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Policy Analysis
Network (ESPAN)

Access for children in need to the key services covered by the European Child Guarantee

Denmark

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Social Europe



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Summary

On 14 June 2021, the Council of the European Union adopted a Recommendation establishing a “European Child Guarantee”, with a view to guaranteeing access to six key services for “children in need”:

- effective and free access to four services: high-quality early childhood education and care (ECEC); education and school-based activities; at least one healthy meal each school day; and healthcare; and
- effective access to two services: healthy nutrition and adequate housing.

The purpose of the present report is to assess the extent to which low-income children in Denmark do indeed have effective (or effective and free) access to these services.

ECEC is free and accessible for low-income children in Denmark. With income-testing, children in households earning over DKK 601,200 (€80,825) will pay the full fee (up to 25% of costs), while children in households below DKK 193,500 (€26,014) will not pay a fee. Children in households with income between DKK 193,501 (€26,014) and DKK 601,199 (€80,825) will pay a reduced fee.

All children in ECEC will have one healthy meal per day.

All children, regardless of their ability to pay, are able to participate in education and school-based activities.

In schools there is no national or sub-national (local) provision of one healthy meal each day (unlike in ECEC).

Healthcare is free for all, including children, regardless of income.

Healthy nutrition is not offered by any national or local agencies.

Housing allowances and a substantial social housing sector facilitate access by low-income children to adequate housing.

There are no clothing requirements in primary and secondary education. However, participation in sports and swimming classes may require certain clothes (e.g. swimwear) and certain sports equipment (e.g. indoor sports shoes) that are not provided to any pupils and students. Local authorities may cover the costs of these for children and young people, especially in families on minimum income benefit.

In short, childcare, education and healthcare are de facto universal and free for low-income children. However, children are not provided with healthy meals in schools; and although the school curriculum may cover healthy nutrition and its advantages, there is no general service directed at securing healthy nutrition. The majority of low-income children live in social housing that is subsidised.

Introduction

On 14 June 2021, the EU Member States unanimously adopted the Council Recommendation (EU) 2021/1004 establishing a “European Child Guarantee” (ECG).¹

The objective of the ECG is to offset the impact of poverty on children and to prevent and combat their social exclusion. To this end, it is recommended that Member States guarantee for “children in need” (defined as people **under 18** who are at risk of poverty or social exclusion – AROPE):

- effective and free access to four services: high-quality early childhood education and care (ECEC); education and school-based activities;² at least one healthy meal each school day; and healthcare; and
- effective access to two services: healthy nutrition and adequate housing.

According to the ECG Recommendation, **effective access** means “*a situation in which services are readily available, affordable, accessible, of good quality, provided in a timely manner, and where the potential users are aware of their existence, as well as of entitlements to use them*” (Article 3d). **Effective and free access** means “effective access” to the services, as well as free-of-charge provision – either by organising and supplying such services or by providing “*adequate benefits to cover the costs or the charges of the services, or in such a way that financial circumstances will not pose an obstacle to equal access*” (Article 3e).

The Recommendation directs the Member States to prepare action plans, covering the period until 2030, to explain how they will implement the Recommendation.³ These plans are to be submitted to the European Commission.

The purpose of the present report is to assess the extent to which children AROPE have effective and free access to four of the six services covered by the ECG and effective access to the other two (see above). Given that the eligibility criterion (or criteria) for accessing those services in individual Member States (at national and/or sub-national level, depending on how the service is organised) is/are not based on the EU definition of the risk of poverty or social exclusion,⁴ the report focuses on access for **low-income children** to each of these services, using the national low-income criterion (or criteria) that apply (e.g. having a household income below a certain threshold or receiving the minimum income). Throughout this report, “low-income children” is to be understood as children living in low-income households.

In Denmark, five of the six services covered by the ECG are regulated at national level while delivered at the sub-national level. The report seeks to provide a general picture of the (effective/free) access for low-income children to ECG services. Where access differs

¹ The full text of the ECG Recommendation is available at: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv%3AOJ.L_.2021.223.01.0014.01.ENG&toc=OJ%3AL%3A2021%3A223%3ATOC.

² According to the Recommendation (Article 3f), “school-based activities” means “*learning by means of sport, leisure or cultural activities that take place within or outside of regular school hours or are organised by the school community*”.

³ Once they have been submitted to the European Commission, the plans are made publicly available online at: <https://ec.europa.eu/social/main.jsp?catId=1428&langId=en>.

⁴ According to the EU definition, children are AROPE if they live in a household that is at risk of poverty (below 60% of median income; hereafter AROP) and/or severely materially and socially deprived, and/or (quasi-)jobless. For the detailed definition of this indicator and all other EU social indicators agreed to date, see: <https://ec.europa.eu/social/main.jsp?catId=756&langId=en>. In 2021, EU Member States agreed a target to be reached by 2030: a reduction in the number of people AROPE in the EU by at least 15 million, including at least **5 million children**.

substantially across the country, geographical disparities are illustrated by examples of well and poorly performing municipalities.

The report is structured by service:

- effective and free access to high-quality ECEC;
- effective and free access to education and school-based activities;
- effective and free access to at least one healthy meal each school day;
- effective and free access to healthcare (e.g. free regular health examinations and follow-up treatment, and access to medicines, treatments and support);
- effective access to healthy nutrition;⁵ and
- effective access to adequate housing.⁶

1. Early childhood education and care (ECEC)

This section describes the situation regarding effective and free access for low-income children to ECEC services.

1.1 Mapping accessibility and affordability of ECEC

Table 1.1: Accessibility and affordability of ECEC

Childcare (usually under age 3)		Pre-school setting (usually age 3 to compulsory school age)	
Accessibility	Affordability	Accessibility	Affordability
ENT-ALL26 weeks	FREE-POOR26 weeks	ENT-ALL3 years	FREE-POOR3 years

Note: "ENT-ALLxxx" means a legal entitlement for all children from the age of xxx. "FREE-POORxxx" means free for low-income children from the age of xxx. If the information differs between centre-based and home-based care, the information provided applies to centre-based care.

There is a legal entitlement to publicly funded ECEC from the age of 26 weeks (see Table 1.1). However, it depends on the demand and supply of ECEC as to whether people can realise their entitlements or have to wait until there is a vacant place (see Section 1.2.2). Low-income children are not treated differently from other children.

Subsidies for ECEC cover 75% of costs, irrespective of household income. Parental payments are therefore limited to a maximum of 25% of costs.

In addition to this cap, the fee for ECEC is also income-tested. The income-testing means that the full fee (up to 25% of costs) applies to children in households with annual incomes above DKK 601,200 (€80,825) and no fee applies for children in households with incomes below DKK 193,500 (€26,014) – this threshold is higher for households with single providers or more children (see Section 1.1.1).⁷ Those with annual household income between the upper and lower levels pay a reduced fee. Households with incomes between DKK 193,501 (€26,014) and DKK 197,792 (€26,591) must pay 5% of the full fee (up to 25% of costs); households with

⁵ According to the Recommendation (Article 3g), "healthy meal" or "healthy nutrition" means "a balanced meal consumption, which provides children with nutrients necessary for their physical and mental development and for physical activity that complies with their physiological needs".

⁶ According to the Recommendation (Article 3h), "adequate housing" means "a dwelling that meets the current national technical standards, is in a reasonable state of repair, provides a reasonable degree of thermal comfort, and is available and accessible at an affordable cost".

⁷ The average monthly exchange rate in January 2023 was DKK 743.83 for €100 (Nationalbanken, 2023).

incomes between DKK 197,793 (€26,592) and DKK 202,084 (€27,168) must pay 6% of the full fee; and an extra 1% is added per DKK 4,291 (€577) up to 100% for household incomes above the upper level.

Children with considerable and permanently reduced physical or mental functional capacity, and who are in daycare for treatment purposes, may also be granted an extra allowance that reduces the payment – the “treatment-related free place allowance” (*behandlingsmæssigt fripladstilskud*).

Finally, a free place may also be granted as a social pedagogical measure (*socialpædagogisk fripladstilskud*) where the municipality finds that there are special social or pedagogical reasons for attending ECEC and where the issue of payment jeopardises the child’s participation in ECEC.

In the case of siblings attending ECEC at the same time, there is a sibling’s rebate (*søskendetilbud*) regardless of household income. When families have two or more children in ECEC they only pay the full fee on the most expensive place, and they get a 50% discount on the other place(s).

1.1.1 Conditions for qualifying as a “low-income child”

ECEC is free for low-income children in households with incomes below DKK 193,501 (€26,014) annually. Children in households with annual incomes below DKK 601,200 (€80,825) may also be seen as qualifying as low-income children to the extent that their own payments are reduced through income-testing (see Section 1.1).

The annual income thresholds are increased by DKK 7,000 (€941) for every child beyond the first, and by DKK 67,719 (€9,104) for single parents.

There are no conditions apart from these income criteria that must be fulfilled to qualify as a low-income child.

1.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

For 2021, the AROP threshold for two adults with two children under 14 was DKK 301,379 (€40,520) when set at 60% of the median equivalised income on an annual basis (Eurostat, 2023a). The threshold for a free place for a family of this type was DKK 200,501 (i.e. DKK 193,501 + DKK 7,000) (€26,955 = €26,014 + €941). ECEC is therefore only totally free for a sub-set of AROP families with two children. However, two-child families with incomes between the free place threshold and the AROP threshold pay an income-tested reduced fee and obtain a 50% discount on the ECEC fee for the second child.

The AROP threshold for one adult with one child under 14 was DKK 229,622 (€30,870). The threshold for a free place of this family type was DKK 261,220 (i.e. DKK 193,501 + DKK 67,719) (€35,118 = €26,014 + €9,104). ECEC was therefore free for all single-adult AROP households with one child.

In addition, for families not having free access to ECEC, fees are markedly lowered due to big subsidies for childcare and kindergartens (see Section 1.1).

In total, there are 53,801 children in AROP households. Unfortunately, it is not possible to calculate precisely how many of these have free access to ECEC. This is because there are no statistics or studies on the take-up of ECEC according to household income. For example, the Danish action plan for implementing the ECG contains lots of information on the coverage rate of ECEC according to parental education, ethnicity, and other factors, but does not cover income (Social- og Ældreministeriet, 2022). The same was the case in the latest issue of the

bi-annual, authoritative report “Children and youth in Denmark: welfare and wellbeing 2022” (Ottosen *et al.*, 2022). These two volumes offer further context for understanding the Danish case; they both include a chapter on deprivation in leisure and culture, which are considered important elements of a child’s life. However, neither they nor Statistics Denmark provide information on ECEC take-up according to household income situation. This also explains why there is no information on Denmark in the recent thematic review “Young Europeans: employment and social challenges ahead” (European Commission, 2023).

1.2 Main barriers to effective and free access to ECEC for low-income children

1.2.1 Financial barriers

Financial barriers may not be the main ones to effective and free access to ECEC for low-income children. Indeed, Denmark has the highest ECEC coverage rates in the EU, and children attend more hours than in any other EU Member State (Eurostat, 2023b).

Because municipalities may determine the fee for childcare up to 25% of costs, and because the costs of institutions vary between municipalities, the fees also vary across municipalities. In 2022, the annual childcare fee for children aged 3-5 varied between DKK 18,601 (€2,500) in the municipality of Slagelse and DKK 27,744 (€3,730) in the borough of Ishøj (Danmarks Statistik, 2023a). Unfortunately, there are no readily available data on take-up-rates in municipalities that might illustrate whether such differences in fees have an impact on family types without free access to childcare.

As far as is known, there are no recent studies of non-take-up of ECEC in Denmark that include financial and non-financial barriers.

1.2.2 Non-financial barriers

There is an overall lack of available places at times, and there are also geographical disparities in supply. This may generate waiting lists for ECEC at the local level, and result in the national childcare guarantee of 26 weeks not being met. However, such temporary barriers affect all children independent of family income, and are thus not exclusive to low-income children. If parents have registered their child as being in need of childcare, national regulations stipulate that if municipalities are unable to offer a place in their own institutions, they must cover the costs of private childcare, pay the expenses of a childcare place in another municipality, or give an economic subsidy to the family to take care of their own children. In 2021, 10,056 children were in private childcare and 1,998 children were taken care of by their own family (Danmarks Statistik, 2023b).

Unfortunately, there are no central statistics monitoring the waiting lists for ECEC across municipalities. In fact, there are two lists. First, a child may be put on a waiting list for a specific publicly funded ECEC institution. Second, if the parent(s) need an ECEC place for their child they can put it on a guarantee list for any ECEC offer. Municipalities administer these lists, and they must offer the guaranteed places. The offers are made to children who are highest on the waiting and guarantee lists. Low-income children are not treated differently from other children. Parents can follow their child’s position on the lists online. In Copenhagen, for example, parents can sign up their child immediately after birth, and they can follow their place on the waiting list from when the child reaches the age of four months. Copenhagen municipality states on its homepage that offers are typically made around the time the child reaches the age of 1.

1.3 Free meals provision for low-income children in ECEC

Meals are provided free of charge in all ECEC institutions irrespective of the economic situation of the children. All children in ECEC are entitled to one healthy lunch meal per day, according to Article 19 of the Daycare Facilities Act (*Dagtilbudsloven*) – see Section 1.

2. Education and school-based activities

This section describes the situation regarding effective and free access for low-income children to education and school-based activities.

Section 2.1 maps the main school costs in public primary and secondary education, distinguishing between the following:⁸

- compulsory basic school materials (schoolbag, pens, glue, scissors, etc.);
- compulsory school materials (textbooks, school supplies, notebooks, etc.);
- compulsory specific clothing (uniform, sports clothing);
- IT equipment requested by the school;
- sports equipment or musical instruments requested by the school;
- compulsory extramural activities (e.g. school trips, sport, culture) that are part of the curriculum;
- other compulsory fees or costs; and
- transport costs to or from school.

Section 2.2 briefly describes the cash benefits specifically intended to help meet educational costs.

Finally, Section 2.3 seeks to identify the main barriers that prevent low-income children from having effective and free access to “school-based activities” as defined in the Council Recommendation establishing the ECG (see “Introduction” section). Given that the distinction between these activities and some of the activities covered above – especially the “compulsory extramural activities (e.g. school trips, sport, culture) that are part of the curriculum” – may not always be clear-cut, the focus of Section 2.3 is specifically on school-based activities that are not part of the curriculum.

2.1 Mapping the main school costs in public primary and secondary education

Children participate in education free of charge. The constitution enshrines the right to education (Article 76), and the Act on Public Schools stipulates that education is free (Article 2) and obligatory for all children. Children are not obliged to enter a public school (*folkeskolen*) but can enter a private school or get home education. In this section, however, we focus on public education and school-based activities. There may be school costs that relate to materials, IT, sports and music, compulsory extramural activities, other compulsory fees or costs, and transport costs to and from school. All these costs are rarely covered, especially for children in secondary education.

⁸ Tuition fees charged by private schools are not covered.

Table 2.1a: School costs of primary education (free for all/low-income children)

Basic material	Books	Clothing	IT	Sports or music equipment	Extra-mural activities	Other fees or costs	Transport
MOST ITEMS	ALL	MOST ITEMS	ALL	MOST ITEMS	ALL	ALL	ALL

Note: "ALL" means that this category is free for all children. "MOST ITEMS" means that most but not all items in the category are free for low-income children.

Basic materials such as a schoolbag or a stationery are not covered by public schools. However, the local authorities may cover the costs involved for children in families on minimum income benefit.

Books, IT programmes and internet connections are provided free of charge by public schools (see Table 2.1a). The most contested item is probably IT hardware. Many schools ask parents if they can provide their children with a portable PC or tablet for school purposes. However, in keeping with the principle of free public schooling, IT must be freely available to pupils, according to rulings by the national Ombudsman (Ombudsmanden, 2018). In practice this implies that although many parents do indeed voluntarily buy a tablet or a portable PC for their children, municipal schools make IT hardware available to children who do not have their own equipment.

There are no clothing requirements at public schools. However, to participate in sports and swimming classes specific clothing (e.g. swimwear) and personal equipment (e.g. indoor sports shoes) may be required that are not provided by schools. Local authorities may cover the costs for children in families on minimum income benefit.

Instruments necessary to attend music lessons will be made freely available by schools.

School camps and excursions are free (but see Section 2.3.1).

Children living at a long distance from the district school are entitled to free transport to and from school. The length of the distance varies with the age of the child. Children up to the 3rd class level have free transport if there is more than 2.5 kilometres between their home and school. Children in the 4th-6th class levels have free transport for distances greater than 6 kilometres. Children in the 7th to 9th class levels must have to travel more than 7 kilometres to get free transport. The eligibility criteria do not relate to income but solely to the distance between the home and the school.

Table 2.1b: School costs of secondary education (free for all/low-income children)

Basic material	Books	Clothing	IT	Sports or music equipment	Extra-mural activities	Other fees or costs	Transport
MOST ITEMS	ALL	MOST ITEMS	ALL	MOST ITEMS	ALL	ALL	NO

Note: "ALL" means that this category is free for all children. "MOST ITEMS" means that most but not all items in the category are free for low-income children, "NO" means that most/all items in the category are not free for low-income children.

The situation concerning school costs in secondary education resembles that in primary education. However, there are some minor differences. Most importantly, there is no free transport for any students (see Table 2.1b).

Again, there are no clothing requirements in secondary education, but participation in sports and swimming classes may require certain clothes and equipment that are not provided. Local authorities may cover the costs for children in families on minimum income benefit.

2.1.1 Conditions for qualifying as a “low-income child”

Not applicable.

2.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

Not applicable: overall access is free for all children and transport is not free for any children in secondary education.

2.2 Cash benefits whose specific purpose is to help meet educational costs

There are no cash benefits specifically targeted at low-income children for meeting the above educational costs when they are not free. There are also no general cash benefits for children for meeting such educational costs when they are not free.

2.3 Main barriers to effective and free access to school-based activities for low-income children

2.3.1 Financial barriers

Schools may ask parents to pay for food provided at school camps. The council of the municipality decides whether parents of children in its schools should contribute to the financing of food, but the council can also delegate the decision to the school boards. In practice, it is common for parents to arrange a savings scheme and/or a collection to finance camp costs not covered by the municipality. However, children cannot be excluded from school camps on the grounds that their parents have not contributed to food costs or savings schemes.

2.3.2 Non-financial barriers

There are no formal non-financial barriers, but children from less privileged cultural and socio-economic backgrounds – low-income households in particular – are less likely to opt for non-compulsory activities in theatre, music, and literature as they get older (Ottesen *et al.*, 2022).

3. Free meals at school

This section describes the situation regarding effective and free access for low-income children to at least one free healthy meal each school day.

3.1 Mapping free provision of school meals

In general, there is no free provision of school meals in Denmark.

According to the Public School Act, Articles 40 and 44, municipalities can introduce food schemes in their schools, if parents partly or fully carry the cost. There is no national mapping

of municipalities that have introduced food schemes. In any case, these schemes do not offer free school meals.

Every so often there is a public debate about making one (school) meal a day free for all children. In 2022, the centre-left think-tank, Cevea, conducted a survey of parents' opinions on the proposal to provide free school meals. 6 out of 10 parents agreed partly or completely, while only 2 in 10 disagreed partly or completely (Jensen and Nørgaard, 2022). In particular, most parents with low income agreed with the proposal (7 out of 10), whereas it faced the greatest opposition among parents with high income (5 out of 10).

3.1.1 Conditions for qualifying as a “low-income child”

Not applicable: access is not free for low-income children.

3.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

Not applicable: there are no groups of children who have free access to a daily meal.

3.2 Main barriers to effective and free access to school meals for low-income children

3.2.1 Financial barriers

Since no free school meals are provided, low-income children face out-of-pocket costs that may constitute a financial barrier to having a healthy daily meal. There are no recent studies of this.

3.2.2 Non-financial barriers

As there are no free access to school meals there are no studies on non-financial barriers.

4. Healthcare

This section describes the situation regarding effective and free access for low-income children to healthcare, focusing on vaccinations, care from a general practitioner (GP) or infant nurses, specialist care, dental care (not orthodontics) and prescribed medicines.

4.1 Mapping the provision of free healthcare services and products

There is equal access to free healthcare for all citizens and residents, as stated in Article 1 of the Danish Health Act (*Sundhedsloven*). Access to free healthcare includes all children.

Table 4.1: Healthcare costs (free for all/low-income children)

Vaccination	GP	Infant nurses	Specialist care	Dental care (not orthodontics)	Prescribed medicines
ALL	ALL	ALL	ALL	ALL	MOST S&P

Note: “ALL” means that all services/products in the category are free for all children. “MOST S&P” means that most but not all services/products in the category are free for low-income children.

Children go through a free vaccination programme, can be seen by a GP without costs, and can be referred to specialist healthcare without costs (see Table 4.1). Until the age of 18, children also enjoy free dental care.

The Danish vaccination programme for children consists of vaccinations against 10 diseases. These vaccinations are voluntary, free for all and provided by the GP (Sundhedsstyrelsen, Lægemiddelstyrelsen, Statens Serum Institut, 2022). The take-up is about 95-97% for the six vaccinations administered to children aged 0-12 months. It drops to 87-92% for the DiTeKiPol⁹ vaccination given to children aged 5. A recent study found that one of the determining factors for lower take-up was the income situation of the household, with children from low-income households less likely to be vaccinated than other children (Voss *et al.*, 2021).

The home (infant) nurse scheme is free of charge for all. It involves six visits in the home of the child. Access to free health services moves into the primary school when the child reaches school age.

Visits to a GP are free for all. The Health Act also requires that all children must be offered seven (free) preventative health examinations during the first five years of their life.

Specialist healthcare is free for all, based on referral from a GP.

Dental care is free for all children. The service is offered by municipal dental care units, often located at schools, and by private dentists.

Prescribed medicines are subsidised. Higher spending attracts larger subsidies (see Section 4.2).

4.1.1 Conditions for qualifying as a “low-income child”

Medicine costs are not related to the income situation of the children’s family; see Section 4.2 for the rules on the three schemes that partly cover healthcare costs.

4.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

Not applicable: there are no groups of children who do not have free access.

4.2 Cash benefits whose specific purpose is to help meet healthcare costs

Because (almost) all health services and products are free, there are no cash benefits designed specifically to meet healthcare costs.

The only partial exception concerns medicines. As mentioned in Section 4.1, prescribed medicines are subsidised via maximum billing mechanisms, designed to help either all children or only low-income children to meet health costs. There are three types of subsidies for medicines: the general subsidy (*medicintilskud*), the individual subsidy (*individuelle tilskud til medicin*), and economic support (*enkelttydelser*). The last of these also offers economic support to cover healthcare costs.

The general subsidy does not depend on the income situation of the person but on the expenditure on medicines. Higher expenditure on prescribed medicines attracts a higher subsidy. The rules are more favourable for children than adults (higher reimbursement of low to medium expenditure but the same expenditure cap). Annual expenditure up to DKK 1,750

⁹ Diphtheria-tetanus-whooping cough-polio and Hib vaccination.

(€235) for a child is subsidised at 60%, from DKK 1,750 (€235) to DKK 3,795 (€510) at 75%, from DKK 3,795 (€510) to DKK 25,286 (€3,400) at 85%, and above that at 100%. As a result, annual expenditure on prescribed medicines for children may not exceed DKK 4,435 (€596) per child.

The individual subsidy is for medicines that are not covered by the general subsidy. The GP applies for the individual subsidy on behalf of the patient. The subsidy does not depend on the patient's income situation .

Economic support is granted to cover medicines and healthcare costs. It is the citizen (in our case, the parent or custodian), who applies for economic support. Parents claiming social security or social assistance are expected to cover their children's healthcare costs, out of the total benefit. This might be difficult, and so they may then apply for economic help from the social assistance scheme, which can be used to cover various types of expenditure, including on medicines and healthcare costs. Economic support may also be granted to other low-income households not on social assistance.

In total, there are 53,801 children in AROP households, which all have free access to healthcare, as mentioned in Section 4.1. The only exception is medicines, where some costs are covered by citizens. However, because of a lack of information it is not possible to report the distribution of low-income children according to their medicine costs, or non-take-up, or whether there are groups of children over-represented in the AROP population that lack medicines due to cost issues.

4.3 Non-financial barriers to effective and free access to healthcare

There are no objective non-financial barriers that hinder access for low-income children to high-quality healthcare. However, despite formal equal access to healthcare there are de facto inequalities. These have not been studied systematically for children but are likely to include factors such as language, culture, income, and education (see, for example, the bi-annual studies on public health by the Institute for Public Health, the latest being the one from 2023: see Mairey *et al.*, 2023; and for the initial mapping dating back to 2011, see Sundhedsstyrelsen, 2011).

The Sundhedsstyrelsen (Danish Health Authority) had a major project from 2010 to 2022 on inequalities in health, which included the situation of children and young people. Last year this resulted in a small publication from the Association of Municipalities (KL) with 14 recommendations and examples of how municipalities could improve children's health (KL, 2022).

5. Healthy nutrition

This section describes the situation regarding effective access for low-income children to healthy nutrition.

5.1 Main barriers to effective access to healthy nutrition

5.1.1 Financial barriers

The main financial barriers that hinder access for low-income children to healthy meals outside school concern the low adequacy of certain social transfers and the costs of "healthy" food,

especially since inflation has resulted in higher food prices. The higher food prices are becoming a problem for low-income families in particular.

Inflation has driven up prices on everything, not least on food. The Danish Federation of Non-Profit Housing (BL) has, in a survey of their tenants, found that more than one third of single parents living in social housing with children have reduced the amount of food they buy and consume (BL, 2023). For the general population it is only 1 in 6 who have done this.

5.1.2 Non-financial barriers

The take-up of healthy food varies not only because of financial barriers. There are also strong social gradients in the consumption of healthy food. Indeed, there are marked inequalities in meal practices, with low-income groups – including families with children – getting far fewer healthy meals than other groups (Sundhedsstyrelsen, 2018). Moreover, the eating habits of childhood, including bad ones, tend to be carried into adulthood. Danish health-promotion measures therefore focus on how to get children to adopt healthy eating habits early in life (Sundhedsstyrelsen, 2018).

5.2 Publicly funded measures supporting access to healthy nutrition

In Denmark, there are no publicly funded measures such as food banks and social grocery stores. However, there are some privately funded measures of this kind, and they may receive public subsidies. They are run by charity organisations or private individuals, and typically supported by local supermarkets, which donate foodstuffs that have met their “best before” date. There is no national mapping of the extent and distribution of such measures. In general, customers do not have to produce documentation that they are living in low-income households to access private foodbanks.

6. Adequate housing

This section describes the situation regarding effective access for low-income children to adequate housing.

6.1 Publicly funded measures supporting access to adequate housing – Housing allowances

In principle, everybody living in rented accommodation can apply for a housing allowance (*boligstøtte*). However, whether people are eligible for housing allowance depends on several factors: the income and wealth of the household; the number of adults and children in the home; the amount of the rent; and the size of the home. In practice, the housing allowance scheme is targeted at low-income households living in rented accommodation, including families with children.

How much people may be entitled to depends on the same factors as eligibility. The housing allowance favours families with children: in 2023 a household with no children can receive a maximum monthly amount of DKK 1,056 (€142) whereas a household with 1-3 children can receive up to DKK 3,716 (€500), and one with 4 or more children up to DKK 4,645 (€625).

There is a benefit cap (*kontanthjælpsloft*) on how much can be received in total from social assistance, housing allowances and special support. People with social income exceeding the benefit cap will have their special support and housing allowances reduced accordingly. In

such situations the housing allowance will cover less of the cost of housing. There are insufficient studies or data to evaluate how many, if any, children in families have lost their home due to the benefit cap. In 2022, there were around 35,000 children in families where at least one of the adults received social assistance, down from 77,000 children in 2016 (Damm, 2022). The last major study on eviction was published in 2008 (Christensen, 2008).

6.2 Publicly funded measures supporting access to adequate housing – Social housing

6.2.1 Mapping the provision of social housing

In Denmark adequate housing for low-income children is mainly met in the social housing sector. The goal of social housing is to serve population groups that have insufficient resources to obtain adequate housing in the ordinary housing market. The social housing sector is regulated centrally by the Social Housing Act (*Lov om almene boliger*). The target group is people on low incomes, including families with children. To keep rents low, the establishment of social housing is supported economically by the state and the municipalities.

Social housing is rented out by one of the 650 non-profit social housing organisations, which together administer about 7,500 estates across the country. In general, applicants must be on a waiting list, and low-income households with children may have access to social housing simply by enlisting for social housing. Housing organisations rent out to those people who have the highest seniority on the waiting list.

However, there is also the possibility of applying to the municipality in the case of an urgent need for social housing. Municipalities have the right to refer people to a quarter of the places in social housing. Municipalities can therefore refer people at risk of homelessness, or families with children, to social housing. The vacant housing goes to housing applicants with the most urgent need of housing. However, it is of major concern for any municipality if they have a family with no or inadequate housing. Many municipalities operate with “flexible” criteria that give priority to students, people in work and people who may need a place to live because of a separation or divorce.

Once in social housing, the residents become internal applicants for new vacancies. Internal applicants with children under 18 commonly have priority over others for the bigger flats with four or five rooms.

The National Building Fund (*Landsbyggefonden*) supports social housing in deprived areas (Landsbyggefonden, 2023a).

In Denmark, there are 627,000 social housing dwellings, according to the Danish action plan for implementing the ECG (Social- og Ældreministeriet, 2022). This equals 20% of the housing stock. 500,000 dwellings are for families, and the remainder for young, disabled and older people.

According to Statistics Denmark, the number of social housing dwellings is slightly lower than in the action plan. In 2020, there were 559,000 social housing dwellings compared with 1,583,000 owner-occupied homes, and 201,600 private co-op apartments (Danmarks Statistik, 2023c).

Around 1 million people in Denmark live in social housing. Compared with a total population of 5.9 million this is equal to 1 in 6 people living in Denmark. Approximately 13% of people in social housing live in deprived areas.

In 2020, there were 981,378 people living in social housing, including 181,472 children (Danmarks Statistik, 2023d). The children in social housing made up 18.5% of people living in social housing and 15.7% of all children.

Unfortunately, it is not possible to examine exactly how many of the 113,000 low-income (i.e. AROP) children were included in the 181,472 living in social housing. However, we can assume that they formed the lion's share and that the remainder were either more privileged (living with parents who are students in student accommodation for families) or less privileged (living in institutional care where income is not their main problem). It can therefore be assumed that most of the children where low income is their main problem live in social housing.

Social housing is supplied across the country in all 98 municipalities. However, there is huge variation in the supply of social housing across municipalities.

6.2.2 Main barriers to effective access to social housing

6.2.2.1 Financial barriers

The rent in social housing may still be high, even after the housing allowance. Indeed, double-digit general inflation from October 2022 onwards has affected low-income families. One of the consequences has been that more people than normal have difficulties paying their rent. If they owe money to the social housing organisation and do not pay up, they will lose their accommodation. In this way inflation prevents effective take-up of social housing. Nine of the biggest social housing organisations have seen a 20% increase in terminated leases due to rent arrears (BL, 2023).

6.2.2.2 Non-financial barriers

The availability of social housing differs across municipalities. However, all municipalities have some vacancies. The process of applying for social housing is often straightforward. The website www.danmarkbolig.dk contains a database with more than 600,000 dwellings with waiting lists. People can get on the waiting lists of both vacant and non-vacant social housing. On 16 February 2023, the website offered social housing places in all 98 municipalities, and the total number of vacancies was 806.

However, the waiting period is very long in some municipalities, especially those in Copenhagen (including Copenhagen and Frederiksberg municipalities) (Landsbyggefonden, 2023b).

6.3 Publicly funded measures supporting access to adequate housing – Other measures

There is no special scheme targeted at securing access to adequate housing for low-income families.

References

- BL – Danmarks Almene Boliger (2023) Familier og enlige skærer ned på maden [Families and singles cut down on food], last accessed at <https://fagbladetboligen.dk/alle-nyheder/2023/januar/nye-tal-familier-og-enlige-skaerer-ned-pa-maden/> on 16 February 2023, Copenhagen: Danish Federation of Non-Profit Housing Providers.
- Christensen, G. and T.H. Nielsen (2008) Hvorfor lejere bliver udsat af deres boliger og konsekvenserne af en udsættelse [Why tenants are evicted and what that means], last accessed at <https://www.vive.dk/media/pure/3902/271253> on 15 March 2023, Copenhagen: The Danish National Institute of Social Research.
- Damm, E.A. (2022) Antallet af børn med forældre på kontanthjælp er det laveste i 22 år [the number of children in families on social assistance is the lowest in 22 years], last accessed at <https://www.ae.dk/analyse/2022-12-antallet-af-boern-med-foraeldre-paa-kontanthjaelp-er-det-laveste-i-22-aar> on 15 March 2023, Copenhagen: The Economic Council of the Labour Movement.
- Danmarks Statistik (2023a) Årstakster i børnepasning efter område og foranstaltningstype [Annual fees in childcare according to municipality and type of ECEC], Table RES 88, last accessed at www.statistikbanken.dk on 17 February 2023, Copenhagen: Statistics Denmark.
- Danmarks Statistik (2023b) Modtagere af tilskud vedrørende privat pasning og pasning af egne børn [Recipients of allowance concerning private childcare and care of own children], Table DAGTIL4, last accessed at www.statistikbanken.dk on 22 February 2023, Copenhagen: Statistics Denmark.
- Danmarks Statistik (2023c) Boliger efter ejerforhold [Accommodation according to ownership], Table BOL101, last accessed at www.statistikbanken.dk on 17 February 2023, Copenhagen: Statistics Denmark.
- Danmarks Statistik (2023d) Personer i boliger efter ejerforhold [People in accommodation according to ownership], Table BOL201, last accessed at www.statistikbanken.dk on 17 February 2023, Copenhagen: Statistics Denmark.
- European Commission (2023) Young Europeans: Employment and social challenges ahead, last accessed <https://ec.europa.eu/social/home.jsp?langId=en> at 15 March 2023, Brussels: European Commission.
- Eurostat (2023a) At risk of poverty thresholds, 60% of median equivalised income [ILC-LI01], downloaded on 17 January 2023, EU-SILC, Luxembourg: Eurostat.
- Eurostat (2023b) Children in formal childcare or education by age group and duration (ILC_CAINDFORMAL), downloaded on 15 March 2023, Luxembourg: Eurostat.
- Jensen, M.T. and A.S. Nørgaard (2022) Danske forældre vil have gratis skolemad på alle skoler, last accessed at <https://cevea.dk/analyse/danske-foraeldre-vil-have-gratis-skolemad-paa-alle-folkeskoler/> on 17 February 2023, Copenhagen: Cevea, Centre Left Think Tank.
- KL (2022) Social ulighed i sundhed blandt børn: 14 faglige anbefalinger og eksempler på hvad kommuner kan gøre [Social inequality in health among children: 14 recommendations and examples on what municipalities can do], last accessed at: <http://www.kl.dk/kommunale-opgaver/sundhed-og-aeldre/center-for-forebyggelse-i-praksis/inspiration-fra-afholdte-temadage/ulighed-i-sundhed/social-ulighed-i-sundhed-blandt-boern/> on 15 March 2023, Copenhagen: Association of Municipalities.

- Landsbyggefonden (2023a) Danmark bolig [Denmark accommodation], last accessed at www.danmarkbolig.dk on 15 March 2023, Copenhagen: The National Building Fund.
- Landsbyggefonden (2023b) What is the National Building Fund, last accessed at <https://lbf.dk/om-lbf/english/> on 16 February 2023, Copenhagen: The National Building Fund.
- Mairey, I., S. Rosenkilde, M.B. Klitgaard, and L.C. Thygesen (2023) Sygdomsbyrden i Danmark [The Health Burden in Denmark], last accessed at https://www.sdu.dk/da/sif/rapporter/2023/sygdomsbyrden_i_danmark_sygdomme_on on 15 March 2023, Copenhagen: Institute of Public Health.
- Nationalbanken (2023) Valutakurser efter valuta [Monthly exchange rates by currency, type and methodology], Copenhagen: The Central Bank.
- Ombudsmanden (2018) Folkeskoler kan ikke kræve eller forvente, at elever medbringer egen pc [Public schools cannot demand or expect, that pupils bring their own pc to school], last accessed at https://www.ombudsmanden.dk/find/nyheder/alle/medbringe_egen_pc/ on 17 February 2023, Copenhagen: Ombudsmanden.
- Ottosen, M.H., A.G. Andreasen, K.M. Dahl, M. Lausten, S.B. Rayce, and B.B. Tagmose (2022) Børn og unge i Danmark: Velfærd og trivsel 2022, last accessed at <https://www.vive.dk/da/temaer/boligomraader/udgivelser-paa-boligomraadet/boern-og-unge-i-danmark-velfaerd-og-trivsel-2022-18610/> on 22 February 2022, Copenhagen: The Danish Center for Social Science Research.
- Social- og Ældreministeriet (2022) The Danish Action Plan for the implementation of the European Child Guarantee, last accessed at <https://ec.europa.eu/social/main.jsp?catId=1428&langId=en#JAF> on 16 February 2023, Copenhagen: Ministry of Social Affairs and the Elderly.
- Sundhedsstyrelsen (2011) Ulighed i sundhed – Årsager og indsatser [Inequalities in health – Causes and programmes], last accessed at <https://www.sst.dk/da/foerste-1000-dage/Ulighed-i-sundhed> at 15 March 2023, Copenhagen: Danish Health Authority.
- Sundhedsstyrelsen (2018) Forebyggelsespakke – Mad & måltider [Preventive measures – Food and meals], last accessed at <https://www.sst.dk/da/udgivelser/2018/forebyggelsespakke-mad-og-maaltider> on 17 February 2023, Copenhagen: Danish Health Authority.
- Sundhedsstyrelsen, Lægemiddelstyrelsen, Statens Serum Institut (2022) Børnevaccinationsprogrammet 2019-2021 [Child vaccination programme 2019-2021], last accessed at https://www.sst.dk/da/udgivelser/2022/Statusrapport_-_Boernevaccinationsprogrammet-2019-2021 on 16 February 2023, Copenhagen: Danish Health Authority, Danish Medicines Agency, and Statens Serum Institut.
- Voss, S.S., S.K. Nørgaard, M. Chaine, and P. Valentiner-Branth (2021) Hvilke grupper af børn har behov for en målrettet vaccinationsindsats? Determinanter for lav dækning af vacciner omfattet af det danske børnevaccinationsprogram [Which children would benefit from a targeted vaccination measure? Determinant for low vaccination coverage in the Danish child vaccination program], Statens Serum Institut, last accessed at <https://www.ssi.dk/-/media/arkiv/dk/vaccination/boernevaccinationsprogrammet/hvilke-grupper-boern-har-behov-for-maalrettet-vaccinationsindsats-maj-2021.pdf?la=da> on 16 February 2023, Copenhagen: Statens Serum Institut.

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