

**Speech by the Danish Minister for Employment to the  
High Level Policy Forum in Stockholm on 15 May  
2009**

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Good morning ladies and gentlemen.

Thank you for inviting me to the meeting today.

I'm pleased that I can tell you about what we have done in Denmark, and I hope that what I say, will give you some ideas for your own work.

I'd like to give you two examples from Denmark.

One that has been successful, while the other did not go quite as well as we had hoped.

First the success.

In Denmark, we have seen increasing long-term absenteeism, due to sickness.

Studies show, that the longer someone is ill, the greater the risk of never returning to the labour market. One in five who have been absent for more than one year, never returns.

How can we deal with this?

Firstly, there must be a change of attitude.

We must leave behind the dogma that you are either fit and ready to perform one hundred per cent, or you're too ill to

leave the house. Reporting sick should not always mean that you are completely unable to work.

These thoughts have inspired a project that looks at people who are sick and unable to work, because of a long-term painful musculo-skeletal disorder.

The project found the barriers to returning to work - and then broke them down.

The project involved the health sector, the social sector and the labour market. The target group was people who had not been at work for between four and twelve weeks, due to pain in their muscles and bones. The most important goal was a return to work.

Workplaces were also involved, and this is very interesting, because we do not usually involve the workplace in projects like this.

After twelve months, there was an average drop in absenteeism due to sickness of thirty four per cent for people on the project, compared with a control group, outside the project.

The project has shown many exciting concepts.

First, that it's important to combine a lot of different expertise and specialities.

Secondly, that it's a good idea to get the workplace involved.

And thirdly, that it's very important to use active initiatives to help the people who have reported sick.

I'm sure that this doesn't only apply to people who are not able to work because of musculo-skeletal disorders.

When you are ill, you are weak. In addition to your symptoms, you will often have to deal with uncertainty. Will you ever get well again? Will you be able to provide for yourself and for your family?

People in this situation should not be left alone.

And it is vital that support comes early. The more time that passes, the harder it can be to keep a job and return to an active life on the labour market.

Active and early intervention is therefore the cornerstone of the two thousand and eight Danish tripartite agreement to reduce absenteeism due to sickness.

One of the objectives of the agreement is to help people who are ill to keep in touch with the labour market.

That is, that they stay as active as possible, but of course we take their health situation into account.

As part of this agreement, a bill has been introduced for municipalities to renew and improve follow-up of people who have reported sick from work.

As part of the action plan, and on a trial basis, some municipalities have introduced follow-up earlier in the course of the sickness. They focus on keeping people going as much as possible during their sickness.

And so far, we can see that it works, and it does make a difference.

And now to an example of where it did not go as well as we had hoped - the two thousand and three reform on disability pensions.

The goal of this reform was to keep as many people as possible off public benefits.

The reform aimed at focusing on active efforts rather than passive care and benefits.

The reform replaced several different levels of disability pension with one single level. All those receiving a disability pension, now received the same benefit.

Another element was a change in the criteria for granting the pension. Today, we look at how much capacity to work a person has, rather than what he cannot do.

But has the reform worked as intended?

Well, from 2003 to 2008, there was a drop in the number of people receiving disability pension from about two hundred and seventy thousand to two hundred and forty thousand.

But this drop is a result of the reduction in the state pension age from sixty seven to sixty five years old. It is not because of the reform.

Since 2003, sixty seven thousand people have become entitled to a disability pension, and there are now fourteen to fifteen thousand new people who get the pension each year.

The most important development has been the increase in people receiving benefits because of mental problems.

Thirty two per cent of all new recipients of pensions in 2001 suffered from mental problems, and this went up to forty six point seven per cent in 2007.

The great challenge is therefore to make the initiatives better. We don't want to see young people ending on disability pensions.

This is why we in the Danish Government are launching new, active initiatives in the disability pensions area.

Our goal is to minimise the number of young people with mental problems ending on disability pensions.

Is this possible? Yes, it most certainly is.

Experts tell us that by far the majority can be helped to live a completely normal life.

And we also know, that the help we offer may be very different from what people with a physical disability are offered.

Working in this way requires a lot of patience and a more individual approach. Different combinations of benefits and help are often needed. Some of them are different from what we usually use.

Many studies have shown that early, active efforts are very important if the individual is to stay close to the labour market.

I believe that this example shows how difficult it is to predict how well our efforts will work, because the target group is very hard to define.

It is also an example of how unexpected results can be used in the future. And the results I have just described will be a big part of our future work.

Thank you for your attention.