministry of Employment**, supported by Deloitte Consulting, have produced a report in January 2012 on unretirement entitled "Back to work – Experience with retirees and early retirees who work"[82]. The report brings together a number of good examples of retirees and early retirees who have returned to the labour market. It provides good practices from companies with experience in hiring older people. It examines efforts by local authorities to get persons over 60 years old back to work. It also describes a number of recruitment agencies that help older people get a job. The report shows that retirees and early retirees can contribute positively to the workplace, and that many retirees and early retirees want to work. Thus there is unused potential. But the workplaces are not aware of older people as a resource, and there seems to be a gap between supply and demand of older workers.

2.1.2 Regional/local level

The **Greve Kommune** (municipality of Greve), supported by Firma Plus (a private company, consultancy), has put in place a policy for "55+ retention and development"[83]. The aim is to retain as many as possible of the 870 employees and leaders in the municipality of Greve who are in the target group 55+. The success criterion is that at least 30 % of the 50 employees and leaders participating in the project stay at least two more years in the workplace than they had planned before the project. The

[79] Information provided by the EU-OSHA Focal point in February 2013

[80] Toolbox "Socialtengagement.dk" available at: http://socialtengagement.dk/fasthold-medarbejdere/seniorer (Accessed December 2104)

[81] Employment Agency, *Seniorbonus og seniorsamtaler – 2 nye muligheder for at fastholde seniorer*, 2008. Available at: http://hr.modst.dk/~/media/Publications/2008/Seniorbonusordninger%20og%20seniorsamtaler%20dec%202008/Seniorbonusordningen_dec%202008.ashx (Accessed December 2014)

[82] Social Integration Ministry, Deloitte, *Tilbage til arbejdsmarkedet Erfaringer med folkepensionister og efterlønsmodtagere, der arbejder* (Back to work – Experience with retirees and early retirees who work), 2012. Available at: http://sm.dk/publikationer/tilbage-til-arbejdsmarkedet-erfaringer-folkepensionister-og-efterlonsmodtagere-der-arbejder (Accessed December 2014)

[83] FirmaPlus, *55+ fastholdelse og udvikling i Greve Kommune*. Available at: http://firmaplus.dk/wp-content/uploads/55plus_Evalueringsrapp_Greve_Komm_2012_28s_A4_interaktiv.pdf (Accessed December 2014).

activities include, among others: Information meetings (leaders and employees); A course in senior policy and agreements (leaders); Mentor training (leaders and employees). Although none of the activities has a direct focus on working conditions, working conditions would be considered if they are a factor in an employee's leaving decision. The results show that it is possible to retain 30 % of the participants for one or two more years than they had planned.

In 2006, the **Municipality of Hillerød** developed a senior policy to retain its senior workers[84]. It was important for the municipality that such policy does not lead to excessive cost. Some of the actions undertaken to retain older workers include: reduced working time, job rotation or job swapping to less demanding or more interesting tasks. It should be a broad/comprehensive senior policy with deals for all employee groups.

2.2 Initiatives from social partners

In 2009, The **Danish Confederation of Trade Unions (LO)** prepared a *strategy for occupational health and safety*[85]. In this strategy they mention some principles for the OSH system in companies. It includes a section about workplace health promotion. LO thinks that workplaces should focus on health promotion and that management together with employees should decide how to work with workplace health promotion.

Already in 2005, the **LO Aarhus** had developed a booklet to encourage union representatives to participate actively to the *development of a senior policy* at their workplaces[86]. The topics of the booklet include: 1. What can a senior policy include? 2. Arguments for a senior policy. 3. How can you use the trade union? 4. What can you do as a union representative? 5. Where do you start? 6. Senior conversations. 7. Senior courses. 8. Senior agreement. 9. Checklist about senior plans. 10. Checklist about who can do what. Although the booklet is not directly about occupational health and safety, sound senior policies also mean good working conditions for older employees.

The Confederation of Danish Employers (DA) does not seem to have a work programme or common strategy on occupational health and safety.

2.3 Initiatives from non-governmental organisations

A partnership between the **MidtjyllandRegion,** the **Århus Kommune, LO-Århus, DetMidtjyskenetværk, DGI Østjylland** and **FrivilligCenterÅrhus** has produced a booklet entitled "Planning your future. What do you want to happen in your life when you are not going to work 37 hours a week anymore?"[87] which is aimed at facilitating the *transition between employment and retirement* and targets soon-to-be retirees. It has been developed in connection with the Seniorstyrken (=Senior Strength) programme, which is a supervisory programme for seniors. The booklet includes topics like: What can I do?; How do I plan my future?; Tools to use when planning the future, including senior policy and senior conversations; Senior agreements; Economic and pension; Lifestyle, health, physical activity; Network and social relations.

[84] More information on seniorpraksis.dk website: http://seniorpraksis.dk/da/Vidensbank/Case-eksempler/Eksempler/Hilleroed-kommune.aspx (Accessed December 2014)

[85] LO, LO's arbejdsmiljøstrategi, 2009. Available at: http://www.lo.dk/Politik/Arbejdsmiljo/LOs%20arbejdsmiljoestrategi/~/media/LO/Politikomrader/Arbejdsmiljo/LO_arbejdsmiljoestrategi/LO%20arbejdsmiljostrategi%2009%20web.ashx (Accessed December 2012).

[86] LO ÅRHUS, *Guidelines til tillidsrepræsentanter ved udvikling af en seniorpraksis*, 2005. Available at: http://seniorpraksis.dk/~/media/SFR/Seniorpraksis.dk/Files/Afklaring/Guidelines-til-tillidsrepraesentanter%20pdf.ashx (Accessed December 2012).

[87] Tindbæk, P., *Planlæg din fremtid – Hvad skal der ske i dit liv, når 37 timers arbejdsugen slutter*, 2009. Available at: http://seniorpraksis.dk/~/media/SFR/Seniorpraksis.dk/Files/Udvikling/Pjece-Planlaeg-din-fremtid%20pdf.ashx (Accessed December 2014)

3 Overview of policies, strategies and programmes in relation to the rehabilitation/return to work of workers

Extending working lives in healthy, safe and sustainable working conditions also means ensuring that people who suffer from an illness or an accident that leads to prolonged sick leave have the necessary support to return to work in safe and adapted conditions. By promoting the return to work of those who are suffering from a health problem, and specifically in the older age group, a number of people who may otherwise have chosen early retirement or needed a disability pension will remain employed.

The effectiveness of the rehabilitation process is therefore another important factor related to prolonging healthy working lives. Although the issue of rehabilitation and return-to-work is particularly relevant for older workers, as they are more likely to suffer from work-related health problems than younger age groups, the chapter looks at rehabilitation for all workers.

In Denmark, the return-to-work process is coordinated by the municipalities, with an active role played by the employers. Return-to-work concerns all workers, whatever the cause of their health problem (work-related or not) and does not require someone to be recognised as disabled. Denmark ranks first among the OECD countries in terms of spending on active rehabilitation measures, which may explain the relatively high share of people with disabilities in employment in Denmark in comparison to other OECD countries.[88]

The following chapter first describes the institutional system in Denmark for the rehabilitation/return to work of workers suffering from a health problem and then looks at specific initiatives from governmental and non-governmental organisations to promote rehabilitation and return-to-work.

3.1 The national system for the rehabilitation/return to work of sick or injured workers

The legal and policy framework

The main legal obligations for the rehabilitation/return to work of sick or injured workers are included in the main acts on occupational health and safety:

- The **Working Environment Act** and accompanying guidelines (see Section 1.3) contain the general rules about the provision of a safe and healthy working environment for all workers.
- The **Act on Benefits in the Event of Illness or Childbirth** *(Sygedagpengeloven)* of 2 March 2001 lays out the conditions for the allocation of benefits in case of sickness absence (because of work and non-work factors) and describes the role of the local authority in the rehabilitation process. In particular §56 of the law stipulates that employers hiring a worker with an increased risk of absence from work due to a long term or permanent condition can be reimbursed for the first 21 days of sick leave every time the person is off work because of his/her condition (see more details in 'compensation' below).
- The **Consolidation Act no. 5a 'Employers follow-up'** lays down the obligations of the employer when a worker returns to work following a sickness absence (see more details below).
- Social partners' **collective agreements** at company level outline the measures that employers have to take to adapt the workplace to the sick/injured worker or provide alternative job conditions.
- As mentioned in Section 1.3, the **Act on prohibition of discrimination in the labour market** stipulates that the employer has a duty to adapt the workplace to suit the needs of employees with a disability. This means that an employer assess which workplace adjustments are necessary for a disabled employee to enter or stay in employment. If the cost of such adjustments is disproportionate, the employer may refuse to employ the applicant however this does not apply to cases where the state pays for the adaptation costs.

[88] OECD – Organisation for Economic Cooperation and Development, Sic*kness, Disability and Work: Breaking the Barriers – A synthesis of finding across OECD countries*, 2010, p59

Main actors and steps in the rehabilitation process

The role of employers

According to the Consolidation Act no. 5a 'Employers follow-up', when a worker experiences a health problem which forces him/her to take sick leave, the **employer** has an obligation to arrange for a discussion regarding when and how he/she can return to work. The discussion must be held within four weeks of the worker's first sick day. If the worker is not expected to be able to return to work within a period of eight weeks, he/she can request that a *retention plan* is prepared. The worker and the employer then prepare a retention plan together. The plan describes how the worker can return to work as quickly as possible (either full time or part time). The employer is allowed to refuse to prepare a retention plan if he/she estimates that such a plan cannot be made.

The Danish Model is characterised by the fact that it is the **social partners** themselves that determine the rules of the game in the labour market, for example, through collective agreements. In the case of return-to-work efforts, this means that there will often be a collective agreement between the trade union and the employers' organisation that describes the efforts that the employer has to make in order to adapt the workplace to the sick/injured worker or provide alternative job conditions.

Furthermore, the employer is obligated to report the sickness absence (if it lasts for more than two weeks) to the **local municipality**. This must be done within four weeks of the first day of sickness absence.

The role of municipalities

After eight weeks of sickness absence, the **municipality** becomes active in the rehabilitation process and calls on the sick worker to come for an interview in the local municipal job centre. **Social insurance officers (SIOs)** are responsible for evaluating and monitoring all benefit recipients and for planning and initiating flexible and individual return-to-work efforts in cooperation with the sick worker. The sick worker brings along his/her retention plan if one has been prepared, both in case of full-time and part-time sickness.

Whenever needed, the municipality must seek cooperation with all other relevant actors, such as the employer, doctors, the 'A-kasse'[89], the union, rehabilitation institutions and hospitals. The relevant law (the Act on Benefits in the Event of Illness or Childbirth – *Sygedagpengeloven*) states that the municipality must focus on cooperation with doctors and workplaces. The municipality must inform the employer of all relevant initiatives in the workers rehabilitation programme (if the worker accepts this).

After an initial talk in the job centre and in consideration of all other information available (such as medical records), the SIO assesses the sick person's need for medical treatment and other possible return-to-work efforts that may support quick recovery and help the sick worker back to work. The relevant return-to-work efforts are then put in place. Such efforts may include participation in municipally driven return-to-work programmes, internships, additional education or return-to-work programme services provided by private institutions.

If the SIO assesses that there is a risk that the sick worker could turn out to have a permanently reduced working ability in the long run, the worker is called in for a personal follow-up in the job centre every four weeks. Otherwise the follow-up is only every three months. Under certain circumstances the follow-up can be performed by phone. The municipality will try to arrange for a gradual return to work whenever possible.

Additional support to employees returning to work

If full rehabilitation is impossible, workers with a permanent reduced ability to work have the possibility to return to work in a *flexible job* (fleksjob) at the same workplace following an accident or long term illness. According to Consolidation Act no. 978 on flexible jobs, the municipality can grant an employee the right to work in a flexible job if he/she cannot work to the same extent as before because of an illness or accident. The flexible part of the job can be reduced working hours and/or reduced work speed. The

[89] Unlike other forms of social security in Denmark, unemployment insurance is voluntary. Thus, you are not automatically insured against unemployment. An unemployment insurance policy is taken out from an unemployment insurance fund, also known as an "A-kasse", which are private associations (see more information on workindenmark.dk).

responsibility of the employer is to demonstrate that the workplace has done everything it can to organise the job in a way that fits the employee's ability. The employer must document that the efforts to do so have been going on for at least 12 months before the flexible job can be granted from the municipality.

The municipality can grant an employee another kind of rehabilitation programme: "Revalidering". *"Revalidering"* aims to help people with a permanently reduced working ability gain the needed skills to obtain a type of job in which their handicap is not an issue. An example of this could be a carpenter who loses his legs and is retrained to handle a desk job instead. This benefit secures the sick or injured person a steady income while the person is going through an education, training or retraining. The training can also consist of practical training or an internship at a public or private workplace.

The municipality can grant *part-time sickness benefit* if the employee during the recovery period is able to work some days during the week. Then, the days that the employee works, he/she will receive his/her normal salary and the rest of the week, the employee receives a sickness benefit.

If the employee has a physical or mental disability, the municipality can provide a *personal helper* while the employee is at his/her job. This personal help can also be provided in the form of an economic grant to the employer ensuring cost effectiveness despite the worker's reduced working capacity. The municipality makes a detailed description of the help needed and assesses this in terms of working hours. Thereafter, the employer can chose to spend the grant on hiring help or accept that they themselves must perform what the disabled person cannot.

Incentives for employers

There is no specific incentive for employers to get the employee back to work. The above-mentioned initiatives from the municipality compensate the employer for a worker's reduced ability to work at the previous level, whereby the employer is not disadvantaged.

Compensation system

Compensation system for sickness absence

The Danish sickness benefit legislation covers employees, self-employed and unemployed residents for a maximum of a 52 week period. As a general rule, the employers pay full wages for the first 30 days of absence. Subsequently, the obligation to provide sickness benefits lies on the local municipality.

Small businesses and self-employed people can take out private insurance to prevent the load of this expense becoming a serious threat to the business[90]. However, the *insurance companies do not play a role in the rehabilitation process*, as they do in other countries – such as Finland – and it is the local municipalities that play an active role. The role of the insurance companies is often to assess the degree of reduction of working capacity in order to establish the amount of compensation needed.

According to §56 of the current law on benefits (Sygedagpengeloven), employers hiring a worker with an increased risk of absence from work due to a long term or permanent condition can be reimbursed for the first 21 days of sick leave every time the person is off work because of his/her condition. The benefits provided by the §56 provision can be granted to the employer if the worker's risk of absence due to sickness is assessed to cause at least 10 sick days in one year. Thus §56 can be an important tool for supporting the employment and retaining at work people with long-term or chronic illness.

It is possible for employers to dismiss someone who is on regular or long-term sick leave. This is often regulated through collective agreements, with a commonly agreed 'rule' in the private sector, which states that it is possible to dismiss workers who have had more than 120 days of sickness absence within a year[91].

Compensation system for disability or reduced capacity to work

[90] More information on the website of VIRK Startvækst: Startvækst.dk (Accessed December 2014)
[91] Article on trade union web page (undated): "Fyret under sygdom . Sådan forholder du dig". Available at: http://www.avisen.dk/jobhaandbog/fyret-under-sygdom-saadan-forholder-du-dig_112922.aspx (Accessed December 2014)

When it is assessed that a person's work capacity is permanently reduced and prevents them from assuring their own subsistence through any kind of paid work, a disability pension may be awarded, after all options for rehabilitation have been exhausted. The disability pension amounts to 204,900 kroner a year (approx. 27500 EUR). The attribution of the disability pension is regularly reviewed. At the pensionable age, the disability pension transforms into old-age pension.

3.2 Specific Initiatives

3.2.1 From government-affiliated organisations

In Denmark, most return-to-work initiatives are created at municipal level and supported by research funds. Most return-to-work interventions have a practical approach stemming from a need for experience-based knowledge[92].

The large Return-to-Work project

In March 2008, the previous Danish government entered a tripartite agreement with the social partners on sick leave. The agreement was based on the government's action plan on sickness absence. The main elements of the agreement on sickness leave were: 1) The employers must, after four weeks of sickness absence, hold a discussion with the employee about how and when the employee may return to work. 2) The job centre will evaluate the possibility of gradual return after eight weeks of illness. 3) The job centre will be able to provide active services for persons on sick leave.

The 2008 agreement includes 39 initiatives designed to reduce absenteeism. One of the initiatives, called "The large return-to-work (RTW) project" (the *TTA* project in Danish), is probably the world's largest of its kind. The large return-to-work project should, on the basis of existing knowledge and former, smaller project tests, assess whether it is possible to establish a time-equal, multidisciplinary and coordinated approach within the existing legal framework and with the job centers' reviews of sickness benefits as a starting point.

The return-to-work project is funded by the Danish Prevention Fund, which had set aside 240 million DKK for the annual project period (1 April 2010 – 31 March 2012). In connection with a policy decision to extend the project, another 50 million was dedicated to the participating municipalities. In addition, municipalities contributed financing to varying degrees. The Ministry of Employment has allocated 32.5 million Danish kroner for the planning, coordination and evaluation of the project.

The Danish national return-to-work project aims to improve the management of municipal sickness benefit in Denmark. The project includes 21 municipalities encompassing approximately 19,500 working-age adults on long-term sickness absence, regardless of the reason for sickness absence or employment status. It consists of three core elements: (i) establishment of multidisciplinary return-to-work teams, (ii) introduction of standardised workability assessments and sickness absence management procedures, and (iii) a comprehensive training course for the return-to-work teams[93].

The case of a sick person is coordinated by a return-to-work coordinator (RTW coordinator), an experienced social worker from the job center, who has received specific return-to-work training. The RTW-coordinator works in close collaboration with a return-to-work team (RTW team), consisting of a psychologist and a physiotherapist. In addition, the RTW-coordinator and RTW-team are in close collaboration with an occupational doctor/general doctor and a psychiatrist. The number of RTW-coordinators, RTW-teams and clinical units included depends on the size of the participating municipality. RTW-coordinators, RTW-team and the clinical entity should all ensure a structured and qualified

[92] Borg, V., *Hvidbog om mentalt helbred, sygefravær og tilbagevenden til arbejde*, 2010. Available at: http://www.arbejdsmiljoforskning.dk/~/media/Boeger-og-rapporter/hvidbog-mentalt-helbred.pdf/ (Accessed December 2014); Summary, main conclusions and recommendations (in English)*, Mental health, sickness absence and return to work*, 2010. Available at: http://www.arbejdsmiljoforskning.dk/~/media/Boeger-og-rapporter/summary---mental-health--sickness-absence-and-return-to-work.pdf (Accessed December 2014)

[93] Aust, B., et al., 'The Danish national return-to-work program – aims, content, and design of the process and effect evaluation', *Scandinavian Journal of Work, Environment & Health,* 38(2), 2012. Available at: http://www.sjweh.fi/show_abstract.php?abstract_id=3272 (Accessed December 2014).

clarification of the off-work sick person. It is an important objective for the clarification to determine the sick person's resources and barriers in relation to return-to-work. In this context the focus is primarily on functional ability. Based on the multidisciplinary clarification, it is assessed what is the best and most appropriate follow-up plan for the individual sick person.

The target audience is sick citizens referred as match group 2, i.e. persons that have been on sick leave for more than **three months** and are estimated able to return gradually to work or receive active offers. The target audience will often contain sick persons with complex health problems. The group includes both the unemployed and those with a job and people with various mental and physical health problems. There are approximately 13,000 sick people in the return-to-work project and an additional approximately 6,000 sick people serve as a control group.

A recent project evaluation provides information on whether implementation is possible, and if so, whether it leads to a more rapid and lasting return to work for the sick. The evaluation also examines the economic impact of the project. The main conclusions of the evaluation are[94]:

- A good implementation of the return-to-work project can reduce absenteeism and provide a positive financial bottom line for society.
- The results from the project show that municipalities with good implementation often achieve a positive effect. A calculation shows that the effect in municipalities with good implementation corresponds to a reduction of absence in length averaging around 2.6 weeks.

The National Research Centre for the Working Environment

In 2007, the National Research Centre for the Working Environment produced a report on Danish initiatives on **job retention and return to work**[95].

Twelve initiatives are described in the report. All of them are focused on fast and successful returning to work and can be used as inspiration for others. All initiatives imply an interdisciplinary effort, for which relevant municipal administrations and occupational therapists/ physiotherapists cooperate with the sick/injured worker and the workplace to ensure reintegration into the labour market.

Five of the initiatives target workers on sick leave in general. Five other initiatives target workers on sick leave because of problems in the musculoskeletal system. One of the initiatives targets workers on long-term sick leave because of psychological strain. Finally, one initiative addresses workers on sick leave because of occupational injuries. None of the initiatives focuses specifically on older workers.

Three of the initiatives are described below:

1. An initiative targeting persons on sick leave in general

Title	Retention through increased cooperation between companies, social services and doctors
Actors involved:	Clinic of occupational medicine and four social centres in Copenhagen (Valby, Kongens Enghave, Indre Nørrebro og Indre By).
Target group:	Recipients of sickness benefits.
Aim and design:	To expand and improve the cooperation between the actors through a thorough medical investigation. It is a randomised control study.
Dates:	September 2004 to April 2006.

[94] NRWCE, *An early, multidisciplinary and coordinated efforts in job centers can reduce absenteeism and produce positive effects on the economy*, 2012. Available at: http://www.arbejdsmiljoforskning.dk/da/nyheder/arkiv/2012/en-tidlig--tvaerfaglig-og-koordineret-indsats-i-jobcentrene-mindsker-sygefravaer-og-oeger-oekonomi (Accessed December 2014).

[95] NRCWE, Oversigt over Tilbage Til Arbejde (TTA) initiative, 2007. Available at: http://vidensnetvaerket.dk/projekter/jobformidling-1/tilbage-til-arbejde (Accessed December 2014).

Title	Retention through increased cooperation between companies, social services and doctors
Results:	The intervention in the form of an occupational health specialist's certificate had a good effect on the duration of sickness absence: The duration of absence was nearly five weeks less in the intervention group than in the control group. The effect has especially been proven for people with sickness absence not due to psychological problems. Furthermore, clear differences were found between the intervention group and the control group's own assessment of future labour market reintegration while the assessment of self-rated health was fairly constant. The doctors saw it as an advantage to establish systematic cooperation with administrations. Team managers in the individual administrations perceived the clinic of occupational medicine as a qualified team player who, from a medical perspective, may give the individual a push in the right direction. The case workers felt that a conversation (between the recipient of sickness benefit and the case worker) that began asa statement from the clinic of occupational medicine, started on a better basis than if there was no initial medical investigation and therefore no statement from the clinic of occupational medicine.

2. An initiative targeting persons on sick leave because of problems in the musculoskeletal system

Title:	Coordinated effort for job retention for people on sickness absence due to prolonged pain from the musculoskeletal system (back, neck, hip, shoulders, arms).
Actors involved:	Vejle Amt (County of Vejle), Clinic of occupational medicine in Vejle Hospital, The National Research Centre for the Working Environment, Centre of Applied Health Services Research (CAST). The participating municipalities: Vejle, Kolding, Egtved and Give.
Target group:	Citizens who have been sick between 4 and 12 weeks due to pain in the musculoskeletal system.
Aim and design:	Interdisciplinary rehabilitation effort and documentation of effects and costs. Two groups were created: An intervention group and a control group. The control group underwent the normal municipal process. The intervention group underwent the new rehabilitation effort which focused on an early, systematic identification of barriers for a return to work and a subsequent targeted rehabilitation effort which, among others, had a focus on the workplace of the sick worker.
Dates:	2003-2006
Results:	The model used showed a significant reduction of sickness absence of 341 hours per sick person in comparison to the control group (= reduction of 34 %). The initiative was very cost-effective with net societal savings of 55.000 Danish kroner. The persons in the intervention group experienced a greater reduction in perceived pain and an increased function in comparison to the control group.

3. An initiative targeting persons who have long-term sickness absence with psychological strain

Title:	Better cooperation, early action – a project about job retention.
Actors involved:	Grundfoss A/S (a private company), Communication Centre of Viborg, General Practitioners in Viborg, LO-Viborg and Clinic of Occupational Medicine in Skive.
Target group:	People on long term sickness absence due to psychological strain.
Aim and design:	To strengthen the retention effort and develop new methods of cooperation between the different actors to get a better and faster cooperation effort for people exposed to psychological strain. The project consisted of two focus areas: 1) Better cooperation. A certificate was drawn on how the employee's workload should be lighter or working pace slower. The certificate was completed at the company, and the employee brought it to the GP. Subsequently, an action plan for resuming work at the company was prepared. The project was targeting employees at Grundfoss and employees at the Communication Center of Viborg. Number of workers involved in "Better cooperation": 28. 2) Quick action: People with stress-related diseases were referred to the clinic of occupational medicine by their GP, their social worker or their workplace. Here, they had a preliminary interview within 14 days and subsequently they were offered an interview course/process with an occupational psychologist and if necessary', talk to a GP. Number of worker involved in "Quick cooperation": 166.
Dates:	2005-2007
Results:	Better cooperation: The GPs and Grundfoss were very satisfied with the use of the certificate as a tool for dialogue. The certificate clarified the interests of cooperation for the actors, contained a high level of knowledge sharing and meant a faster clarification on resumption of the work. Quick action: The GPs, the municipal social workers and the referred worker have been satisfied with the treatment program. Positive effects from the programme: 1) The fast and labour-focused treatment course, 2) the written communication to doctors and social workers and 3) the psychologists' participation in joint conversations.

Furthermore, in 2010, the National Research Centre for the Working Environment published a white paper on mental health, sickness absence and return-to-work. The paper includes a chapter about return-to-work interventions (i.e. what can be done to retain people with mental health problems at work), a chapter on actors and factors in the return-to-work process and a chapter with 25 examples of Danish return-to-work initiatives[96].

In the chapter with examples of Danish return-to-work initiatives, the initiatives are divided into four groups, depending on the kind of intervention used:

1. Multidirectional interventions with coordination:
   - "Multidirectional": more than one intervention at a time e.g. psychological treatment, occupational examination and social counselling during the same course.
   - "With coordination": cooperation and exchange between the actors involved in the intervention. Typically one person has the coordination responsibility (often a social worker). The coordination could be carried out e.g. as roundtable conversations where the sick person and relevant actors can exchange information and plan the return-to-work process.

The section includes 14 examples of multidirectional interventions with coordination. One of these examples is 'the large return-to-work project' described above. Another example is about finding new

[96] Borg, V., *Hvidbog om mentalt helbred, sygefravær og tilbagevenden til arbejde*, 2010, as above.

methods to retain depressive persons, which concluded that early detection of depression and early treatment provide a good prognosis and reduce the sickness absence i.e., the earlier the intervention, the better, and that the workplace should be involved in the treatment of depression.

2. Multidirectional interventions without coordination:
   - More than one intervention at a time but without any kind of formalised coordination.
   - The section includes 11 examples of multidirectional interventions without coordination.
3. Unified interventions:
   - Only one intervention at a time e.g. teaching, course or individual conversations.
   - In the section, six unified interventions are described: three therapeutic interventions, one occupational health intervention, one intervention with psychoeducation and one intervention about mentoring.
4. Interventions which upgrade the staff:
   - Training of the staff who work with the worker on sickness absence or changing the workflows or procedures for the staff who work with the sick worker.
   - Educating colleagues to mentor the sick worker and in this way support him/her.
   - The section includes three examples of intervention which upgrade the staff.

The paper's conclusion is based on the review of the Danish return-to-work projects:

- Most return-to-work interventions take place in municipalities where funding is available. Most of the return-to-work interventions are based on a practical approach, which emerged from the need for experienced knowledge.
- The return-to-work interventions are often multidirectional interventions with or without coordination.
- Most of the multidirectional interventions without coordination consist of education in the handling of psychiatric and somatic problems in coordination with different health-related interventions and activities directed towards the workplace.
- Only a few interventions are about upgrading the staff working with the sick worker.

Furthermore, the paper produced a best practice compilation:

- Practitioners, employers and municipal authorities should coordinate interventions involving all actors in the return-to-work process.
- Focus should be on the workplace, the possibility for workplace adaptations and adjustments of the working conditions, depending on the role of the sick worker.
- Early contact should be made with the workplace during the worker's absence.
- Access to evidence-based treatment.
- Early detection of mental health problems like depression.
- Fast and easy access to treatment.
- Professionals with knowledge about work environment and labour market conditions should be involved.

3.2.2 From non-governmental organisations

In the Danish Confederation of Trade Unions (LO) OSH strategy, a number of principles for the OSH system in companies are mentioned. One of the principles is that **rehabilitation and retention must be prioritised** more than it is today. Furthermore rehabilitation should to a higher degree be integrated in the OSH work of all companies.

The Collective agreement partners for retail trade and office employees, the Danish Chamber of Commerce and HK Commerce and HK Privat have, for the collective agreement period 2012-2014, agreed to work towards greater inclusiveness in the workplace through a **focus on seniors, integration and inclusion of people with disabilities**, ethnic minorities and other vulnerable groups and to reduce absenteeism. The parties stress the need for dialogue between the absentee and the company both in case of short and long term absence, and the establishment of a sick leave policy as part of the general personnel policy is recommended. Furthermore, the parties recommend that the companies, in cooperation with physicians and municipalities, focus on the possibility of partial absence/partial presence, to enter into so-called §56 agreements with chronically-ill employees (see Section 3.1) and create transparency about this process within their company. Finally, parties recommend focusing on health and fitness in the workplace to prevent absenteeism

A number of both large and smaller Danish Labour Unions have collaborated in the preparation of the electronic guide **"Absent guide.dk"** (In Danish called the Sygeguide.dk). The electronic guide contains information for workers on sick leave on possible actions to take in relation to the workplace and the authorities. It assists the worker with navigating the Danish system and informs them about rights and obligations. In addition, the guide informs the employer on how to assist the worker with returning to work, i.e., the guide includes examples on absenteeism policies[97].

4 Conclusions

General context

Facts and figures

- *Population ageing:* Denmark will continue ageing, particularly strongly until 2040. By 2040 the share of the over 65-year-olds will be as large as 24% and by 2080, 27%. This means that, while in 2010 there were still four people of working age per old person (65 years and above), in 2040 there will be fewer than three people and in 2080, around two people of working age per old person.
- *Pension expenditures:* Although the share of people aged 65 years and above is slightly lower than EU average, and the employment rate of older workers (55 to 64 years) is significantly higher in Denmark than across the EU (as % of GDP), pension expenditures in Denmark are higher than the EU average. This is true for the total pension expenditures, the old-age pension expenditures and the anticipated old-age pension expenditures. Furthermore, Denmark spends far more on early retirement benefits due to reduced capacity to work than the EU average.
- *Employment rate of 55-64-year-olds:* Employment among 55 to 64-year-olds in Denmark was around 20 percentage points above EU average in 2003, but it has only increased by around one percentage point since, while the EU average rate increased by around 10 percentage points. Thus, employment seems to have reached a threshold years ago which has not been overcome.
- *Working beyond retirement age:* Almost 80% of people in Denmark aged 50 to 69 years who receive a pension but continue paid work do this for non-financial reasons, for example, work satisfaction, while across the EU, these are of much less importance (29%).
- *Most serious work-related health problem:* Musculoskeletal disorders were seen as the most serious work-related health problem by around 66% of older workers in Denmark, while 15% saw psychological illnesses as the most serious work-related health problem. As found in a study based on national data, self-rated physical and mental health are important predictors of retirement planning (more important than economic factors), especially back problems, myalgia, osteoporosis and depression.
- *Working conditions:* Carrying heavy loads, low control at work, emotional demands, shift work and working in tiring or painful positions are risks that are much less prevalent among older workers in Denmark than on EU average. Furthermore, older workers in Denmark receive more on-the-job-training and are more satisfied with their working conditions and working hours. According to evidence from two scientific sources, subjectively experienced working conditions have a significant effect on early retirement intentions and decisions.

Legal and institutional framework

The Danish institutional framework for OSH is well implemented and works efficiently. Social dialogue in particular is very strong and at the company level, a large number of rules (for instance, on rehabilitation) are governed by collective agreements.

The Danish OSH legislation does not address older workers specifically. It is very important for the authorities (and in particular the Danish Working Environment Authority) that OSH prevention at the workplace is done in a holistic manner, looking at all workers on an equal footing and focusing on

[97] Sygeguide.dk available at: http://sygeguide.dk/ (Accessed December 2014).

individual's work abilities rather than on specific measures for groups of workers.

As is illustrated by the high employment rate of the older age groups, the Danish labour market has been favourable to the retention of older people at work. However, antidiscrimination legislation prevents employers from firing people because of their age. Since there is no legal retirement age in Denmark, this has been known to create issues in the past with employers refusing to hire older workers. Therefore, in 2006, an important reform of the welfare system took place, which led to the creation of the Senior Jobs for older unemployed workers. Overall, there has been a shift in mentalities over the past 5-10 years, and employers and employees have positively changed their view on having – or being – older workers in an organisation.

OSH and older workers

In line with the approach chosen by Danish authorities in relation to legislation, the policy framework for OSH does not focus particularly on older workers but adopts a holistic approach to working lives, with a particular emphasis on occupations with arduous working conditions. Preventive measures for these hazardous occupations are prioritised not only by the authorities but also by the social partners. DWEA also prioritise assisting SMEs with their safety and health work.

A number of initiatives have been put in place, however, to promote better working conditions and career management for older workers. In particular, the work of the Fund for Better Working Environment and Labour Retention has been instrumental in this regard, with the development of the Senior Packages (with a focus on SMEs), which include a number of step-by-step tools describing how management and the senior employee in collaboration can determine what is needed to keep the employee at work. The Ministry of Employment has supported this push by providing funding to companies for interventions with the purpose of keeping employees in the labour market and thereby rising retirement age, e.g., by influencing working conditions. This push has made it possible for initiatives to be developed at the company level to ensure a good working environment for older workers, and thereby also contribute to their staying longer in the labour market. These initiatives include: senior policy, special employee dialogues with senior staff, adjustment of job functions to become less arduous, training to achieve additional competencies, health promotion, lower number of working hours per day/week, more vacation, mentoring.

In line with the government approach, the social partners also deal with the issue of older workers from the perspective of career management and senior policies and dialogues, rather than purely technical OSH adaptations of the working environment.

Views of the stakeholders [98]

Although stakeholders generally agree that the working environment in Denmark has improved, workers representatives recall that many older workers still suffer from the arduous working environment they have been subjected to for many years. Consequently, there are still arduous jobs for which the working environment needs to be improved, not only for the older workers but for all workers. OSH stakeholders in Denmark are increasingly paying attention to the concept of "Work life expectancy" which can be used to express aspects of the working environment with focus on older workers.

All stakeholders agree on the importance to ensure flexibility in the working conditions of older workers to maintain them in employment, and the need to provide adequate training to be able to cope with new challenges in their jobs. Workers and government representatives insist on the fact that companies and authorities need to promote and invest in such training. Age-management policies should also be further promoted in companies, in particular SMEs.

Rehabilitation / return-to-work

Danish municipalities have the main role in promoting the employees' return to work, but companies are also increasingly part of the process. Thus the various actors involved in the rehabilitation process, i.e. the medical teams, the employer and the social officers are all coordinated by the municipality, providing a interdisciplinary approach to the return-to-work process. The main incentive put in place for the

[98] These views were expressed during the national expert workshop on "Safer and Healthier Work at Any Age", which took place on 4 June 2014 in Copenhagen (more details provided in the introduction to this report).

retention of workers with chronic health problems is the provision that exempts employers from paying for the first 21 days of sick leave (instead paid by the municipality) for those who have an increased risk of being absent from work due to a long term or permanent condition. Apart from that no other form of support seems to exist for employers who have the obligation to prepare a *retention plan* when workers come back after long-term (four weeks) sick leaves..

Authorities and social partners have put in place, over the years, a number of initiatives to try to minimise sickness absence and ensure good and fast rehabilitation. In 2008, a tripartite agreement was concluded which covered 39 different initiatives with the purpose of reducing absenteeism. One of the initiatives was “The large return-to-work project”, which led to a reduction in the amount of sick leave absence in many workplaces. The success factors of the return-to-work project included a good commitment from the municipalities to the implementation of the project. A number of other coordination projects have taken place, most of which focus on specific health problems such as MSDs or mental health issues.

In general, it seems that the involvement of municipalities, employers and social partners through collective agreements at the company level has led to a relatively successful approach to rehabilitation and return-to-work in Denmark.

Views of the stakeholders

Stakeholders are generally of the opinion that the current system for rehabilitation, with the municipality as the pivotal actor in the process and an active role for employers, works well and helps reduce sickness absence. Experts however recall that an increasing number of employers are offering special insurance for the employees so that they can be treated in private clinics. This is a way to have access to earlier treatment and return even faster to their job, illustrating the shortcomings in the public healthcare system, which testifies of sometimes a long waiting period before treatment.

General conclusions

The question of longer working lives is not new in Denmark, which is among the EU Member States with the highest employment rate of 55-64 year old workers. Therefore Denmark has been implementing a number of policies related to creating sustainable conditions for longer working lives, including improved OSH in companies but also effective return-to-work policies to prevent exclusion from the labour market on grounds of health.

There exists in Denmark a multitude of initiatives aimed at retaining older workers at work and delaying retirement. These initiatives, which are mostly aiming at increasing the take-up of Senior Policies in companies, always include an aspect related to more flexible working conditions.

However, Danish authorities and social partners emphasise, throughout their policy documents, that Denmark has a lifecourse approach to OSH, focusing on all workers. Its choice to focus on arduous working conditions rather than on specific groups of workers is intrinsically beneficial to older workers who will have cumulated years of arduous working conditions.

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The European Agency for Safety and Health at Work (EU-OSHA) contributes to making Europe a safer, healthier and more productive place to work. The Agency researches, develops, and distributes reliable, balanced, and impartial safety and health information and organises pan-European awareness raising campaigns. Set up by the European Union in 1994 and based in Bilbao, Spain, the Agency brings together representatives from the European Commission, Member State governments, employers' and workers' organisations, as well as leading experts in each of the EU Member States and beyond.

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