### Challenges to the Nordic Welfare State

- Comparable Indicators

Tor Morten Normann, Elisabeth Rønning and Elisabeth Nørgaard

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# Preface

This report has been written at the request of the Nordic Social-Statistical Committee (NOSOSCO). The background for the report is the realization of the welfare states facing important challenges in the years to come. In order to analyze challenges and monitor the development in different areas over time, data are needed, in particular data that make it possible to compare across borders in the years to come. This report especially focuses on the Nordic welfare states with an implied understanding that a common Nordic welfare model exists. We shall touch on this in the report. The aim of this report is thus to identify various challenges to the welfare states in order to identify indicators which we think can be used to analyze and monitor the development. We are not only going to compare the Nordic countries but also the Nordic model with other welfare models in Europe.

In this work we have set great store by using data from the EU's survey on income and living conditions (Statistics on Income and Living Conditions, EU-SILC). One of our most important objectives is to demonstrate how this data source can be used also at a Nordic level. Thereby are also our analyses and indicators thematically delimited from the data source which we will primarily use. We are not aiming at a complete survey of challenges faced by the Nordic welfare state – as both data and resources are too limited for that.

The report was begun before 2008, and the data used are mainly from 2006. That means that we do not pick up special challenges or effects created by the international economic crisis that appeared in the autumn of 2008. In the Nordic countries, this crisis has hit Iceland the hardest, but for all the Nordic countries it has resulted in an increased actualization of existing challenges connected with both income and expenditure of the welfare states. Our aim is not first and foremost to carry out a topical analysis of the state of the various areas which we touch on in this report but to identify challenges and to find indicators to illustrate them. The need for such indicators will only become more actualized by the economic crisis, and we are of the opinion that the challenges to the welfare state are the same both before and after the crisis, even though the intensity has been changed.

The report has been prepared by the division for social welfare statistics, Statistics Norway (Statistisk sentralbyrå, SSB) in Norway. The national heads of delegation in NOSOSCO have acted as a steering committee for the project, and preliminary results have been presented at NOSOSCO's plenary sessions in 2008 and 2009. All results based on the EU-SILC have been produced by the SSB on the basis of micro data files provided by the EU's statistical body (Eurostat). NOSOSCO has been in charge of printing and publishing the report.

# Summary

The aim of this report is mainly to point to some key challenges to the Nordic welfare states and to endeavour to define some comparative indicators that are relevant to the monitoring of these challenges. A key intermediate aim is to demonstrate how the data source EU-SILC (see box for mention of the data source) can be used for this purpose. In cases where good comparative indicators are already available, we have used these. In other cases, we have endeavoured to develop new indicators which in turn can be updated with new data later when new years of the EU-SILC become available.

At the beginning of the report (Chapter 1), we demonstrate how the hesitant beginning of welfare states can be traced back to the end of the 1800s. The further development of the welfare states has taken different courses of development in the various countries, also in the Nordic countries. The different courses of development and national conditions have contributed to the fact that no two welfare states are quite alike. There have, however, been several attempts at classifying them according to different models. The dimension is then regarded as the degree of State intervention, market regulation and distribution of responsibilities or the balance between State, family and market. Seen in this way, it may be maintained that the Nordic welfare states make up a model in which strong State intervention and wide universal welfare schemes are among the key traits.

Given the purpose of this report, welfare states face some key challenges. In Chapter 2, we shall emphasize some of the most central challenges which we have analyzed further in this report. The first challenge is connected with the demographic development. Then follow the challenges connected with the welfare state expenditure, participation in the labour market, education, income differences and social exclusion, health and housing and housing conditions. These may be regarded as a variety of challenges. More will be mentioned, but we have mainly concentrated on challenges which fall under living conditions, and for which we have data for further analyses.

The first challenge that we take a closer look at is connected with the welfare states' expenditure (Chapter 3). Here we do not use data from the EU-SILC but available data based on ESSPROS 2006. The total social expenditure is measured in the form of purchasing power standards (PPS) and of the share of the gross domestic product (GDP). A comparison of Europe shows that the expenditure levels are in part very dissimilar, also in the Nordic countries. Although the two ways of measuring render somewhat different results, the Norwegian and the Swedish welfare states are said to be rather expensive, while Iceland has the lowest expenditure level in the Nordic countries in 2006. Countries in Southern and Eastern Europe have somewhat lower expenditure levels, especially in the form of PPS. The predominant expenditure in almost all welfare states is connected with old-age and survivor's benefits. This is a common challenge which is not singular to the Nordic countries, and it may on the other hand be maintained that it is larger elsewhere in Europe. This challenge becomes especially important when we see it in the light of the demographic development (Chapter 4). Norway and Iceland represent an exception to the rule regarding pensions being the predominant expenditure. Here expenditure on sickness and health care is the largest social expenditure. In the other Nordic countries, this makes up a smaller share of the total social expenditure, but in line with the rest of Europe it also represents a challenge which becomes especially important when we look at the demographic development, and it also actualizes the relevance of health as a welfare challenge (Chapter 8). Another health-related problem is disability. Seen on the basis of expenditure, this is a challenge which is in particular apparent in the Nordic countries. Here the expenditure on disability is the highest in Europe, both as a share of the social expenditure and as a share of the GDP. It is therefore important to follow up on this in analyses of the labour-market, and we shall look at it, among others, in Chapter 7. The expenditure on families and children is also quite high for the welfare states. Also here, the expenditure levels in the Nordic countries are relatively high, but in Chapter 4 we also see that the Nordic countries end up relatively well with regard to fertility rates. These two elements should probably be seen as a whole. Expenditure on unemployment is also important for all welfare states. They are of course very dependent on economic cycles, and the expenditure level reflect to a high degree the state of the labour market, although it also tells us something about which welfare schemes are available to the unemployed. Our figures are from 2006, and here the Nordic countries end up well compared with many other European countries, but we do not pick up on the effects of the international economic crisis that arose in 2008.

The demographic development forms a background for many of the other challenges to the welfare state (Chapter 4). A number of published indicators already exist in this area, and we have drawn from some of them to show that an ageing population is a key challenge to the European welfare states. With an increasing share of elderly in the population, the need for some of the most expensive social expenditure such as pensions and health and care increases (Chapter 3). Besides, the balance between income and expenditure staggers in that the share of people active in work of the population is becoming relatively smaller. This is, as mentioned, a general European challenge is first and foremost the low fertility rate, where the Nordic countries end up well in a European context, as well as high life expectancy.

To make sure that the population gets enough and the right kind of education is important in relation to participation in the labour market and so also in relation to social exclusion and poverty. We have looked at education by means of existing indicators from the OECD in Chapter 5. The employment rate is systematically higher for people with a high level of education, and they experience a more stable labour market. If we look at the population's education level, the Nordic countries as a region end up well in a European context. The challenge is larger in Eastern and Southern Europe. If we break down by age groups, we see, however, that the total education level of the population will increase in all the countries in future, as young people have in general a higher level of education than older people.

The combat of social exclusion and poverty is a key subject in the welfare states, and among the most important reasons for the launching of the EU-SILC were to provide indicators in this area. In Chapter 6, we resume this subject by referring to existing indicators based on the EU-SILC. Poverty can be defined in many ways, but often EU's low-income measure *at-riskof-poverty-rate* is used as measurement. It measures the share under 60 per cent of the median household income, weighted for economies of scale. Comparisons of this share for European countries show that the Nordic countries end up well. The figures from 2006 (based on 2005incomes) show a low-income share from 10 to 13 per cent in the Nordic countries. A key reason for the Nordic countries as a region ending up well is that social transfers contribute to reducing the low-income shares relatively more than in other parts of Europe. We also see that the income dispersion is smaller. Also in respect of economic robustness and self-evaluation of the economy, Nordic households end up rather well. We also take a look at the share of households that cannot afford a variety of central consumer goods. Also in this respect, the Nordic countries ended up rather well, but Danish and Finnish low-income households are relatively often exposed to lack of goods.

Work is the area to which we have dedicated most space in this report. To maintain the largest possible share of the population in work is perhaps the most central challenge to the welfare state when we look at the background of demography and expenditure. In Chapter 7, we have chosen to focus on different groups that are partly or completely outside the labour market. To follow the level and development in these groups and to know what characterizes

them may be important contributions in the efforts to maintain and increase participation in the working life. The groups that we shall look at are the marginalized, excluded, disabled as well as part-time working women and finally seniors.

When we look at the total shares of marginalized, excluded and disabled people in the Nordic countries, Finland ends up with the highest shares. There are on average more women than men among the marginalized, excluded and disabled in all the Nordic countries. Finland has a larger problem than the other Nordic countries of young people being marginalized. In Finland, Iceland, Norway and Sweden, those with the lowest level of education are most exposed to marginalization. In Denmark, education is not significant in respect of marginalization. Exclusion and education seem, however, to be interconnected, in Denmark as well as in the other Nordic countries. Single parents are most at risk of becoming marginalized in all the Nordic countries, with the exception of Denmark, and it is natural to assume that care responsibilities may be a reason. Single parents are also most at risk of becoming excluded in all the Nordic countries. In addition, it is obvious that people living alone are also an exposed type of household in all the countries. Furthermore, in the chapter we see that a loose connection with the labour market is clearly interconnected with self-evaluation of health in all the Nordic countries. If we compare the Nordic countries to the rest of Europe, the Nordic countries end up well when it comes to marginalization and exclusion, somewhat worse when it comes to disability. We can therefore maintain that marginalization from work is not a particularly large challenge to the Nordic welfare state compared with others, but with a considerable exception for Finland.

Another phenomenon connected with work is part-time work. The Nordic countries are characterized by high employment rates, and the level of employment is among the highest in Europe. At the same time, the Nordic countries have a high share of people working part-time compared to the rest of Europe, and it is primarily women who work part-time. There are most women working part-time in Norway and Sweden, and in Norway, many also work part-time for short periods. It is the youngest and the oldest people in work who work part-time; a low level of education and many children are also significant for the share of part-time workers. Part-time work may be a strategy for participating in working life for those in poor health. And it is, as we have seen, more common to work part-time in some occupations and industries. How long women work part-time is also interesting. Is part-time work a transient choice or a long-term connection with working life? In this report, we have looked at the duration from one year to the next, and we see that most of the women who worked part-time at the time of the interview also worked part-time all of the previous year. This applies to fewest women in Finland. It thus looks as if we have a large share of stable part-time working women in most of the Nordic countries and this could be a challenging pattern to change. The reason pattern connected with part-time work is complex and varies between the Nordic countries. The most important to underline is perhaps those women who say that they would like to work more. Part-time may both be a chosen connection with the working life, and it may be a result of structural circumstances connected with the individual sectors of working life.

The last group which we have chosen to look at more closely in the chapter on work is the seniors, or people aged 55-69 years. In the Nordic countries, Iceland is in a league of its own when it comes to employment among seniors. The share of people in work among seniors is almost identical to the total share of people in work. The Nordic countries seem as a whole to maintain a high employment rate among seniors to a higher degree than the other European countries. If we take a closer look at the employment rate of different age groups among seniors, we see that the participation rate starts to fall considerably only among the 60-64-year-olds. A high level of education has a strong effect on the participation rate of seniors, and this also goes for good health. Living alone is also significant to the participation rate among seniors; fewer seniors living alone are active in work than seniors not living alone.

Health affects many aspects of the welfare state. We have seen that the expenditure on health make up a large share of the social expenditure, and that affects the share of people active in work in the population, not least in the form of disability. The development in the health area is thus important to the expenditure and income of the welfare states, and in Chapter 8 we touch on different sides of the state of health. We mainly have three measurements for health in the EU-SILC: self-evaluated health, chronic illness and limitations in activities. A total evaluation of these three measurements shows that the Nordic countries in total end up quite well in a European context. The exception is Finland that according to these measurements has the worse state of health in the Nordic countries and thus also ends up worse in a European context. Health is clearly interconnected with gender, age and education. Women, the elderly and people with a low level of education are at greater risk of experiencing impaired health. There are, however, differences among the countries as to how this manifests itself. Health naturally also affects the degree to which people are active in work. It may seem as if it first and foremost affects full-time work and to a lesser degree part-time work. We have also seen that impaired health affects differently when we look at participation rates. Impaired health leads to larger reductions in the participation rates of people with a low level of education compared with people with a high level of education, and this effect is relatively strong in the Nordic countries compared to the rest of Europe.

To live in a suitable dwelling is important to people's welfare. The dwelling is furthermore an important factor to the households' economy. This may represent challenges to the welfare states if some groups cannot afford a suitable dwelling of an acceptable standard, and if the costs of living become so high that households get economic difficulties. In Chapter 9, we emphasize different indicators thereof. We have concentrated most on economy and standard in the form of overcrowded dwellings. Living in an overcrowded dwelling according to our definition affects from 7 to 13 per cent of the households in the Nordic countries, which does not differ much from the rest of Europe if we disregard the countries in the East where this is much more common. The measurement on the economic strang due to housing costs as the relation between housing costs and income shows that Danish households have the highest expenditure level in the Nordic countries. A combination of overcrowded dwellings and costs nevertheless shows that Swedish households are those most often experiencing living expensively and overcrowded in the Nordic countries, followed by Finland and Sweden. But the results of the economic strain are not unambiguous. For if we look at the concrete payment difficulties concerning housing costs, the Norwegian and Icelandic households most often experience this. We therefore need more indicators to give an adequate picture. It is nevertheless people living alone, single parents and groups with low incomes that most often experience difficulties in relation to housing standard and housing economy. The Nordic countries as a region do not differ much from the rest of Europe in this respect, although some countries may differ on individual indicators. The most important regional trait is that the difficulties seem to be largest in Eastern Europe. We have also looked at indicators for housing environment and find that the Nordic countries end up relatively positive in this respect in a European context, and that Norway and Iceland are the Nordic countries with fewest housing environment problems.

The majority of results in this report is presented as graphic figures. The table basis for all figures can be found in the Appendix. This Appendix as well as a complete overview of table and figures is only available in the electronic version of the report published on the NOSOSCO homepage (http://www.nom-nos.dk). We therefore refer readers of the printed version to the homepage for further information.

#### Data - EU Statistics on Income and Living Conditions (EU-SILC)

The EU-SILC is a sample survey regulated by the EU (the Commission) and coordinated by Eurostat. The EU-SILC is rooted in the European statistical system (ESS). The purpose is to collect comparative cross sectional and longitudinal data on income and social exclusion.

In this publication, we use micro data from the EU-SILC 2006. They cover interview data from 2006. The reference year for income is 2005. In the EU-SILC 2006, all member states in the EU participated along with Norway and Iceland. In spite of this, the micro data do not cover all the countries in the EU. The most important in our connection is that we lack data for Germany.

The EU-SILC is implemented according to a so-called Open Method of Coordination. That means that each country has the possibility of adapting the sample, sample size and data collection according to national needs. In the majority of European countries, the survey is carried out with a sample of households. The Nordic countries are an exception here, as they all have a sample of people (selected respondents), who again form the basis for households. The following number of people aged 16 years or more is included in the total household net sample in the Nordic countries: Denmark 8 799, Finland 17 078, Iceland 5 106, Norway 9 294 and Sweden 9 757. In total, the following number of selected respondents aged 16 years is in the net sample: Denmark 4 480, Finland 9 312, Iceland 2 843, Norway 5 755 and Sweden 6 581. Data on work cover mainly all 16+-year-olds in the household, data on health cover only the selected respondent, while data on housing and income is at the household level.

There is also some variation in data sources used for different variables. The Nordic countries and the Netherlands and Slovenia differ here by extensive use of data from administrative registers which are combined with interview data.

As all sample surveys, also results based on the EU-SILC are encumbered with uncertainty. The guide lines make demands on sample sizes, however, so that the uncertainty will be the smallest possible in all countries carrying out the survey. Aggregated figures based on the EU-SILC thus give quite reliable results. When we in this report often break down into smaller groups, the uncertainty will naturally become larger. We cannot say anything in general about which differences are significant and which are not. In some places, this is mentioned in the text but it would far exceed the framework of this project to calculate this in absolutely all cases. We have therefore emphasized stating the number of observations in all tables, and we have also included the basis tables for all figures. The Appendix shows a standard-deviation table as well as a description of how to calculate significance.

For further information on the EU-SILC operation, please see the Eurostat website: <u>http://epp.eurostat.ec.Europe.eu</u>

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Data non-existent		•
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### Chapter 1

# Welfare States – and Models

The purpose of this report is to analyze the challenges to the Nordic welfare state and to identify possible indicators which may be useful in this connection. As a basis for this task, we would like to begin with a short study of the welfare state concept proper and look at different types of welfare states. One of the fundamental ideas behind this report is that there are so many similarities among the welfare systems in Scandinavia that they could be referred to as a Nordic model, which in turn is different from other welfare models elsewhere in Europe. Consequently, it makes sense to analyze common challenges to the Nordic welfare states since they are not necessarily the same as those faced by other welfare models. The analysis and that which follows later in this report will show that this is not necessarily a simple task. There are differences among the Nordic countries as well as similarities among the Nordic welfare states and other welfare states elsewhere. Then we shall see that the challenges are basically the same but that they vary in intensity across the different welfare models identified by us to begin with.

### 1.1 Establishment of the Welfare State

The welfare state is a relatively new concept. It is often said that the foundation was laid by Bismarck in 1883 when comprehensive social security schemes for workers were implemented in Germany. The first one was the sickness insurance scheme (1883); then followed the accident insurance scheme (1884/86) and the disability and old-age insurance schemes (1889). The expenses were to be divided among workers, employers and the State. Others are of the opinion that the seeds to the welfare state were sown in the 1860s–1870s. About this time, the laissez-faire ideology had released its hold on Europe. The active state began to emerge, and struggles for the right to vote and for social welfare took place (Rønning, Solheim 2002).

The Scandinavian welfare model was internationally speaking established rather late. Not until the more permanent social democratic governments came into power in the 1930s and 1940s in Denmark, Norway, Sweden and Finland 20 years later, the foundation for the present welfare states was laid (Esping-Andersen 1997). Former poor relief was thus changed to social benefit and rights programmes, although it could be maintained that a universalistic principle of risk sharing had already been introduced in Denmark in 1891 with the introduction of retirement pension to everyone, and similarly in Sweden in 1913 with the introduction of a, in principle, universalistic pension insurance scheme.

The development of a welfare state in a variety of countries may be described as a shift in responsibility among the State, the family and the labour market/employers, and in this respect, each country has its own history. During the post-war years, still more social security schemes emerged in the Scandinavian countries. When the Social Security Act was adopted in Norway in 1966, security schemes covering risks covered by social insurances had already been introduced. This large reform was above all a technical administrative reform which resulted in joint administration and joint financing (Rønning and Solheim 2002).

In many studies of the Nordic welfare states, the attention is often drawn to similarities in the structures and to common traits in the development of these states. At the same time, at least the development may not have been the same, or the development in the Nordic countries may have staggered in time in relation to one another. If one looks at the development since the end of the 1980s, there are both political and financial differences among Denmark, Finland, Norway and Sweden (Bonke, Nordic Council of Ministers, 1998).

The increased political integration in Europe affected Denmark earlier than it did the other countries, since Denmark has been a member of the EU since 1973. Sweden and Finland only became members in 1995, and Norway and Iceland are not members but are on equal terms with the member states as to trade via the EEA Agreement.

The development in the Nordic countries has also economically been staggered in time. At the beginning of the 1990s, Finland and Sweden saw a serious downturn as the conclusion of a long period of economic growth. As early as at the end of the 1970s, this happened in Denmark, and since the end of the 1980s, the economic development has been relatively stable. Norway recovered fairly quickly from the serious bank crisis and downturn, mainly as a result of extensive proceeds from oil, and the crisis never reached the same levels as in Finland and Sweden. Around and after the turn of the millennium and up until 2008, the Nordic countries by and large saw a stable positive economic development (NOSOSCO 2007). The financial crisis, which commenced in 2008, has naturally contributed to change this, especially in respect of Iceland. At present, it is too early to predict how long the downturn will last.

## 1.2 Welfare Models

The English social-policy researcher Richard Titmuss presented the first one of the known attempts to categorize the Western welfare states. His models have provided the basis for many later classifications. Titmuss (1974) divided the models into a residual, a performance and an institutional redistributive one. In the *residual model*, the welfare benefits take up moderate space not to disturb the market mechanisms. This model is based on the prerequisite that the individual's needs can best be met through two channels: the family and the market. Public support should only be activated in case the family and the market were not up to the task. The benefits should be allocated according to intensive needs-testing. In the *performance model*, social policy is regarded as a supporting mechanism in the economic policy. Social needs are to be met on the basis of work effort and productivity. Economic efforts are to be rewarded, and the system must contain incentives to new efforts. In the *institutional redistribution* model, welfare benefits and redistribution are in focus. The benefits are universal and redistributions take place outside the market on the basis of the individual's needs. The aim of the redistribution is to provide the individual with resources to manage his own life. In this model, social policy is regarded as a key means to enhance the integration into society (Rønning and Solheim 2002: The summary is to a great extent based on Hatland 1995).

The model which has been used and referred to the most is without doubt Gøsta Esping-Andersen's typologization of the welfare states (1990). Esping-Andersen carried on a controversy against some earlier models, which implied linearity – i.e. that states develop from being welfare states to a slight to a high degree. Just by looking at the ratio of the GDP, which was set out by the public authorities, it was possible to range the welfare states in respect of how they intervened into the market. The former Eastern European countries would top this list without being regarded as the best of the welfare states. Were we to disregard them, the Scandinavian countries would score the highest. But then again, it would be a bit too easy to say that we are the best of the welfare states, and that the other countries range according to their position down the list. Other linear approaches have been to regard the welfare state as a function of society. This is not empirically possible. Nor is an approach looking at the emergence of a strong political labour movement and the industrialization has contributed

to develop welfare offers in many countries, this has not happened automatically. Esping-Andersen argues in favour of a welfare state not only being perceived on the basis of expenditure level, and that Titmuss's contribution was important, because he made us look at the contents, such as whether a benefit was granted through universal or selective schemes.

Marshall's various types of rights are also an important approach. Marshall (1963) pointed out that first we got *citizen*-rights (rules of law, etc.); then *political* rights (the right to vote, etc.) and finally we got *social* rights entitling us to receive pay during illness, retirement pension, etc. Although it is historically correct that the rights appeared in that order for most countries, one should also here be cautious about placing them one after the other on an axis. For some people, the social rights (such as social security benefits) will be a precondition for being able to make use of their political rights. Esping-Andersen regards the presence of social rights, and the scope of them, as an important indicator for the level of welfare. He chooses a sociological approach for his typology and finds that the welfare of the citizens is decided by the interaction between State, market and family. This also implies that he does not use the term welfare state, but welfare regimes to point out exactly that the welfare of the citizens does not depend on the State alone, as it is possible to have a high level of welfare with a little amount of State.

The core concept of Esping-Andersen's model is *decommodification* focusing on the fact that the main aim of social rights is to protect us (as employees) from being subjugated to the market. In the market, we have to sell our working capacity as a commodity. In some cases, we are unable to get acceptable payment here. When we are ill, disabled, elderly, etc., the market is not willing to pay us in such a way that we can lead a decent life. This was what the first welfare schemes focused on, and the problem became visible after the emergence of the industrialization when people left the primitive households in the villages to take on work in factories. Here the vulnerability in the event of illness and accidents became highly visible. Central welfare benefits thus appeared as protection against the market in that more situations were defined as legitimate in order for us to escape being dependent on being in the labour market. That is decommodification.

#### 1. The liberal model

This model is characterized by its focus on needs-tested benefits and services and less on universal schemes and is aimed at the low income groups (the working class). The market is encouraged to play an important part when it comes to welfare benefits and services by for example managing the pension schemes. The model has a very limited decommodifying effect. Examples: USA, Canada, Australia and the UK.

#### 2. The corporative model

Here a historic corporative legislation has been upgraded to serve a "post industrial" class structure. The liberal preference for the market has not been so predominant, and social schemes have not been fought down. Social schemes were to preserve existing status differences and were attached to participation in working life. The church played an active part in the designing of the schemes, and in this connection, the preservation of the traditional family pattern was important. This has contributed to the fact that for example Germany has had a relatively low participation rate, and that it has been the male provider who earned social rights. The decommodifying effect is somewhat larger here compared with the liberal model.

The idea is that the State shall only intervene and provide assistance when the family has exhausted its possibilities of helping. This is what is signified by the concept of the *subsidiarity principle* based on the catholic subsidiarity philosophy. It emphasizes the right which the individual and the "natural" communes have to govern themselves. Without autonomy, no-one can be held responsible for his own actions, and thus the responsibility must be placed at as low a level as possible in order to carry through the implementation. This does not exempt the higher level from responsibility, but it underlines that such responsibility must not be

administered in such a way that it reduces the independent responsibility at lower levels (Rønning, 2001). This is also a central principle when it comes to the responsibility for social services in the EU. It implies a clear invitation to social services mainly being provided by family and immediate environment before the State steps in, and it is also used as an underlining of such schemes being administered by the individual member state and being regulated as little as possible by the EU. Germany, France, Italy and Austria.

#### 3. The social democratic model

This model got its name because the social democratic party has been the predominant force behind the development of it.<sup>1</sup> It is a uniform, universal equality-promoting model at a high level, and it is often called the universal welfare model. Everyone depends on the same model, which according to Esping-Andersen makes everyone interested in contributing (and paying) for its preservation. Also here, rights are attached to the individual, and services are independent of the family's capacity to help. This model is thus liberating from both the market and the traditional family. The model merges work and welfare in that high levels of services depend on high employment rates. Sweden, Norway, Denmark and Finland.

Esping-Andersen's approach is empiric; on the basis of his given criteria, it is possible for him to see how the individual countries score. But here we do not get any pure models either, when we set up the typologies; some of them fit better than others but none of them fits perfectly. One of the objections to the model has been exactly that the typologies are incomplete. The objections to Esping-Andersen were both related to the numbers and the criteria he used.

The decommodification concept has been criticized by several female researchers (Anttonen 1998, Bochhorst 1994, Lewis 1992, Saunsbury 1994) because it focuses on the male industrial worker. Women have had to fight to become commodified, i.e. to get out into working life with the duties and rights it entailed. Not until they have established themselves there, the decommodification will be a relevant demand. It has also been pointed out that the situation of women has not been the same in the various models; that there was a commodification in the social democratic model, but a decommodification in the corporative model (Borchors, 1994).

Esping-Andersen has been more perceptive to the part of the criticism concerning an incomplete gender perspective. He takes this on by focusing on family economy. In this connection, he is preoccupied with the liberal model having had a certain impact in the 1990s with cuts in the social benefits as a means and increasing social inequality as a result. It has been argued that increased inequality creates increased demand, but this is also done by two-income families, according to Esping-Andersen (1999). He claims that the two-income family is superior to other arrangements because it prevents child poverty to a large extent, and it does not fritter away "human capital" such as it is done by a model with a low female participation rate. He consequently ends up defending the Nordic model which he thinks is the one that got by in the best way in the 1990s. Some of our findings in this report may contribute to strengthening this theory.

In his later works, Esping-Andersen emphasizes that it is a key question which all welfare researchers must ask themselves, and that is why we react in such different ways to *social risks*. With a reference to the interaction between State, market and family, we can ask why we in the Nordic countries respond with public solutions, whereas they on the Continent focuse more on the family, and the Anglo-Saxon countries prefer market solutions and selective solutions.

<sup>&</sup>lt;sup>1</sup> It may, however, be discussed how fitting this characterization is as it is not clear that social democratic parties have been the driving forces behind the universal welfare model. The social democratic parties have, however, backed the universal welfare model on the way and afterwards and incorporated this as a central part of their ideology (Kildahl and Kuhnle 2005).

# 1.3 A Nordic Challenge?

Although Scandinavia is referred to as a whole in this report, we can see that the development of the welfare state has progressed in different ways in the individual Nordic countries. The Nordic countries have nevertheless ended with welfare models which have many similarities, above all the universal trait not found to the same extent in other models. Kildahl and Kuhnle (2005) claim that this Nordic universalism was rather a result of pragmatic policies than of ideological and normative visions.

Do the inequalities in the welfare models result in different challenges to the welfare states? In the following chapters, we shall deal with some of the central areas which are emphasized as challenges to the welfare states in the future. We shall try to find out whether Scandinavia can be said to face larger or lesser challenges than other countries with other welfare models as well as analyze different indicators which may throw light on this.

### Chapter 2

# Challenges to the Welfare State

As we have pointed out, the actual basis for the creation of welfare states is an intention to meet challenges in respect of needs which are not satisfactorily filled through market mechanisms and to ensure a minimum of welfare for the population.

This will first and foremost be in situations or phases of life in which individuals have no income from work. Key examples are old-age pensions, income securing in the event of unemployment, illness and disability. It may also be situations in which there is an imbalance between income and need throughout the course of life, such as child welfare or support during education. State intervention has at any rate become recognized as expedient in key areas such as health services and education. In the Nordic model, for instance, equal rights to health care and education are key elements. For some of these schemes, it is also an objective to promote desired development traits such as increased birth rates, social equalization and participation in the labour market.

Several traits of the societal development subsequently contribute to the creation of challenges to the welfare states. Kees van Kersberge (in Kuhnle 2000), among others, draws attention to the challenges that welfare states are faced with. Above all, it is a challenge that the populations in the welfare states become increasingly older. This results in challenges to several areas such as securing of income, the labour market and the health sector. Besides, the traditional family pattern has undergone changes that contribute to the production of welfare itself having changed, and consequently also the demand for welfare services. In this connection, we would like to point to the altered distribution of work between men and women, women's entry into the labour market, which we referred to as commodification in Chapter 1, also contributes to changing the demand for welfare services. This is also underlined by Taylor-Goody (2004) as a key challenge, because women's entry into the labour market and into the education system results in pressure for more equal opportunities. This also affects the care responsibilities, which traditionally were unpaid and based on a segregated labour market, and creates challenges to the families. With that the pressure on the welfare state to assume the care responsibilities and organize participation in work increases. With the increased demand for services as well as an ageing population, also the need for increasing economic growth becomes more visible and acute. This has become more relevant with the financial crisis as from 2008 but has also been evident before in that the economic growth has been more uneven and unreliable than it was in the welfare states during their first decades (ibid.). In order for the welfare state to maintain and perhaps increase welfare offers, the State revenue must increase. Economic growth may also contribute to keeping the employment rate at a high level, which is a key issue in respect of both revenue and expenditure in the welfare state.

To this should be added that van Kersberge (in Kuhnle 2000) highlights two challenges of a more political nature. The welfare state is in many ways dependent on a political consensus, or at least on political systems which can mediate in conflicts of interest and form a scene for collective negotiations. According to van Kersberge, these systems are beginning to grow weaker or disappear. This may in turn be seen as a consequence of challenges that according to Taylor-Goody (2004) are created by technological changes. They have resulted in a change in the employment structure in welfare states, where there is no longer a large and stable

accession to employment in industry. Obviously, this is above all significant for the job security, especially in respect of unskilled workers and people with a low degree of education, but it may also result in changes in the class structure and political interest and organization that formed the basis for the emergence of welfare states.

At an even more superior level, the role of the national state is a challenge. The primary player, when we talk about the welfare state and welfare regimes, are the national states. The role of the national state has changed considerably in Europe during the past decade, and it is not quite clear how this will work in relation to the welfare state. Economic globalization and increased competition may also affect the labour market in the national states and create further welfare challenges. To illustrate this, we would like to draw the attention to the fact that this report to a high degree is based on data initiated and coordinated by the EU on the basis of a supranational policy strategy.

The changes and challenges mentioned above create new social risks which the welfare states must handle. The demographic changes, first and foremost with the steep increase in the number of elderly, both in absolute and relative terms, will have consequences by way of increased expenditure on pensions and health and care services. This will not only be a challenge in relation to the financing of the welfare services but will also contribute to increased demand for labour in the health and care sectors. The question is whether or not it will affect the equilibrium of the labour market and the economic production in general. This increased demand for labour in the health and care sectors may contribute to an even higher participation rate among women, especially in countries where the rate is still rather low. The need for two incomes in a family can be a challenge in relation to the balancing of work and family, and this may in turn affect birth rates. The pressure for the welfare state to organize the care options to make this balance possible may then increase. We shall later see that the challenges differ considerably in the various countries.

The technological changes, the international competition and the changes of the work structure in the welfare states have also resulted in an even closer connection between education and job activities. This may contribute to increasing the risk of social exclusion of people with a low degree of education, which in turn may lead to increased pressure on welfare schemes specially connected with income securing.

We are not going to deal with all the challenges mentioned until now in this report, and we are not going to touch either on possible challenges which welfare states may face as a result of environment changes. We shall set great store by challenges that are covered by the data source we use the most (the EU-SILC), and which fall under living conditions. That means that globalization, economic growth, changes of national states and political legitimacy in this case will be shelved. Of the areas we are actually going to touch upon, not all will be dealt with equally thoroughly. In the following chapters, we shall endeavour to describe the conditions of different areas of welfare in order to be able to describe more precisely what the challenges consist in. Under the theme where we have relevant data, we will then analyze the challenges and set out indicators based on the EU-SILC. In the sections below, we present the themes we are going to deal with and why.

### 2.1 Conditions and Challenges – Key Areas for Welfare States

The Nordic welfare model is characterized by relatively flexible and universal services. Great store is set by securing incomes and joint financing of large welfare areas such as education and health and care. In this perspective, the expenditure of the welfare states becomes vital and **the economic challenge** a key factor. We shall touch on this shortly in Chapter 3. We shall only

describe the conditions by means of published statistics. The EU-SILC is not a suitable source for analysis and indicators in this area.

The demographic challenge is continuously referred to as being absolutely central and an important basis for other challenges to the welfare state. As a result of the increased duration of life and relatively low birth rates, populations in established welfare states are ageing. This creates challenges in many areas, such as income securing (pensions), care for the elderly and the health sector. It also results in the ratio of the population of working age becoming smaller, which may lead to decreased relative productivity and challenges to the financing of welfare (tax revenue, economic growth, etc.). In Chapter 4, we shall describe key traits of the demographic challenge, by means of published statistics, and endeavour to point out which tangible challenges they entail. Nor in this area is the EU-SILC a suitable source for analysis and new indicators.

The Nordic welfare model is to a large extent based on a precondition of a high employment rate. This may also be said to apply to other welfare models, if only to somewhat varying degrees. Several aspects are attached to this. Firstly, it contributes to economic activity and tax financing of the welfare state. Besides it ensures personal income and standard of living so that there in principle is no need for income securing as long as one is participating in working life. We shall assume that the highest possible participation rate is an advantage and a goal. Various forms of exclusion and marginalization from working life thus become **challenges to the labour market**. In Chapter 7, we shall first present overall traits of the Nordic labour markets and other parts of Europe in order to ascertain if the challenges are alike in different countries and welfare regimes. We shall do this by means of published statistics in this area. This area is furthermore well covered by the EU-SILC data, and we shall analyze challenges and present indicators within fields such as exclusion, marginalisation, part-time work and work for seniors.

We have pointed out that changes in the work structure has lead to a closer connection between education and work activities, and when we in addition assume that a high participation rate is a goal, we must also deal with the **challenge to education**. In order to obtain qualified labour and reduce exclusion from the labour market, it is a welfare challenge to educate the population. We shall deal with this in Chapter 5. Again, we must settle for a description of the state of things by means of published statistics, as the EU-SILC is not a good source of data in this area. We do emphasize, however, that education is an important basic factor in analyses of the labour market.

Several factors cause **challenges to health matters and care** to be essential to welfare states. Firstly, demographic changes will lead to the population living longer and perhaps being in need of more services. It will then become important to monitor the state of health, not only in the older segments of the population, but as a whole. In addition, there is the element of health and work activities being closely connected and that it is consequently imperative to monitor the state of health of the population of working age. Secondly, it is important to know how health affects working activities. In Chapter 8, we shall take this up and describe traits of the overall state of health by means of published statistics and indicators and analyses based on the EU-SILC.

One of the essential aims of the welfare state is that it must have a decommodifying effect and counteract unfortunate affects on the market. From this appears the aim of creating a more even **income distribution** and of combating **social exclusion and poverty**. With the changes of the labour market, it is even more important to monitor this area, and this also forms part of the reason for the establishment of the EU-SILC. EU (EUROSTAT) also presents a number of indicators in this area, and we shall neither analyze these in detail nor develop new indicators, but rather use some of the existing and published indicators to describe this challenge in Chapter 6. One challenge that we have not yet mentioned, but which we shall dedicate quite a lot of space to in this report, is **housing conditions and housing economy**. These are rarely highlighted as key challenges to the welfare state, but we shall deal with them nevertheless in that the right to a satisfactory dwelling is also covered by the welfare state. Until now, there has been very few comparative statistics in this area, and we shall therefore use EU-SILC data to analyze it and demonstrate different indicators that can be developed from this material in Chapter 9.

We shall thus touch on several different challenges in this report, if only in varying ways and in varying detail. We shall devote most space to analyses of the labour market, both because we regard this as a key challenge to welfare states in the future, and because there are good data available in this field. We shall also devote relatively much space to analyzing and developing indicators within the areas of health and housing, which are also key challenges to the welfare state in the future. This does not imply that other challenges are not important, but our source of data is not suitable for an analysis of them so they will largely be dealt with in a descriptive way.

### Chapter 3

# A Cost-Consuming Welfare State?

One of the most important of the above mentioned challenges to welfare states in the future is the possibility of financing the social expenditure. Preservation and possibly expansion of different welfare schemes presuppose long-term economic growth. We have referred to this above as one of the challenges. It is outside the scope of this report to discuss the precondition of economic growth, but we shall look at the cost levels in different countries to illustrate this challenge and to see, if the Nordic model is more challenged in this field than are other models and to ascertain if there are considerable differences, if any, among the Nordic countries. In the light of the international economic situation as from 2008, the economic aspect of the welfare state may well be one of the most important aspects in the future. To this end, we shall to a high degree use published results from Eurostat based on the ESSPROS (Eurostat 2009b).<sup>2</sup>

### 3.1 Expense Level in Total

The first thing we shall look at is how large the total amount of the social expenditure is in different countries. This may be illustrated in several ways, but to make the date comparable they must be relativated. We have chosen two calculations used by Eurostat (Eurostat 2009b). The first one shows the total expenditure on social protection per capita in purchasing power standards (PPS) (Figure 3.1.1)<sup>3</sup>.

<sup>&</sup>lt;sup>2</sup>The European System of integrated Social PROtection Statistics (ESSPROS) includes data on the social expenditure of different countries. The ESSPROS was developed by Eurostat at the end of the 1970s as a result of the need for the EU to have its own instrument to monitor the social expenditure in the EU statistically. The ESSPROS handbook includes detailed definitions and classification of the various expenses.

<sup>&</sup>lt;sup>3</sup> The purchasing power standard (PPS) is a unit independent of national currencies to eliminate the effect of national price differences. The PPS is based on purchasing power parities (PPP), which in turn are calculated as a weightet average of relative price ratios for a consumer basket consisting of goods and services which must be comparable and representative for each country.



Figure 3.1.1 Expenditure on social protection in purchasing power standards (PPS) per capita, 2006

Source: ESSPROS (Eurostat 2009b).

Measured in this way, the Nordic countries as a whole do not differ much from large countries and small countries in Central Europe. The levels are somewhat lower in the South, and lowest is the expenditure in the East. There are, however, to some extent considerable differences from one Nordic country to another. Norway has the highest total social expenditure in Europe. Sweden also has a relatively high expenditure at about the same level as the Netherlands. In Denmark, the level is more like that of Belgium, Austria and France. Finland may best be compared with Germany and Great Britain, while Iceland has the lowest expenditure of the Nordic countries. There are of course many reasons for the differences from one country to another. They are partly due to differences in economic resources but also to differences in the kinds of welfare system in the countries, as well as other factors such as unemployment, etc.

Another way of considering the level of the social expenditure is to look at it as a ratio of the gross domestic product (GDP). Figure 3.1.2 shows that there is generally a positive correlation between expenses in PPS and as a ratio of the GDP. The main outlines are also the same. We find the lowest expenditure in the East and the South, and the Nordic countries do not differ very much. There are, however, exceptions to be noted. While Norway has the highest expenditure in PPS, the expenditure as a ratio of the GDP is among the lowest in Europe. France also deviates slightly by having the highest expenses as a ratio of the GDP, whereas they as PPS are relatively low. The same applies to Italy.



Figure 3.1.2 Expenditure on social protection as percentages of gross domestic product (GDP), 2006

These two ways of measuring expenditure do not indicate that the Nordic welfare states as a whole are more cost consuming than are other welfare states. Moreover, there are differences within the Nordic countries, where Iceland seems to have the least cost-consuming welfare scheme measured in terms of PPS and as a ratio of the GDP.

### 3.2 Expenditure Levels for Different Sectors

By looking at the composition of the social expenditure, we can see which areas of the welfare state that are most cost consuming. It may also contribute to the illustration of where the largest challenges will appear in future.

Figure 3.2.1 shows the expenditure on old-age and survivor's benefits, which is the predominant social expenditure in most countries. It makes up from about 30 (Norway, Iceland) to 60 per cent (Italy, Poland) of the total social expenditure. As a ratio of the GDP, old-age and survivor's benefits make up from a maximum of 13-15 per cent (Italy, Belgium, Austria) to less than 7 per cent at the lowest end (Norway, Iceland). We have previously pointed to the demographic changes of ageing populations as a key challenge to the welfare states. When we consider how much money is spent today on pensions, it seems clear that large increases in the number of elderly will have appreciable impact on the budgets. If we consider the Nordic countries, this does not seem to be a larger challenge there than in other countries - rather the opposite. In the Nordic countries, old-age and survivor's benefits make up the lowest shares of the total social expenditure (TSE) in the countries we shall review. It is, of course, to a certain extent connected with other social expenditure and the level of them, but nor when we review the pensions' proportion of the GDP does it look as if the Nordic

Source: ESSPROS (Eurostat 2009b).

countries face particularly large challenges compared with other countries. As mentioned, we find the lowest ratios in Norway and Iceland, and Denmark and Finland also have relatively low ratios of about 10 per cent. In the Nordic countries, pensions make up the largest proportion of the GDP in Sweden at about 12 per cent, but this is just the average in the EU which is at 11.9 per cent.





Source: ESSPROS (Eurostat 2009b).

The other large entry in the budgets is the expenditure on sickness and health care, Figure 3.2.2. As a proportion of the TSE, it is lower than the pension expenditure in all the countries, with the exception of Norway and Iceland. The health care expenditure make up from 34 per cent (Iceland, the Czech Republic) to about 20 per cent (Poland, Denmark). We thus find Nordic countries in each end of this scale, Norway and Iceland at the upper level, and Sweden, Finland and Denmark at the lower level. This is also reflected to a certain extent when it comes to the health care expenditure as a proportion share of the GDP. The exception is that it makes up 7.8 per cent of the GDP in Sweden, which is at the upper level (only Germany, Great Britain, France and the Netherlands have higher proportions). Obviously, this is a result of the social expenditure as a whole making up a large proportion of the GDP in Sweden (Figure 3.1.2). But also in Iceland and Norway, the health care expenditure amounts to 7.3 and 7.2 per cent of the GDP, respectively. Finland and Denmark are down to 6.6 and 6.1 per cent, respectively. Only in Poland (3.8 per cent), the health care expenditure makes up a smaller proportion of the GDP than in Denmark. As a whole, the expenditure on health care and

sickness may constitute a challenge to the welfare states also in respect of costs. Not least in a situation where the population is ageing. Indicators for the state of health thus become important in order to monitor the development (Chapter 8).





Source: ESSPROS (Eurostat 2009b).

The third expenditure area we shall review is expenditure on disability. This is connected with challenges in the labour market and also has to do with the general state of health. The expenditure in this area will of course vary depending on which welfare schemes there are. As a proportion of the TSE (Figure 3.2.3), this area makes up decidedly the most in the Nordic countries compared with other countries in the figure. The largest proportion of the TSE is found in Norway, a somewhat smaller proportion in Sweden, Iceland and Denmark, and the smallest one in Finland. In the rest of Europe, it is a smaller proportion of the TSE, and the highest proportions, with the exception of the Nordic countries, are found in Hungary and Poland. Also as a proportion of the GDP, the social expenditure on disability makes up the most in the Nordic countries. In all the Nordic countries, more than 3 per cent of the GDP goes to disability, in Denmark, Norway and Sweden the proportion is more than 4 per cent. The highest proportions in Europe can be found in the Netherlands, Austria, Great Britain and Hungary, which all show about 2 per cent. In all other countries, it is less than 2 per cent. We may, therefore, reasonably claim that it is a challenge that is particularly relevant for the Nordic welfare states.



Figure 3.2.3 Disability as percentages of total social protection benefits (TSP) and as percentages of gross domestic product (GDP). Europe 2006

Also when it comes to social expenditure on families and children, the levels depend heavily on which schemes there are. Expenditure in this area may be connected with the demographic challenge where it may be assumed that there is a connection between welfare schemes and birth rates. It may also be connected with challenges in the labour market in that arrangements for families may contribute to increasing the participation rate. From the proportion of the TSE we see that it is a relatively prioritized area in the Nordic welfare states, and here the birth rates are relatively high (cf. Chapter 4). But also countries as for example Hungary, Germany and Austria have high proportion, and in these countries birth rates are low. Those same countries are at the top when it comes to proportions of the GDP.

Source: ESSPROS (Eurostat 2009b).



Figure 3.2.4 Benefits to family and children as percentages of total social protection benefits (TSP) and as percentages of gross domestic product (GDP). Europe 2006

Source: ESSPROS (Eurostat 2009b).

The social expenditure on unemployment benefits is closely connected with the state of the labour market and will naturally fluctuate with the economic trends, and thus there is also a close connection between the proportion of the TSE and the proportion of the GDP. Which kind of schemes there are concerning support in the event of unemployment is of course also important, and there is no automatic connection between how much is spent on unemployment benefits and the level of the unemployment rate (cf. Chapter 7). We shall therefore not construe too much from these figures apart from establishing that five countries spent 2 per cent or more of the GDP on unemployment benefits in 2006 (Belgium, Spain, Finland, Denmark and France), and the ratio may be expected to increase as a result of the international economic crisis with resulting increase in the unemployment rate as from the autumn of 2008.



Figure 3.2.5 Unemplyment benefits as percentages of total social protection benefits (TSP) and as percentages of gross domestic product (GDP). Europe 2006

The social expenditure on housing and social exclusion benefits is a miscellaneous item which it is difficult to compare against challenges to the welfare state. We consequently see that there are differences among the European countries as to how large the costs in this area are, and it is the smallest of the areas which we have reviewed.

Source: ESSPROS (Eurostat 2009b).


Figure 3.2.6 Benefits on housing and social exclusion as percentages of total social protection benefits (TSP) and as percentages of gross domestic product (GDP). Europe 2006

Source: ESSPROS (Eurostat 2009b).

#### Chapter 4

# Demography – an Ageing Population

A welfare state is created with services to attend to the population at any point in their lives, and in any situation in which they find themselves. Many of the most important areas covered by the welfare state are related to age, and many of the heaviest tasks measured in resources can directly or indirectly be connected with the older part of the population. Not only does an ageing population entail that an increasing part of the population gets its income from pensions, it also leads to an increased pressure on the health and care sectors (NOSOSCO 2007). Chapter 3 showed that these two areas made up a rough two-thirds of the total social expenditure in the Nordic welfare states. In addition, the financing depends to a great extent on tax receipts from a population in work.

Consequently, many point to the demographic development as the most important challenge to all types of welfare states, but perhaps particularly the Nordic one, since it has a universal design and is relatively comprehensive both in respect of scope and costs. During the past one hundred years, the mortality rate has decreased considerably in all the industrialized countries, and combined with a reduced fertility rate this has lead to a dramatic alteration in the age compositions of the populations.

# 4.1 Fewer people to support pension receivers

One of the key reasons for an ageing population being regarded as a challenge to the welfare state is that there will be proportionately fewer people contributing to the productivity in society, and that the "dependency load" consequently will increase in respect of those who are of working age. The dependency load may be calculated in several ways, often as the ratio between people not of working age (children, youths and elderly) and people of working age (Brunborg 2003). The indicator which we have taken from Eurostat does not take youths into consideration and is calculated on the basis of the ratio between the number of people over 65 years and the ratio of people aged 15-64 years. This contributes to illustrating the challenge of an ageing population which has to be provided for by the part of the population that is in work.

		1996	2000	2007
	Denmark	22.5	22.2	23.2
	Finland	21.5	22.2	24.8
Nordic countries	Iceland	17.6	17.8	17.6*
	Norway	24.6	23.5	22.2
	Sweden	27.4	26.9	26.4
	Germany	22.8	23.9	29.9
Europe, large countries	France	23.1	24.3	24.9
	United Kingdom	24.5	24.3	24.1
	Netherlands	19.5	20	21.5
Central Europe, small	Belgium	24.3	25.5	25.9
	Austria	22.7	22.9	25
	Spain	22.7	24.5	24.2
Southern Europe	Italy	24.7	26.8	30.2
	Greece	22.6	24.2	27.6
	Hungary	21.2	22	23.2
Eastern Europe	Czech Republic	19.4	19.8	20.2
	Poland	16.9	17.6	19

Table 4.1.1 Old age dependency ratio, Europe 1996, 2000 and 2007

Source: Eurostat.

#### \*Data from 2006.

Iceland is different from the other Nordic countries in that the number of elderly is rather small, and that the ratio has been stable from 1996 to 2007. In Denmark and Finland, the ratio has increased somewhat during that same period and both countries have passed Norway by, where the ratio has dropped to some extent. There has also been a decline in Sweden, but it is nonetheless here we find the highest ratio of elderly of 26.4 in the Nordic countries. In the short run, this is not a challenge that has become more acute, and it is not anticipated to become so in the nearest future. If we employ a longer time perspective, we already know that the ratio of elderly to the population has increased considerably in all the industrialized countries in the past 50 years, and it is likely to increase further in the years to come. Norwegian population projections show uncertainty in respect of both the total population and the number of children and youths, but they are quite certain when it comes to the increase in both number and ratio of elderly to the population (Brunborg 2003). While people over 65 years made up about one-tenth of the total population in the Nordic countries in the 1950, it shall probably make up about one-fourth in 2050 (OECD Fact Book).

As per 2007, it does not look as if the ratio of dependent elderly poses a bigger problem in the Nordic countries than it does in other countries. The highest ratios are found in Italy and Germany. Also in Greece, the ratio is higher than it is in Sweden, whereas the most distinct regional trait is the low ratios in Eastern Europe. This may, however, change over time as a result of the low birth rates in the East (cf. 4.2) and increased life expectancy (cf. 4.3). An increasing dependency load as a result of an ageing population is consequently a common European challenge. In the Nordic countries, there has been no unambiguous increase in the ratios in the past decade, whereas the rest of Europe apparently sees a smooth increase.

# 4.2 Too Few Children are Born

In order for a population to remain stable in numbers, the total fertility rate (TFR) must be at a certain level. This may vary in both time and space. In Norway, the rate is 2.07-2.08, and we assume that the level is about the same in the Nordic countries as well as in other European countries, although variations may appear. Immigration and emigration are not taken into account here (Brunborg 2003). Only Iceland of the European countries has such a high fertility rate today, and France is close by. The population growth in the European countries is secured by immigration. Immigration will, however, rarely influence the age distribution in a population, and therefore high fertility rates are important, also in order to prevent the ratio of elderly in a population from becoming disproportionately high in relation to the ratio of younger people (cf. 4.1).

		1995	2000	2006
	Denmark	1.80	1.78	1.83
	Finland	1.81	1.73	1.84
The Nordic countries	Iceland	2.08	2.08	2.08
	Norway	1.87	1.85	1.90
	Sweden	1.73	1.54	1.85
	Germany	1.25	1.38	1.32
Europe, large countries	France		1.89	2.00
	United Kingdom	1.71	1.64	1.84
	Netherlands	1.53	1.72	1.70
Central-Europe, small	Belgium	1.56		
	Austria	1.42	1.36	1.40
	Spain	1.17	1.23	1.38
Southern -Europe	Italy	1.19	1.26	1.32*
	Greece	1.31	1.26	1.39
	Hungary	1.57	1.32	1.34
Eastern-Europe	Czech Republic	1.28	1,14	1.33
	Poland	1.62	1,35	1.27

#### Table 4.2.1 Total fertility rate, Europe, 1995, 2000 and 2006

Source: Eurostat.

\* Data from 2005.

Without doubt, Iceland has the highest fertility rate of the Nordic countries, and it has been stable throughout the period of time we are reviewing here. Norway also has a high rate at 1.9, while Denmark, Finland and Sweden have rates that are slightly lower. The fertility rates in the Nordic countries have increased or remained stable in the period from 1995 to 2006 and are among the highest in the countries included in Table 4.2.1. Only France has a higher rate than the Nordic countries with the exception of Iceland, and Great Britain is at the same level as Denmark, Finland and Sweden. We generally find the lowest fertility rates in the South and in the East but also Germany has one of the lowest fertility rates in Europe.

As a whole, we may say that the challenge of low fertility rates is smaller in the Nordic countries than in other parts of Europe, where the welfare models are different, although the

fertility rates generally have increased during the period of time covered by the table. There may also be challenges linked to the preservation and increase of the rates, particularly perhaps in the Eastern countries that have seen a negative development from 1995 to 2006.

# 4.3 We Grow Increasingly Older

Not only are the fertility rates in general too low to maintain and increase the population but people in Europe are growing still older. This is a development which we have seen in the industrialized world for the past one hundred years. Table 4.3.1 shows life expectancy by gender.

				Difference
		Men	Women	male-female
	Denmark	76.1	80.7	-4.6
	Finland	75.9	83.1	-7.2
The Nordic countries	Iceland	79.6	83.5	-3.9
	Norway	78.2	82.9	-4.7
	Sweden	78.8	83.1	-4.3
	Germany	77.2	82.4	-5.2
Europe, large countries	France	77.3	84.4	-7.1
	United Kingdom	77.1	81.1	-4.0
	Netherlands	77.7	82.0	-4.3
Central-Europe, small	Belgium	76.6	82.3	-5.7
	Austria	77.2	82.8	-5.6
	Spain	77.0	83.7	-6.7
Southern Europe	Italy	77.9	83.8	-5.9
	Greece	77.2	81.9	-4.7
	Hungary	69.2	77.8	-8.6
Eastern Europe	Czech Republic	73.5	79.9	-6.4
	Poland	70.9	79.7	-8.8

#### Table 4.3.1 Life expectancy at birth by gender, number of years, Europe 2006

Source: Eurostat.

There have been, and still are, marked differences among the Nordic countries when it comes to life expectancy. It has increased for both women and men in all the Nordic countries in recent years, and although the life expectancy of men increases more than that of women, it is still the case that men on average do not live as long as do women. Icelanders have the longest life expectancy in the Nordic countries, irrespective of gender, and among men they are also at the top in Europe together with Sweden and Norway. Danish and Finnish men have low life expectancies in a European context – only in the three Eastern countries do we find lower life expectancies. In respect of the life expectancy of women, it is highest in the Mediterranean countries such as France, Italy and Spain, followed by all the Nordic countries with the exception of Denmark. Also when it comes to the life expectancy of women, the Danes are not doing too well. Again we must look to the three Eastern countries to find lower life expectancies. Life expectancy at age 65 years (Table 4.3.2) shows the same features as life expectancy at birth (Table 4.3.1).

				Difference
		Men	Women	male-female
	Denmark	16.2	19.2	-3.0
	Finland	16.9	21.2	-4.3
The Nordic Countries	Iceland	18.4	21.0	-2.6
	Norway	17.7	20.9	-3.2
	Sweden	17.7	20.9	-3.2
	Germany	17.2	20.5	-3.3
Europe, large countries	France	18.2	22.6	-4.4
	United Kingdom	17.0	19.5	-2.5
	Netherlands	16.8	20.3	-3.5
Central-Europe, small	Belgium	17.0	20.6	-3.6
	Austria	17.3	20.7	-3.4
	Spain	17.3	21.3	-4.0
Southern Europe	Italy	17.5	21.5	-4.0
	Greece	17.5	19.4	-1.9
	Hungary	13.6	17.7	-4.1
Eastern Europe	Czech Republic	14.8	18.3	-3.5
	Poland	14.5	18.8	-4.3

1 able 4.5.2 Life expectancy at age 65 by gender, number of years, Europe 200	Table 4.3.2 Life	expectancy a	at age 65 b <sup>.</sup>	v gender,	number of	vears, Euro	pe 2006
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Source: Eurostat.

So we live longer, and too few babies are born to ensure population growth. Some of this may be compensated for by immigration, but the immigration is hardly likely to alter the age composition of the populations to a considerable extent. Immigration may in itself also represent challenges to the welfare state, but we are not going to deal specifically with this subject in this report. The demographic challenge remains one of the largest and most farreaching challenges to the welfare state as it affects many different areas such as working life and the health and care sectors.

As to indicators to describe and analyze the demographic challenge, we are not going to suggest new ones in this report. A number of international indicators already exist in this area, and organisations such as the UN, the OECD and the EU use them frequently. Nor is the EU-SILC a good source of data concerning the demographic development. For this purpose, the Nordic countries have well-developed population statistics based on population registers. Our contact with the demographic challenge in this report will consequently be more indirect by us reviewing working life and health.

## Chapter 5

# Education

In modern labour markets such as the ones we find in the Nordic countries and in large parts of Europe, education is probably the most important factor to ensure a stable connection with working life. The position of employees without any formal education is much weaker in the competition, and there has been a shift from education and qualifying through work activities to greater emphasis on formal education. This affects in particular young people without any work experience who are attempting to gain a foothold in the labour market (Ugreninov 2007). Consequently, much importance is attached to education in most societies, and welfare states have education for everyone among their key goals. This is therefore also a key element in the battle against poverty and social exclusion (cf. Chapter 6). Another element is, however, the relation between an increased level of education of the population and the demand of the labour market. Which significance will a steady supply of highly-educated people to the labour market have? According to the OECD, it is likely that we in future shall see an increasing trend towards highly-educated people ending up in jobs that do not require a high level of education, and that they in that way oust people with lower degrees of education from the labour market. Data on the present situation show, however, that this is not the case today (OECD 2007b).

In this chapter, we shall briefly look at some already published indicators regarding the education level of the population in the Nordic countries and the rest of Europe. We are not going to suggest new indicators for the education area, since the EU-SILC data are not very suitable in this respect. Education is, however, an import underlying factor when it comes to connection with the labour market, and this will be dealt with especially in Chapter 7 but also in Chapter 8 on health.

# 5.1 High Level of Education in the Nordic Countries

In the Nordic countries, the share of people having attained a high level of education is from 30 to 35 per cent (Table 5.1.1).<sup>4</sup> Finland has the highest share. As a region, the Nordic countries differ in that it is an area where many people have tertiary education; only three other countries have 30 per cent or more with tertiary education and that is Great Britain (30), the Netherlands (30) and Belgium (31). In large countries such as Germany and France, the shares are 25 per cent. Regionally, we find the lowest ratios of tertiary education in the countries that we have grouped here as Eastern countries, with from 17 (Hungary and Poland) to 13 per cent (the Czech Republic). The lowest ratio is, however, to be found in Italy (12 per cent).

Italy also has the highest share of people who have completed only primary education or lower secondary education. We also find high shares in the other two Southern European countries Spain and Greece, but here the shares of tertiary education are not as low as in Italy. When we look at primary schooling and further education as a whole, the Nordic countries do not differ in the same way as is the case for tertiary education. Iceland has a relatively high share with only primary school and lower secondary education (30 per cent), while this share is low in Sweden (16 per cent). Besides, the Eastern European countries are characterized by relatively high shares with further education, and as a result they do not differ by having high shares with primary schooling or lower secondary education. As to completed education as a whole, the Nordic countries end up relatively well, as they have high shares with tertiary education, whereas the shares with only primary schooling or further education lie further towards the middle in a European connection.

<sup>&</sup>lt;sup>4</sup>The source of these data is the OECD (OECD 2007b). The classification of education was made on the basis of the revised international standard for education classification (ISCED-97). The data concerning education are taken from the OECD and Eurostat databases which in turn are based on the national Labour Force Surveys (LFS). LFS are selection surveys. National statistics on education will in many cases be based on national education registers and not on LFS. Consequently, deviations may appear in the results presented by the OECD and the results appearing in national official statistics.

		Pre-primary, primary and lower secondary education	Upper secondary and post- secondary non- tertiary education	Tertiary education
	Denmark	17	49	34
	Finland	21	44	35
The Nordic countries	Iceland	30	39	31
	Norway	22	45	33
	Sweden	16	54	30
	Germany	17	59	25
Europe, large	France	34	41	25
countries	United Kingdom	14	56	30
	The Netherlands	28	42	30
Central-Europe, small	Belgium	34	35	31
	Austria	19	63	18
	Spain	51	20	28
Southern Europe	Italy	49	38	12
	Greece	40	38	21
	Hungary	24	59	17
Eastern Europe	Czech Republic	10	77	13
	Poland	15	68	17

## Table 5.1.1 Distribution of the 25-64-year old population by highest level of education attained, in per cent, 2005.

Source: OECD, Education at a Glance, 2007, Table A1.1a.

The development and widening of the education systems may have taken place at different times in different countries. Disparities in the total level of education may consequently show a somewhat distorted picture in case some of the countries started later than others. If it turns out that it is mostly elderly people who have a low level of education and who contribute to lowering the total share of people with tertiary education, it may be misleading to use this total in the interpretation of future challenges to the welfare states. We will thus look at shares of people with tertiary education by age in the relevant countries (Table 5.1.2), in order to see if we can expect the differences to be reduced in the future when new generations come along.

It is evident that the share of people with tertiary education shall increase in all the countries in future. We mainly find the lowest share of people with tertiary education in oldest age groups. In the Nordic countries, the trend is very clear in that the shares of people with tertiary education are high in the youngest age groups compared with the oldest age groups. An exception is found in Finland, where the share in the group 25-34-year-olds is actually somewhat lower than in the group 35-44-year-olds. Countries such as Belgium, France and Spain are also worth mentioning as they have relatively high shares in the youngest age group compared with both other groups and the total share. Again, we can establish that when it comes to the education level proper of the population, the challenge is no larger in the Nordic countries than in other regions. Rather to the contrary. It is rather countries in Southern and Eastern Europe that are faced with real challenges. For example in Italy and the Czech Republic, where the total share of people with tertiary education is low, also the share in the youngest age groups is low in a European connection. These countries shall probably be faced with more challenges in the time to come.

		Age group				
		25-64	25-34	35-44	45-54	55-64
	Denmark	34	40	35	32	27
	Finland	35	38	41	34	27
The Nordic countries	Iceland	31	36	34	29	21
	Norway	33	41	35	30	24
	Sweden	30	37	28	28	25
	Germany	25	22	26	26	23
Europe, large	France	25	39	25	18	16
countries	United Kingdom	30	35	30	28	24
	The Netherlands	30	35	30	30	24
Central-Europe, small	Belgium	31	41	33	27	22
	Austria	18	20	19	17	14
	Spain	28	40	30	22	14
Southern Europe	Italy	12	16	13	11	8
	Greece	21	25	26	19	12
	Hungary	17	20	17	16	15
Eastern Europe	Czech Republic	13	14	14	13	11
	Poland	17	26	16	12	13

#### Table 5.1.2 Share of population that has attained tertiary education, 2005

Source: OECD, Education at a Glance, 2007, Table A1.3a.

# 5.2 Disposition in the Labour Market

The challenges of education to the welfare states can be illustrated by showing the differences in employment rates in different education groups (Figure 5.2.1). In all the countries that we are looking at, people with tertiary education also have a higher rate of employment than do others, whereas the employment rate among people with a low degree of education is lower. These differences are most significant in the Eastern countries where the employment rate is generally low (cf. 7.1), but it also appears that the differences among countries in respect of employment shares are also smaller when we regard only people with tertiary education than when we look at total shares. People with tertiary education also experience a more stable labour market with less fluctuation in the unemployment rate than what is the case for people with a lower degree of education. The gender difference in employment shares is also less significant in the group of people with tertiary education than it is in the group of people with lower education (OECD 2007b).



#### Figure 5.2.1 Employment rates by highest level of education attained, persons aged 25-64, 2005

Source: OECD, Education at a Glance, 2007, Table A1.3a.

### Chapter 6

# Income Differences and Social Exclusion

Equal access to basic public welfare services is an important part of the Nordic welfare model. Perspektivmeldingen 2009:8

One of the most important aims of the welfare state is to ensure access for everyone to at least a minimum of goods. Consequently, a high degree of social inequality and social exclusion represents a challenge to welfare states as it may lead to marginalization of some groups. This may have further consequences for the welfare state, both in respect of financing and expenditure and in respect of legitimacy.

The combat of social exclusion and poverty is also a decommodifying task which falls under the welfare state, perhaps in particular in the Nordic model. Therefore, we are also going to look at indicators in this field. We would already now like to point out that we merely wish to present indicators that have already been developed and published by Eurostat, based on EU-SILC. The basis for the establishment of EU-SILC is found in the Treaty of Lisbon and the EU focus on combat of social inequality and exclusion. Consequently, the dataset and many of the indicators have been built around it. It is stated in the mission statement of EU-SILC that

EU-SILC is expected to become the EU reference source for comparative statistics on income distribution and social exclusion at European level, particularly in the context of the 'Programme of Community action to encourage cooperation between Member States to combat social exclusion' and for producing structural indicators on social cohesion for the annual spring report to the European Council.

Eurostat 2007

Although EU-SILC to a high degree is used for income statistics in the EU, it is important to underline that the Nordic countries (together with the Netherlands and Slovenia) differ by being so-called "register countries", meaning that there in these countries are relatively good and comprehensive administrative registers which can be used for statistical purposes, including income statistics. The advantage of this is that it is possible to get statistics based on a full count or larger samples drawn from registers and thus avoid discrepancies and mistakes that may arise in what may in this context be characterized as a relatively small sample survey (EU-SILC).<sup>5</sup>

<sup>&</sup>lt;sup>5</sup> In respect of Norway, national income statistics are published based on registers, and some indicators published by Eurostat on the basis of EU-SILC may therefore differ somewhat from the national statistics. Also in Sweden, a separate income distribution survey (HEK) is carried out forming the basis for the national income statistics. This survey is considerably more comprehensive than EU-SILC. Also in respect of Sweden, income figures based on EU-SILC may differ from national statistics. This also applies to Iceland where income statistics are based on their own national income surveys (ISWEL). As to Finland, we have no detailed information on this subject, but we know that EU-SILC is calibrated by means of national data on income, and thus we reckon on there being small deviations between EU-SILC and national statistics. In Denmark, the situation is, as far as we are informed, fairly similar to that in Finland with the exception that the calibration method is different. Norway and Iceland do not

# 6.1 Income Distribution and Income Disparities

The distribution of incomes as well as differences in people's and households" incomes is an important area to the welfare state. Too large income differences are assumed to have a negative influence on society (without saying anything about how large or how small the income differences should be), and an unequal income distribution may result in individual groups being left out when it comes to access to material and social comforts. Poverty and combat of poverty is an ever recurring subject. It is of course a matter of discussion what poverty is and how it can be measured (Normann 2009). Eurostat has chosen to define a limit to "At-risk-of-poverty", i.e. a risk of becoming poor, by means of disposable incomes (income after tax). The income is summed up for each household and is weighted according to an equivalent weight in order to make allowance for economies of scale. The first adult is assigned the weight 1, other adults are assigned the weight 0.5 and children are assigned the weight 0.3. People in households having less than 60 per cent of the median income are regarded as being at risk of becoming poor. This is therefore more like a low income limit than a definition of poverty, but it is nevertheless normative for many of Eurostat's indicators of social exclusion. Figure 6.1.1 shows the share of people under the at-risk-of poverty limit in various European countries. Direct comparisons of these shares between the countries must be interpreted with care as the measurements may just as well be interpreted as a measure of income distribution than as a measure of poverty.





Source: Eurostat, EU-SILC.

use income in the calibration of weightings. We have no detailed information as to wether or not it is used by Sweden.

The Nordic countries as a whole come out quite well in respect of the total share below the low income limit. We find from 10 per cent in Iceland to 13 per cent in Finland. The Netherlands and the Czech Republic also end up with 10 per cent, but otherwise all countries outside of the Nordic countries show from 13 per cent upwards. The highest share below the low income limit we find in Southern Europe where one in five falls below this threshold.<sup>6</sup> In general, the share with low incomes is somewhat higher among women than it is among men (with the exception of Poland). This is probably due to the fact that women live longer than men and in general have lower pension incomes. The Nordic countries do not especially differ in this area. The gender difference is from 0 to 3 percentage points in all the countries in the figure. In the Netherlands, Sweden and Hungary, there are no gender differences, and they are highest in Austria, Spain and Italy.

As mentioned earlier, this is an indicator that is published each year by Eurostat, and it is therefore regarded as a key indicator, also with respect to the challenges to the welfare states. In addition to the indicator based on income *after* social transfers, a similar indicator based on income *before* social transfers is published. This indicator is shown in Figure 6.1.2 and gives a different impression of the ratio between the countries than does Figure 6.1.1. Iceland comes again out well with a total share below the at-risk-of-poverty rate of 19 per cent, while the other Nordic countries show shares from 28 to 30 per cent. These are among the highest shares in Europe, whereas for example countries in the South end up well in respect of this indicator. In connection with the challenges to the welfare states, it is interesting to look at how large a reduction in the share at risk of poverty is a result of social transfers in the various countries.

<sup>&</sup>lt;sup>6</sup> Please note that this figure does not cover all countries in Europe and therefore cannot be seen as a ranking of all European countries. Luxembourg, for ekxample, would end up on top, had it been included in the figure.



Figure 6.1.2 At-risk-of-poverty rate before social transfers, Europe 2006

Source: Eurostat, EU-SILC.

Figure 6.1.3 shows the difference between these two indicators and tells us something about how large an equalizing effect the social transfers have in the various countries. The reason why the Nordic countries end up well in respect of the overall indicator showing risk of poverty after social transfers (Figure 6.1.1) is that the social transfers have an equalizing effect. We see a distinction between the Nordic countries and the rest of Europe. Iceland may be an exception, but there the level is also low before social transfers. The smallest reduction in the share below the at-risk-of-poverty limit can be found in Southern Europe. In general, social transfers give a larger reduction in the share of at-risk-of-poverty among women than among men with Eastern Europe as an exception.



Figure 6.1.3 Reduction in at-risk-of-poverty rate, percentage points, Europe 2006

Source: Eurostat, EU-SILC.

As already mentioned, the share below 60 per cent of the median equivalent income should not be perceived as a definition of poverty, but rather as an expression of risk of poverty because the measurement strictly speaking is a measure of distribution of income in a country. Another measurement expressing this more directly is the 80/20 ratio showing the total income earned by the 20 per cent with the highest incomes above the total income earned by the 20 per cent with the lowest income. Income is here defined as disposable equivalent income. A high ratio signifies large income dispersion, and a low ratio indicates a more compressed income structure. Table 6.1.1 shows the ratio for a variety of countries in Europe. The Nordic countries, with the exception of Norway, have a relatively low ratio. In Norway, the ratio has increased considerably from 2000 to 2006, which is probably related to high capital incomes in the uppermost income group. Apart from that, there is no clear regional tendency. In the South, the ratios are relatively high. This also partly applies to Eastern Europe with the exception of the Czech Republic.

		2000	2006
	Denmark*	3.0	3.4
	Finland	3.3	3.6
Nordic countries	Iceland		3.7
	Norway	3.3	4.6
	Sweden	3.4	3.5
	Germany	3.5	4.1
Europe, large countries	France	4.2	4.0
	United Kingdom	5.2	5.4
	Netherlands	4.1	3.8
Central Europe, small	Belgium	4.3	4.2
	Austria	3.4	3.7
	Spain	5.4	5.3
Southern Europe	Italy	4.8	5.5
	Greece	5.8	6.1
	Hungary	3.3	5.5
Eastern Europe	Czech Republic*	3.4	3.5
	Poland	4.7	5.6

Source: Eurostat, EU-SILC.

Eurostat publishes a number of indicators for income distribution and risk of poverty that are relevant to the challenges to the welfare states. Until now, we have only emphasized a couple of general ones and shall not go into further detail in this respect but rather refer to Eurostat's own publications (http://epp.eurostat.ec.Europe.eu/portal/page/portal/eurostat/home). Nevertheless, we should like to draw attention to one more indicator in relation to low income, and that is the share of the working population with low incomes. We regard this as an especially interesting challenge, since we have previously underlined both the general and the personal importance of work. Is it nevertheless possible that the workforce has so low incomes that they will need extra benefits from the welfare state? Figure 6.1.4 shows the shares of people in work who nevertheless are below the low income limit for risk of poverty. There may be more reason to follow this indicator in future although it now shows low shares in most European countries, including the Nordic countries.



Figure 6.1.4 In work at-risk-of-poverty rate, Europe 2006

Source: Eurostat, EU-SILC.

# 6.2 Economic Problems and Lack of Material Goods

EU-SILC also aims at measuring whether economic limitations contribute to social exclusion. This can be measured in several ways, but in EU-SILC it is, among other things, measured by means of a subjective evaluation of one's own economy. This expresses the robustness in the personal economy and the possibility of getting an expected standard of living and to participate actively in various areas of society. We will illustrate this by emphasizing two indicators from EU-SILC, i.e. whether or not it is a problem to make ends meet (Figure 6.1.5) and whether or not it is a problem to cover unforeseen expenses (Figure 6.1.6).<sup>7</sup> In all the Nordic countries, less than 5 per cent of the total households find it difficult to make ends meet, and only in Eastern and Southern Europe we find shares above 10 per cent. It is highest in Poland at 21 per cent. Households below the low income limit for risk of poverty naturally find it more difficult to make ends meet. In the Nordic countries, this applies to less than one in ten households – Sweden having the highest share of 11 per cent. In all other countries, this share is higher, and again we find the highest shares in Southern and Eastern Europe.<sup>8</sup> Also in the Nordic countries we find the lowest relative differences between these groups which may indicate that low income groups in other countries relatively speaking face a more difficult economic situation.

<sup>&</sup>lt;sup>7</sup> Such an unforeseen expense must be a limited amount corresponding to approximately the monthly income which a one-person-household must have to get above 60 per cent of the median equivalent income.

<sup>&</sup>lt;sup>8</sup> The figures indeed show that 2 per cent of the households below the low income limit in Germany find it difficult to make ends meet, but this share is remarkably small, and it is also the only case in which the share is lower than among households in total, and we thus choose to assume that this figure is wrong until we get confirmation to the contrary. Figures for 2007 from Germany show that 6 per cent in total and 2 per cent of the low income households find it difficult to make ends meet.



Figure 6.1.5 Per cent of households with great difficulties in making ends meet, Europe 2006

The ability to manage an unforeseen expense does not necessarily give a clear picture of the economic situation in a household, but it can tell us something about the liquidity and the chance to put money by. From Figure 6.1.6 it may appear that households in Eastern Europe and Germany are those who most often are unable to pay such an expense. Swedish households manage the best as just 14 per cent of the households in total responded that they are unable to cope. Otherwise, in most countries from one in four to one in three households face this problem. Also here the share is appreciably higher when we look at households below the low income limit, but the Nordic countries, with the exception of Finland are relatively speaking now doing better. Low income households in Eastern Europe definitely have most problems with unforeseen expenses.

Source: Eurostat, EU-SILC.



Figure 6.1.6 Households unable to cover unforeseen expenses, Europe 2006

Source: Eurostat, EU-SILC.

Lack of common material goods may also be regarded as an indication of social exclusion, and in EU-SILC the question concerns lack of individual goods due to economic problems. This is done to try to take into account preferences so that those who do not want a particular good shall not be regarded as deprived households. Table 6.1.2 shows lacks in respect of households in total and of households below the low income limit. Lack of telephone is only a noticeable problem in low income households in Eastern Europe, while Nordic households with low incomes are actually most subjected to lack of a colour TV. Lack of a washing machine is also significant in respect of low income households in Denmark, Finland, Belgium, Greece and Poland. When it comes to lack of a PC, the Nordic countries come out well compared with the rest of Europe, with a small exception for Finland. Households in Eastern Europe are most subjected to this. Eastern Europeans are also most subjected to lack of a private car, whereas we do not find any clear regional characteristics for the rest of Europe such as we have grouped it.

	P	hone	Col	lour-TV	W m	ashing achine	Co	mputer		Car
	Total	Below at- risk-of- poverty rate	Total	Below at- risk-of- poverty rate	Total	Below at- risk-of- poverty rate	Total	Below at- risk-of- poverty rate	Total	Below at- risk-of- poverty rate
Denmark	0	0	0	3	2	8	2	8	10	28
Finland	0	1	1	4	1	6	6	19	8	31
Iceland	0	0	0	1	1	2	1	2	2	5
Norway	0	0	1	3	0	1	2	6	5	17
Sweden	0	0	0	2	0	0	2	4	4	15
Germany	0	1	1	1	1	2	5	13	6	17
France United	1	2	0	1	1	4	8	18	4	13
Kingdom	0	1	0	0	0	1	5	13	5	13
Netherlands	0	0	0	1	0	1	2	4	6	18
Belgium	0	1	0	1	2	6	7	21	7	25
Austria	0	1	0	1	1	2	5	12	5	15
Spain	0	1	0	0	0	2	10	20	5	10
Italy	1	4	0	1	0	1	8	21	3	8
Greece	1	2	0	1	2	6	15	23	9	16
Hungary Czech	3	11	1	2	4	12	16	37	23	44
Republic	2	12	0	2	1	3	12	35	13	45
Poland	3	8	1	2	1	2	26	46	23	35

#### Table 6.1.2 Unable to afford various material goods, households total and below at-riskof-poverty rate, Europe 2006

Source: Eurostat, EU-SILC.

In the light of challenges to the welfare state, we will not set great store by using lack of individual goods as an indicator. Although it is intended to differentiate between economic reasons and preferences, we cannot disregard that preferences and context play a part. In case it is not unusual not to own a PC, perhaps the wish to own one is less distinct? The differences between the countries are in this respect relatively small and varying. Should lack of material goods be used as an indicator, we assume it would be safer to use an index that sums up deficiencies, and rather focus on the number of lacking goods from a given threshold. Eurostat in fact publishes such an index. The Figures 6.1.7a and 6.1.7b show the index for households in total and households below the low income limit (60 per cent of the median disposable income), respectively. For households in total, only small shares lack three or more goods; only Poland (2) and Hungary (4) have over 1 per cent. The three Eastern European countries end up the worst when we look at lack of two or more goods; in the Czech Republic, this applies to 7 per cent, in Hungary 12 per cent and in Poland 13 per cent. Otherwise, the shares vary from 0 to 4 per cent, and the Nordic countries stretch from 0 per cent in Iceland to 4 per cent in Finland.

For households below the low income limit, the shares lacking goods are of course higher than they are for households in total. Also here the Eastern European countries differ with one in three households lacking two or more goods in Hungary and the Czech Republic and somewhat lower in Poland. Highest of the other countries we find Finland at 16 per cent. Also in Denmark, the share is relatively high (10 per cent), while the three other Nordic countries are among those with the lowest shares. Lack of goods differs somewhat in the Nordic countries, but generally we can say that Iceland, Norway and Sweden turn out rather well, while Finland and Denmark have higher shares of those lacking goods.



Figure 6.1.7a Households unable to afford one, two or three material goods, Europe 2006

Source: Eurostat, EU-SILC.





Source: Eurostat, EU-SILC.

# 6.3 Relatively Few People with Low Incomes and Economic Problems in the Nordic Countries

In an EU and a national context, low income as an expression of risk of becoming poor is used as a key indicator. There is no basis for claiming that low income is a special challenge to the Nordic countries, even though we also here find shares from 10 per cent upwards. By looking at low incomes before and after social transfers, we saw that the Nordic welfare states already have a stronger impact in this field than other welfare states. The challenge is, of course, to minimize the share of the population in need of public transfers in order to rise above the low income limit. With the exception of Norway, also the differences in the income distribution are relatively small in the Nordic countries compared with the rest of Europe.

In this report, we attach much importance to work and high employment rates being an important basis for financing and running welfare states. It is thus a problem if work does not yield sufficient incomes. The shares of people in work who nevertheless find themselves below the low income limit are highest in Southern and Eastern Europe, but also in the Nordic countries, there are noticeable shares of people in work who nevertheless find themselves below the low income limit (4-7 per cent).

Low incomes may lead to economic problems and lack of goods in the households. Also in this respect, the Nordic countries end up rather well, especially in comparison with Southern and Eastern Europe, although there are Nordic households that lack goods and who are in economic difficulties.

There are a number of indicators from Eurostat concerning social exclusion. We have just underlined a few examples which we think it will be vital to follow in future when the challenges to the welfare states are to be analyzed.

#### Chapter 7

# Labour Market and Work Activity

Part of the foundation of welfare states is a high labour force participation rate among the adult population. It is highly emphasized in the Nordic model where adjustments for a high participation rate irrespective of gender have in particular been prioritized. Participation in the labour market contributes first and foremost to economic independence and personal welfare. Although the Nordic welfare state has relatively generous universal schemes to secure income for people who are unable to support themselves through work, incomes from such schemes cannot fully replace incomes from work as employed or self-employed. Employment is thus first and foremost a personal advantage but it is also a collective advantage. A high participation rate contributes to increasing production in society, and it also contributes to the financing of common advantages through taxes and increased economic activity that secure the state revenue.

A lower participation rate, either by way of different groups being excluded from the labour market in different ways or of a high degree of part-time work, may consequently be interpreted as key challenges to the welfare state. This applies especially in a situation where demographic changes lead to a still larger part of the population not being of what we can define as working age (cf. Chapter 4). This may not only result in diminished earning possibilities for the State but it will also increase the expenditure in that more people will depend on public transfers. In this picture, it is also worth mentioning that an ageing population may also lead to increased needs for health care and care services. To the extent that these services are financed by the public authorities, this shall also result in increased pressure on the financing of the welfare state, which in turn makes great demands on the work activities in the part of the population that is of working age.

It is in the light of this kind of problems that we will analyze participation rates and degree of work activities. We shall look at several different perspectives. First, we take a look at total shares of people in employment by referring to existing employment statistics. Second, we shall look at part-time work as a challenge in itself, and we shall look at exclusion and marginalization from the labour market. Finally, we shall look at employment of seniors.

In most of these areas, there are already many international statistics, and the most important data source may be the Labour Force Survey (LFS). Organizations such as the EU (Eurostat) and the OECD already publish quite a lot of data in this field. We shall use published statistics to describe the state of things in the Nordic countries and in Europe. In the areas in which we find it possible and feasible, we shall make use of EU-SILC data to develop new or more detailed indicators. As the EU-SILC data that we use in this report are from 2006, we shall to the highest possible extent also keep to 2006 in our use of other statistics.

## 7.1 Employment Rate in Total

The employment rate is to a large extent dependent on economic cycles, so the rate will vary over time in line with the cycle. Cyclical movements may fluctuate somewhat from one country to another, and we therefore must expect a certain variation between the countries. We are consequently not going to focus on minor differences but are more interested in large differences and any differences between regions and various welfare regimes to the extent it is possible to identify them. In keeping with what we have already mentioned, we shall also focus especially on gender differences as a picture of whether or not there are large differences between groups.

## 7.1.1 Employment in the Nordic Countries

The employment rate for people of the ages 15-64 years in the Nordic countries in 2006 varies from 69.3 to 84.6 per cent (Table 7.1.1). Finland has the lowest employment rate which is connected with the fact that Finland was probably the country suffering the strongest and most protracted effects of the problems in the labour market in the 1990s with the reorganization in industry and trade which they entailed. Iceland definitely has the highest employment rate in 2006, while Denmark, Norway and Sweden are at about the same level with shares varying from 73.1 to 77.4 per cent.

		Total	Men	Women
	Denmark	77.4	81.2	73.4
	Finland	69.3	71.4	67.3
Nordic countries	Iceland	84.6	88.1	80.8
	Norway	75.4	78.4	72.2
	Sweden	73.1	75.5	70.7
	Germany	67.5	72.8	62.2
Europe, large countries	France	63.8	69.0	58.8
	United Kingdom	71.5	77.3	65.8
	The Netherlands	74.3	80.9	67.7
Central Europe, small	Belgium	61.0	67.9	54.0
	Austria	70.2	76.9	63.5
	Spain	64.8	76.1	53.2
Southern Europe	Italy	58.4	70.5	46.3
	Greece	61.0	74.6	47.4
	Hungary	57.3	63.8	51.1
Eastern Europe	Czech Republic	65.3	73.7	56.8
	Poland	54.5	60.9	48.2

Table 7.1.1 Employment rate of 15-64-year-olds by gender, Europe, 2006

Source: Eurostat.

As mentioned, we are not going to deal much with minor variations in rates. For our purpose, the differences between men's and women's employments rates, as shown in Figure 7.1.1, are more important. In all the Nordic countries, men have on average a higher employment rate than women. In percentage points, this difference is smallest where the level of employment is lowest, i.e. in Finland. where women's employment rate is 4.1 percentage points lower than that of men. Sweden has the second lowest difference at 4.8 percentage points. In Norway, the difference is 6.2 percentage points, whereas Iceland and Denmark have the largest differences at 7.3 and 7.8 percentage points, respectively.



Figure 7.1.1 Difference in employment rates between males and females, 15-64 years, in per cent, Europe, 2006

Source: Eurostat.

### 7.1.2 Employment Rates in the Nordic Countries and in the Rest of Europe

Table 7.1.1 also shows shares of people in work in some European countries with which it might be interesting to compare the Nordic countries. Traditional great powers in Europe such as Germany, France and Great Britain represent very different models of welfare states (cf. Chapter 1). If we compare those three countries with the Nordic countries, we find a lower level of employment on average. Only Great Britain at 71.5 per cent reaches what we call a "Nordic level". Germany and France have employment shares below the lowest level found in the Nordic countries. In these three countries, the difference between men's and women's employments rates is moreover on average larger than in the Nordic countries.

As to smaller countries in Central Europe, such as the Netherlands, Belgium and Austria, we find no systematic trends when it comes to the total rate of employment. Belgium lies far below the Nordic countries at 61 per cent, while Austria and especially the Netherlands are more similar to the Nordic countries. The systematic difference only appears when we look at the gender difference in the employment rate. In all three countries with which we compare, women's employment rate is a little over 13 percentage points lower than that of men, which is a considerably larger gender difference than the ones found in the Nordic countries.

The total employment rate is also low in Southern European countries such as Spain, Italy and Greece. In Southern Europe, we also find the largest gender difference in employment on average among the countries for which we have data. The employment rate for men in Southern Europe does not differ much from the employment rate among men in other parts of Europe, but as the employment rate for women is from 22.9 to 27.2 percentage points lower, also the total level becomes relatively low. Of Eastern European countries, we have here only looked at three relatively large countries, who became members of the EU rather early (Hungary, Czech Republic and Poland). Also here the total employment rate is relatively low, while the gender difference is about the same as in the small Central European countries.

Compared with other countries in Europe, the Nordic countries are thus characterized by relatively high employment rates. Even though there are variations between the Nordic countries, all Nordic countries have a total employment rate among the highest in Europe. As a region, we may consequently maintain that the Nordic countries end up the best.

The most important difference between the Nordic countries and other European countries is nevertheless the high employment rates among women. In total, the Nordic countries are thus characterized by a labour market with a high level of employment for both genders. Employment rates are, as mentioned earlier, taken from Eurostat and build on LFS data. The EU-SILC is not suitable to supplement or complete the LFS in any way when it comes to total employment shares, so we shall not endeavour to develop new indicators in this specific area. Nevertheless, this is important information to have in mind both when we in this chapter are going to evaluate future challenges to the welfare state and to interpret other indicators for participation in the labour market.

# 7.2 Unemployment

Employment and unemployment are of course interconnected – but here we talk about unemployed people as a share of the labour force. The definition in the Labour Force Survey (LFS) states that a person must seek employment actively and must be able to commence work right away in order to be regarded as unemployed. In a welfare state, work can be regarded as both a duty and a right, and the role of the welfare is to contribute to ensuring the right to work. The Nordic welfare states set much store by this and have made a number of active public measures to get people in work and keep the unemployment rate down. Unemployed people must also be ensured a minimum income, and consequently, unemployment also inflicts costs on welfare states. As is the case with employment shares, unemployment will of course be closely related to economic cycles (Table 7.2.1).

		Total	Men	Women
	Denmark	3.9	3.3	4.5
	Finland	7.7	7.4	8.1
Nordic countries	Iceland *	2.9	2.7	3.1
	Norway	3.5	3.6	3.4
	Sweden	7.1	6.9	7.2
	Germany	9.8	10.2	9.4
Europe, large countries	France	9.2	8.4	10.1
	United Kingdom	5.3	5.7	4.9
	The Netherlands	3.9	3.5	4.4
Central Europe, small	Belgium	8.2	7.4	9.3
	Austria	4.7	4.4	5.2
	Spain	8.5	6.3	11.6
Southern Europe	Italy	6.8	5.4	8.8
	Greece	8.9	5.6	13.6
	Hungary	7.5	7.2	7.8
Eastern Europe	Czech Republic	7.1	5.8	8.8
	Poland	13.8	13	14.9

Table	7.2.1	Unemplo	yment rate	es shares	of the	workforce	by	gender,	Europe,	2006
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Source: Eurostat/\* Statistics Iceland.

## 7.2.1 Unemployment in the Nordic Countries

Iceland has the lowest unemployment rate in the Nordic countries in 2006, followed by Norway and Denmark who have somewhat similar and also low unemployment rates. Sweden and Finland differ from the other Nordic countries by having somewhat higher unemployment rates in 2006. This is a result of Sweden and Finland having been hit harder by recession periods and large demands for changes in industry in the 1990s. The gender difference in unemployment is largest in Denmark, where women have an unemployment rate which is 1.2 percentage points higher than that of men. Denmark also has the largest gender difference in employment in the Nordic countries (Figure 7.2.1). In the other countries, the gender difference is smaller and below 1 percentage point. In Norway, men actually have a higher unemployment rate than do women. This may be a result of part-time work (cf. 7.4).

Figure 7.2.1 Difference in unemployment rates between men and women, 15-64 years, in percentage points, Europe, 2006



Source: Eurostat/\* Statistics Iceland.

### 7.2.2 Nordic Countries and the Rest of Europe

Among the largest countries in Europe, Great Britain has the lowest unemployment rate, somewhat lower than Finland and Sweden, but higher than the other Nordic countries. Germany and France have higher shares that are among the highest in Europe. In France, the unemployment rate of women is 1.7 percentage points above that of men, while women in Germany and Great Britain have a lower unemployment rate than men. The gender differences are on average slightly larger than in the Nordic countries.

In two of the small Central European countries, the Netherlands and Austria, the unemployment rate is relatively low and not unlike the ones we find in the Nordic countries. Belgium, where the employment rate is relatively low, has a somewhat higher unemployment rate. In all of these three countries, the unemployment share among women is higher than it is among men, and the difference is largest in Belgium.

The Southern European countries are first and foremost characterized by a relatively high unemployment share among women compared with that of men. This contributes to the total unemployment rate being somewhat above the level that we find in the Nordic countries, but even so below for example Germany and France. In the Eastern European countries that have been included here, the unemployment rate is highest in Poland. Poland also has the highest unemployment rate of all the countries we are reviewing. Hungary and the Czech Republic are at the same level as Sweden and Finland. In all Eastern European countries, the unemployment rate is higher among women than among men, but the differences are not as large as in Southern Europe. If we look at unemployment as a whole, the three Nordic countries Iceland, Norway and Denmark have the lowest unemployment rates. Sweden and Finland are closer to an average European level. What first and foremost characterizes the Nordic countries in relation to the rest of Europe is the relatively low gender difference in unemployment. Just as employment shares, unemployment rates are taken from Eurostat based on the LFS. We will thus not make use either of the EU-SILC data to look specifically at this subject. Employment and unemployment will nevertheless always be key indicators which shall also form the basis of our further analyses.

# 7.3 Exclusion, Marginalization and Disability

The data from 2006 consequently show that before the economic crisis came on in earnest by the end of 2008, the Nordic countries were marked by a high employment rate and a labour market compared to other European countries when it comes to employment and unemployment rates. By using data from 2006, we can see if individual groups are more at risk of ending up outside or in the margin of the labour market than are others, and also see if these are challenges that are equal or unequal in the Nordic countries and Europe. Groups that are at risk in 2006 may be expected to get larger problems if and when economic downturns really make themselves felt.

In this part of the chapter, we are going to look at three different traits, or phenomena, connected with inclusion in the labour market. The aim here is to use data from the EU-SILC to develop comparable indicators that cannot otherwise be produced. Much of what exists today deals with employment. By directing the perspective more towards exclusion, marginalization and disability, we are of the opinion that we can draw out some new indicators which may be useful in addition to those often used today. Such as we have built it up, these are indicators which require more detailed information on employment during one calendar year, preferably in combination with detailed data on income. The EU-SILC has data in this field that it may be difficult to find elsewhere. The three indicators that we are going to look at, we have called marginalization, exclusion and disability. First, we have to define the concepts and describe how we have constructed the indicators.

#### 7.3.1 Marginalization

Marginalization describes a condition of finding oneself at the edge of the labour market. One is not completely integrated, but not completely excluded either in that one's situation outside the labour market is permanent and obvious. Marginalization is thus a process which may be described by uncertainty – it may go either way. One may gain a foothold in the labour market, or one may end up outside it permanently.

Marginalization can be seen from two different angles – the individual angle and the collective angle. The norms of society and its need for labour dictate that as many people as possible must be integrated in the labour market. Individuals may, however, have other preferences and wish to be outside the labour market for short or long periods of time. We cannot disregard this completely when studying marginalization. There is a difference between voluntary and enforced marginalization, but it is difficult to define in terms of data on the labour market. We must also consider education and training. People who are receiving education or training cannot be regarded as marginalized, since they are participating in a forum that will qualify them for work. This is particularly relevant for young people. The

education system may, however, contribute to "conceal" a form of marginalization in that people who want to be integrated in the labour market but do not succeed, are instead "forced" to receive education. The transitions in relation to how preferences are formed may also be vague. If the situation in the labour market is especially problematic, this may contribute to some people not wanting to work and instead choose to stay at home for example. Whether or not this is done voluntarily is a question. These are factors which we are unable to allow for in the measuring of marginalization.

The actual definition of marginalization is not unproblematic either. For how long must a person be outside the education system and work before it is classified as being marginalized – and where is the boundary to exclusion? The options that we have will often be determined by the data material available. Ideally, we could measure marginalization by looking at connections with the labour market for some years. For practical reasons, we have, however, chosen to look at individual years. This also makes it possible to reproduce tables annually. In time, panel data which cover four years will become available more easily, and in the long run it will be possible to develop it further so that the perspective is extended from one to four years.

Our definition of marginalization used here is based on self-reported main activity for each month of the income year. People who have defined themselves as active in work for less than half of the year (five months or less), at the same time as they have defined themselves as being unemployed or inactive for at least six months, have been defined as marginalized. People who have studied for six months or more have not been counted as marginalized. It is important to note that we are here looking at people who have some connection with the labour market. In the next section, we shall look at those who are completely cut off from the labour market, where we will analyze exclusion from the labour market. We have also to a high degree disregarded people who switch from being active in work to studies or pension. We want to focus on people who find themselves at the edge of the labour market by changing between work and something "uncertain" such as unemployment and inactivity. In order to avoid "noise" caused by people who for age reasons cannot be expected to have a stable connection with working life, we have limited the analysis to people of the age group 20-64 years.

#### 7.3.2 Exclusion

Exclusion from the labour market is a condition that differs from marginalization by representing a more permanent situation. It also differs from unemployment as defined in the LFS in that we do not make demands for active job seeking. Also in this respect, we have the same possible difference between voluntary and enforced exclusion. In some cases, people choose to keep out of the labour market and education for relatively long periods of time; they may take a "sabbatical" year or choose to stay at home to attend to care tasks or the like. Also here, we may imagine that it depends on the general conditions in the labour market whether or not this state is voluntary. In case it is very difficult to find a job, it is quite conceivable that it becomes easier to "choose" to keep out of the labour market for a time. We cannot detect this by means of our data. Again, the definition of the phenomenon must take into consideration the data available. We have data that cover one single year and must therefore make definitions within this time frame. Exclusion from the labour market (and education) in one single year, does not necessarily mean than one has been permanently excluded, but it is a condition that is more permanent than marginalization.

The definition is based on the subjective economic status of the respondents at the time of the interview. We have defined people as being excluded who are unemployed, taking care of domestic tasks or another form of inactivity at the time of the interview and at the same time had no income from employment or self-employment in the reference income year. In addition, it was a condition on our part that the respondent did not have any kind of job at the time of the interview. We have used the same age limits as for marginalization, i.e. 20-64 years. It may naturally be discussed whether or not it is reasonable to refer to people taking care of domestic tasks as being excluded, but we have chosen to do so because we approach the problem on the basis of participation in the labour market and choose to disregard elements of voluntary exclusion. This means, however, that we may include quite a few mothers of infants (and fathers) who stay at home while the children are young. In some cases, cash benefits are granted to parents of young children staying at home, as is the case in for example Finland and Norway. Mothers and fathers who stay at home on the usual maternity/paternity leave, must according to the guidelines of the EU-SILC be calculated as being in work so that they do not fall under the definition of being excluded.

#### 7.3.3 Disability

Disability is a well known phenomenon, and all the Nordic welfare states have schemes of disability pension for people who are unable to work due to reduced physical or mental health (NOSOSCO 2008). There are therefore statistics that show both the number of recipients and the amount of resources spent on this type of benefits, and in Chapter 3, we saw that the Nordic countries have relatively high expenditure on disability benefits. We have drawn figures from the OECD showing the shares of the population of working age who are disabled, mainly based on LFS data. They show that the share of disabled people is rather high in the Nordic countries; perhaps especially in Norway, but we also find relatively high shares in countries such as Great Britain and Poland. The lowest shares we find in Central and Southern Europe. What characterizes the Nordic countries, however, as a region in contradistinction to other countries, is that women are to a higher degree affected by disability than are men, with the exception of Finland. It is in this connection important to bear in mind that the Nordic countries also have a relatively high employment rate among women. Apart from the Nordic countries differing when it comes to disability, it is difficult to see any clear regional pattern. Based on shares of disabled people and expenditure on disability (Chapter 3), it may seem that disability is a special challenge to the Nordic welfare states. It is also known from other sources that the absence from work due to illness is relatively high in the Nordic countries (OECD 2007).

		Men	Women
	Denmark	4.6	7.0
	Finland	7.4	6.0
Nordic countries	Iceland	2.4	5.6
	Norway	7.0	9.0
	Sweden	6.2	8.3
	Germany	2.4	2.2
Europe, large countries	France	2.5	2.5
	United Kingdom	6.7	6.7
	The Netherlands	4.5	4.5
Central Europe, small	Belgium	3.6	3.1
	Austria	2.2	1.8
	Spain	3.9	2.7
Southern Europe	Italy	2.4	3.0
	Greece	2.2	1.3
	Hungary	5.4	5.5
Eastern Europe	Czech Republic	4.5	4.4
	Poland	8.1	7.8

#### Table 7.3.1 Out of work due to illness or disability, 15-64 years, Europe, 2006

Source: OECD 2007a.

Even though indicators for shares of disabled people already exist, we have chosen to develop a new indicator on the basis of the EU-SILC. This is because the definitions are somewhat dissimilar, and we want to regard them in connection with exclusion and marginalization. Just as the LFS, we make use of a definition which does not presuppose a medical diagnosis which we may break down by individual characteristics. Some people may end up outside the labour market for health reasons without an objective diagnosis or entitlement to disability pension, and some people may be waiting for a diagnosis and clarification. We have therefore based our definition on the status reporting of the respondents. Those who define themselves as being disabled, or who are unable to work at the time of the interview, and who have furthermore not had any income from employment or self-employment in the year of reference for income (in practice, the year before), we regard as being disabled. This is independent of whether or not one is receiving any kind of disability benefits. In addition, we have presupposed that people are in no kind of job at the time of the interview. Also here, the age limits are 20-64 years.

It is worth mentioning that the differences between exclusion and disability may be vague and may depend on subjective evaluations of the respondent. Some people may decline to say that they are unable to work and rather define themselves as other types of inactive, while still others may choose to define themselves as unable to work, if they find it difficult to get a job. Nevertheless, we assume that this will not create systematic imbalances, and thus does not influence the results to a considerable degree.

### 7.3.4 Marginalizing, Exclusion and Disability in the Nordic countries

Figure 7.3.1 shows the total shares of marginalized, excluded and disable people in the Nordic countries. In respect of all these measurements of tenuous connections with the labour market, Finland ends up with the highest share.<sup>9</sup> This shows that Finland had the most difficult labour market in this period in line with what we have previously pointed out in connection with both employment and unemployment rates.<sup>10</sup>

If we look closer at marginalization, there are appreciable differences. Finland has, as mentioned above, the highest share at 5.8 per cent, while Iceland has the lowest share at 1.4 per cent. Denmark, Norway and Sweden have relatively identical shares at a little more than 2 per cent.

Figure 7.3.1 shows an altogether positive picture of Iceland. There we find the lowest shares of both marginalized, excluded and disable people. Norway also ends up relatively well with regard to the low shares of marginalized and excluded people but has in return a large share of disabled people, almost the same as Finland. Something similar applies to both Denmark and Sweden, but in those two countries the shares of disabled people are not as high as is the case in Norway.

As disability is based on the self-evaluated economic status and not on receipt of disability pension, it may be possible that the differences between the countries are due to different results of the subjective evaluation. This is only partly true and should in that case have lead to even larger differences. In the two countries with the highest shares, Finland and Norway, there are large overlaps between the subjective evaluation and receipt of support. 94 and 93 per cent of the disabled draw disability benefits, respectively. Denmark and Sweden, who have lower shares than Norway and Finland, have overlaps of 87 and 85 per cent, respectively. In Iceland, the self-evaluated status is used to classify social benefits, so it is difficult to evaluate it in this case.

We have defined both exclusion and disability by adding a condition of people not having had any earned income in the past year (t-1). Consequently, there is hardly any work activities to be found in these groups. Among those excluded, there are nevertheless some who report one or more months of full-time work in the past year. In Sweden, 12 per cent of those excluded reported one month or more of full-time work, in Norway and in Iceland; this was 8 per cent, while it applied to 5 per cent in Finland and Denmark. Among the disabled, the shares are considerably lower. In Norway and Denmark, 2 per cent of the disabled report full-time work for a month or more, and in the other countries, the shares are between 0.5 and 1 per cent. We must, however, bear in mind that a status as excluded or disabled applies at the time of the interview (t), whereas months of work apply to the year of income (t-1). This shows that there is not always complete coherence between self-reported work activities and registered incomes.

We have previously mentioned that it is debateable whether people taking care of domestic tasks should be defined as excluded. Had we chosen not to define them as excluded, the shares would have dropped somewhat. The largest effect would be seen in Finland, where the share of excluded people would then become 1.5 percentage points lower. In Iceland, it would have been 1.1 percentage points lower. In Sweden and Denmark, it would have less effect with

<sup>&</sup>lt;sup>9</sup> The share of disabled people in Figure 7.3.1 differs somewhat from that which appears from Table 7.3.1 due to figures from two different sources where disability has been surveyed in two different ways. In the LFS, inactive respondents were asked about the main reason for their inactivity, whereas they in the EU-SILC were asked about economic status, and non-active people, unemployed and inactive people were not asked about the reason, and thus the shares become lower.

<sup>&</sup>lt;sup>10</sup> It should be noted that people doing their military service have not been calculated as being excluded. They may in some cases be regarded as being marginalized depending of whether or not they fall under any previously mentioned definitions.

reductions of only 0.5 percentage points. In Norway, it would make hardly any difference at all. In all the countries, with the exception of Norway, it is a reduction among the women that will produce the largest effect if we keep people taking care of domestic tasks out of the definition of exclusion.





Source: EU-SILC 2006, User Data Base.

## 7.3.5 Marginalization, Exclusion and Disability in the Nordic Countries by Gender

Women are on average more exposed to marginalization than are men (Figure 7.3.2).<sup>11</sup> This applies in all the Nordic countries. The gender differences are quite alike, just a couple of percentage points in all the countries, with the exception of Sweden where the gender difference is really not worth talking about. This gender difference is to a high degree a result of minding young children for a longer time than the usual maternity leave period.<sup>12</sup> Women in households with children of the ages 0-3 years are more exposed to marginalization than are other women. It may of course be argued whether this is a challenge as long as it is a result of a desired policy where it is arranged to be outside the working life in connection with child birth, but we have, nevertheless, included it here because it demonstrates effects on women's connection with working life in periods when their children are very young. This may also be a question of concealed unemployment, i.e. people who actually would like a job but who do not register or define themselves as being unemployed.

<sup>&</sup>lt;sup>11</sup> In some cases, the share of marginalized men may also be rather high in the event that men doing military service are definered as being inactive and may thus be caught up in the marginalization concept.

<sup>&</sup>lt;sup>12</sup> Parental leave in connection with child birth must in principle be calculated as "in work", so that parents on leave shall not be calculated as being marginalized or excluded. But because the variable which has formed the basis is self-defined, we cannot preclude some reporting mistakes here. Parents who stay at home longer than the usual parental leave period are not calculated as being in work.

Women are in general also more exposed to exclusion, which entails a more tenuous connection with the labour market than does marginalization. The largest gender difference we find in Norway but also in Denmark, Finland and Iceland there are differences of about 2 percentage points. Also in this respect Sweden differs by having only a slight difference between women and men. Both among women and men, the Finns are most exposed to exclusion in the Nordic countries. Some of the gender differences may be due to traditional gender role patterns, as "taking care of domestic tasks" and "other non-active" are defined as exclusion if one has not had any earned income.

Disability is also something that affects women more often than men. This is most significant in Norway where there is a difference of 2.7 percentage points between the genders. Among Nordic women, the Norwegian women are most exposed to disability, but also in Denmark (2.4 percent points) and in Iceland (2 percentage points), there is a distinct gender difference. Again we see that the gender difference is relatively small in Sweden, but in respect of disability, it is actually even smaller in Finland where there is hardly any difference between the genders. This is a result of Finnish men being clearly more exposed to disability than their Nordic brothers, which also contributes to explaining why the total level for disability is so high in Finland.





Source: EU-SILC 2006, User Data Base.

## 7.3.6 Marginalization, Exclusion and Disability in the Nordic Countries by Age

It is also interesting to look at marginalization from work in connection with age. In studies of unemployment, it has been demonstrated that unemployment and a tenuous connection with the labour market at an early age may have an adverse effect on the future work career and also contribute to the value of paid work becoming devalued (Bourdieu 1995). Paid work
becomes desirable but nevertheless unattainable (Gallie, White, Cheng and Tomlinson 1998). The danger thus lies in the fact that a tenuous connection with the labour market is something that young people carry with them through their working age. There is also the challenge of the elderly becoming ostracized from working life, which we shall also touch on later in the chapter. When the share of the population of working age decreases, it will be a problem if some groups are systematically ostracized from working life.

Figure 7.3.3a shows marginalization by one-year age groups.<sup>13</sup> The interaction between age and marginalization behaves a little different in the Nordic countries. Young people in Finland are highly exposed to marginalization, and the share only drops below 5 per cent at age 44 years.<sup>14</sup> Also in Norway and Sweden, we find the highest shares of marginalized people among the youngest group, although the result is not as distinct as in Finland. Slightly simplified, we can say that the share of marginalized people declines evenly in accordance with age in Finland, Norway and Sweden. Denmark has a relatively low degree of marginalization among the youngest, but the share increases from age mid 30s before it gradually declines again. Also Iceland has a low degree of marginalization among the youngest which increases with age, but here the peak is reached much earlier than in Denmark, and already from the mid 20s, it declines again.

Figure 7.3.3b shows exclusion depicted in the same way as marginalization. If we disregard the fact that the lines illustrate the various levels in the Nordic countries, it looks as if exclusion is quite stable in respect of the 20-64-year-olds but with deflections between one-year age groups. The increase in the group of early 30s in Denmark and Finland may be connected with child births. Furthermore, there are larger variations as to age in Denmark and Finland than in the other countries.

Disability naturally shows a more distinct connection with age (Figure 7.3.3c). For all the Nordic countries, the shares are quite alike until the age groups of people in their early 50s where the shares increase to more than 5 per cent. After that, the shares increase more in Norway and Finland than in the other countries. The share in Iceland stays somewhat lower than in the other countries up to the end 50s. The decline in the share of disabled people after the age of 60 years in Denmark and Finland may be explained by people of this age transferring to other pension schemes, but we have no detailed information to this effect.

<sup>&</sup>lt;sup>13</sup> To even out more or less accidental leaps as a result of some of the age cohorts being small, we have here presented the shares for each one-year age group as a gliding average of three year groups. For the 34-year-olds, the share is thus an average of marginalized 33-, 34- and 35-year-olds. We have made allowances for an unequal number of people in the various age cohorts in this calculation.

<sup>&</sup>lt;sup>14</sup> Part of the explanation is military service, but we should bear in mind that marginalization requires a combination of work activities and unemployment or non-activity during one year. On the basis thereof, we assume that military service is not going to affect the shares to a considerable extent.



Figure 7.3.3a Marginalization by one-year age groups, sliding three-year average, the Nordic countries, 2006, people aged 20-64 years, in per cent

Source: EU-SILC 2006, User Data Base.





Source: EU-SILC 2006, User Data Base.



Figure 7.3.3c Disability by one-year age groups, sliding three-year average in the Nordic countries, 2006, people aged 20-64 years, in per cent

#### 7.3.7 Marginalization, Exclusion and Disability in the Nordic Countries by Education

As we have mentioned in Chapter 2 on challenges and Chapter 5 on education, the labour market has undergone an immense technological development in the past 30-40 years, and the requirements of formal skills to get into the working life have increased. This also implies a shift from education and training in enterprises to a continuously larger weight on formal educational skills before one gets a job (Ugreninov 2007). This has taken place parallely with an educational revolution where still larger shares complete education over and above what is obligatory, in many cases tertiary education. When the world experiences an economic crisis with subsequent unemployment, it may then potentially imply a greater danger to the attachment to the labour market for people lacking formal skills from education and training and connection, it is therefore interesting to look at education to a higher extent than others have a loose connection and are they perhaps in greater danger of permanently ending up completely excluded during a recession?

In Figure 7.3.4, education has been divided into three groups based on ISCED codes.<sup>15</sup> For each of the three phenomena we are looking at, marginalization, exclusion and disability, people with the lowest degree of education are mainly the most exposed. There are, however, some nuances.

In Finland, Iceland, Norway and Sweden, those with the lowest degrees of education are most at risk of becoming marginalized. It is not quite clear how and at which level the reduction in the marginalized share makes itself felt. In Sweden, it declines evenly in line with education. This is also partly the case in Norway, even though the difference between

<sup>&</sup>lt;sup>15</sup> This is a recoding of the variable PE040 in the EU-SILC (Eurostat 2008). The codes 0, 1 and 2 (pre-primary, primary and lower secondary) have been combined into basic education; the codes 3 and 4 (upper secondary and post secondary) have been combined into further education, and the codes 5 and 6 (tertiary) have been combined into higher education.

secondary and tertiary education is minor. In Finland and Iceland, there seems to be little difference between primary education and secondary education as regards marginalization. The large reduction in the share of marginalized people only appears when we look at the group with tertiary education. Denmark is, however, an interesting exception. Here the share of marginalized people is highest in the group with tertiary education and lowest in the group of secondary education. But the differences between the groups of education are relatively small so that it is obvious to assume that marginalization has no connection with education in Denmark based on this simple bivariate lay-out. A regression analysis (7.3.9) shows, however, that there is actually a connection anyway when we check for other variables.

However, exclusion and education seem to be interconnected, also in Denmark. We may assume that there is a direct effect of it becoming easier to get a job the higher education one has. Also here, there are some variations in how large results we find. In terms of shares, the exclusion declines the most with education in Finland, the least in Iceland, while the trend is quite alike in Denmark, Sweden and Norway. Denmark differs nevertheless slightly in that the lowest share of excluded people is found among people with secondary education.

The connection between disability and education is more indirect and should be seen in connection with both age and profession. The result of education is largest in Finland. In Iceland, the result of education is smallest, while it is quite alike in Denmark, Norway and Sweden.



Figure 7.3.4 Marginalization, exclusion and disability by education, the Nordic countries,

Source: EU-SILC 2006, User Data Base.

#### 7.3.8 Marginalization, Exclusion and Disability in the Nordic Countries by Type of Household

A tenuous connection with the working life by type of household may show whether life events, and in that case especially care responsibilities, may be of importance. Here, we will naturally also touch on the problematic relation between voluntary and enforced marginalization and exclusion. In some types of households, there is an overrepresentation of both these conditions which may be a result of some people choosing a looser connection with working life for short or long periods of time. This may in particular apply to households with young children.

Single parents are most at risk of becoming marginalized in all the Nordic countries, with the exception of Denmark (Figure 7.3.5a).<sup>16</sup> It is natural to assume that care responsibilities may be a reason. It may also explain the fact that relatively high shares among those belonging to couples with children are exposed to marginalization; in Denmark, this is the most exposed group. If we compare with for example couples without children, which in all the Nordic countries is the group least exposed to marginalization, this may contribute to strengthen the assumption that care responsibilities are factors to be considered.

Single parents are also most at risk of becoming excluded, and here the tendency is unequivocal in all the Nordic countries (Figure 7.3.5b). Danish single parents stand out, and the high degree of exposure in this group may contribute to explain the relatively low share of marginalized single parents in Denmark. No other types of households differ significantly, but people living along are somewhat exposed in Denmark and Finland, and people belonging to couples without children are generally slightly exposed in all the countries, perhaps with the exception of Norway.

As to disability, the tendency differs from those applying to marginalization and exclusion (Figure 7.3.5c). In general, we can say that people living alone recur as an exposed type of household in all the countries. In Denmark, Finland and Sweden, they are the most exposed type of household. People living alone are also relatively exposed in Norway, but people who belong to couples without children are most exposed. In Iceland, it is again single parents who have the highest share and who thus are most exposed to all the types of tenuous connections with the labour market that we take up here.

<sup>&</sup>lt;sup>16</sup> In order to look at these conditions according to types of households, we have altered the analysis unit somewhat and will only look at one person in each household. In the Nordic countries, this corresponds to the selected respondent. It may influence the estimates to some extent in relation to the figures where all adults in all households have been included.



Figure 7.3.5a Marginalization by types of households in the Nordic countries, 2006, people aged 20-64 years, in per cent









#### 7.3.9 Marginalization, Exclusion and Disability in the Nordic Countries by Health

Participation in the labour market may also be limited on health reasons. Sickness or injuries may result in limitations which makes it either difficult to establish oneself in a full-time job or difficult to keep a job. In the last resort, it may lead to a person becoming disabled and incapable of carrying out work. It will thus be a challenge that the labour market has been organized in such a way that people with health problems have a possibility of participating and to the highest possible degree to avoid that people become disabled. We have used some of the health indicators found in the EU-SILC in order to look at the coherence between self-evaluated health, limitations in activities and tenuous connection with the labour market<sup>17</sup>. In Chapter 8, we shall revert to how health may affect work activities in general. It should be

Source: EU-SILC 2006, User Data Base.

<sup>&</sup>lt;sup>17</sup> Danmark has not been included in our study of limitations in activities, as the Danish data cannot be used to delimit limitations in activities. When we analyze health, we must furthermore consider the fact that the data basis is somewhat different than is the case for the previous variables in this chapter. There are only data on health for selected respondents, which then become the analysis unit in this part in line with when we look at types of households. Thus, the total shares may differ somewhat compared to other background characteristics.

stressed that the affect may go both ways. Problems in the labour market may affect the evaluation of one's own health in a negative way.

In order to get as clear results as possible, we have divided this in two figures. The first figure shows marginalization, exclusion and disability by self-evaluated health (Figure 7.3.6a). The share of marginalized people is quite alike for people who evaluate their health to be good or neither good nor bad (labelled as fair). This applies with some very small variations in all the countries, even though the shares naturally vary from one country to another. A common trait is that people who evaluate their health to be bad to a higher degree than others are exposed to marginalization. We see particularly large effects in Iceland and Finland. The effects are somewhat smaller in Denmark, while self-evaluated health seems to have little impact on marginalization in Sweden and Norway.

The connection between self-evaluated health and exclusion is more distinct. With the exception of Norway, the share of excluded people is higher among people who evaluate their health to be neither good nor bad than it is among those in good health. The share of excluded people is naturally highest among those who evaluated their health to be bad, and this applies to all the Nordic countries. The connection seems to be strongest in Denmark, Finland and Iceland, where about one in ten with bad health is excluded.

Naturally, we get the most distinct result when we look at those who refer to themselves as being disabled. People who evaluate their health as poor are much more exposed to disability than others, and those who evaluate their health as being neither good nor bad are also relatively exposed compared with those who are in good health. We also see that there is a share of disabled people among those who evaluate their health as being good. The explanation might be that they are people with injuries or disabilities which result in incapacity for work but which do not influence the view on one's health to a perceptible degree. There is for example no automatic contrast between being a user of a wheelchair and evaluating one's health as being good.

All in all, we see that a tenuous connection with the labour market is clearly connected with self-evaluation of health in all the Nordic countries. It may look as if health is least significant in Sweden, while it is most significant in Iceland and Denmark. This may be interpreted as indicators of the inclusiveness of the working life, and we are going to deal some more with this in the chapter on health.



Figure 7.3.6a Marginalization, exclusion and disability by general health in the Nordic countries, 2006, people aged 20-64 years, in per cent

In a preliminary project to this report, the EU-SILC classification of limitations in activity was evaluated, and the conclusion was that it can work as a definition of reduced capabilities as long as we bear in mind that they are defined rather broadly and may vary considerably in respect of duration and degree of seriousness (Normann and Rønning 2008). There are also some challenges in comparing this indicator for the Nordic countries, but we have nevertheless chosen to do so here because we find that it may give some interesting results (Figure 7.3.6b).

The assumption that health is rather insignificant for marginalization in Sweden is strengthened by the fact that there is hardly any visible effects of limitations in activities. Nor in Finland do we find large effects, whereas it seems to be significant in Iceland and to some extent in Norway. What is special in Norway is that the share of marginalized people is highest among people who are limited in activities as opposed to those who are strongly limited. This is connected with a high share of disabled people among those who are strongly limited.

It is also in Iceland that we find the strongest effects of limitations in activities on the shares of excluded people, while it in Finland and Sweden looks as if limitations in activities mean little in respect of shares of excluded people. In Norway, it is hardly significant at all.

Like self-evaluated health, limitations in activites give the most distinct result in relation to disability. In all the Nordic countries, large shares of those strongly limited are disabled. In Norway, a relatively large share of those only limited are disabled which may contribute to explaining the relatively low share of excluded people in this group. In the other Nordic countries, the shares of disabled people among those with only limitations in activities are lower than in Norway. In all the Nordic countries, about 1 per cent of those with no limitations in activities are based on self-evaluation and not on a diagnosis.



Figure 7.3.6b Marginalization, exclusion and disability by limitations in activities in the Nordic countries, 2006, people aged 20-64 years, in per cent

Source: EU-SILC 2006, User Data Base.

#### 7.3.10 Marginalization, Exclusion and Disability in the Nordic Countries by Country of Birth

Marginalization is also interesting to look at in relation to country of birth. A key challenge to welfare states is to include immigrants in the labour market. This is part of the current debate in all countries. We have consequently used information on countries of birth in the EU-SILC to see how the situation is, although this may well give us a slightly limited picture<sup>18</sup>. In Figure 7.3.7, we have depicted marginalization according to country of birth divided into three categories: born in the country, born in EU countries and born outside the EU.<sup>19</sup>

People born in the respective countries are generally least exposed to marginalization and exclusion of the three groups that we look at. In Finland, Norway and Sweden, it is common that people born outside the EU have most problems with their connection with the labour market. In all three countries, this group is most exposed to both marginalization and exclusion. Especially in Finland, but also partly in Sweden, the results are significant. Denmark differs somewhat in relation to the other three countries. Here, people born in EU countries are most exposed to marginalization, whereas people born outside the EU are most exposed to exclusion. We furthermore find hardly any excluded people born in the EU, without us having enough detailed knowledge to know the reason why.

When it comes to disability, the picture is slightly different. In Finland, people born in the country are most exposed to disability, whereas there in Norway is hardly any difference between the groups. Also in Denmark, the differences are relatively small, but people born

<sup>&</sup>lt;sup>18</sup> In Norway, it is probably the case that immigrants in the net sample are not completely representative for the immigrant population. The immigrants in the net sample are more often in work than immigrants seem to be on the basis of the register data, and immigrants from some areas are underrepresented compared to the population composition. We may perhaps assume that the same is also the case in the other Nordic countries, but we have no detailed information to this effect.

<sup>&</sup>lt;sup>19</sup> Iceland has been excluded from this figure on account of errors in the country-of-birth variable in the EU-SILC data from 2006.

outside the EU are most exposed, people born in the EU least. In Sweden, people born in the EU are most exposed to disability. In the interpretation of these figures, we must make allowances for some of the groups being relatively small and that there may be some uncertainties attached to their representativity.





Source: EU-SILC 2006, User Data Base.

# 7.3.11 Marginalization, Exclusion and Disability in Europe

Including and keeping people in the labour market will probably be one of the key challenges to the welfare states in the future, and thus also to the Nordic countries. With the effects of the recessions, this will become even more relevant in future. Our starting point will therefore be whether or not this is a challenge that is particularly Nordic before the economic crisis, on the presumption that systematic differences will also make themselves felt in a recession.

In the Nordic countries as a whole, 3 per cent of the population aged 20-64 years may be characterized as being marginalized in relation to the working life. In total, this is about the same level as the average for the countries in Europe from which we have data (Figure 7.3.8a). Seen in that way, marginalization is therefore neither a larger nor a smaller problem for the Nordic welfare states than it is for other welfare regimes. But if we take a closer look at the figures for the Nordic countries, Finland increases the share. Finland has the highest share of marginalized people in Europe, closely followed by the Eastern European countries such as Poland and Hungary, as well as Italy in the South. The remaining Nordic countries are at the bottom level in Europe when it comes to marginalization from work, only beaten by Great Britain. We can therefore claim that marginalization from work is not a particularly large challenge to the Nordic welfare state compared to others, but with the exception of Finland. Marginalization is roughly the largest challenge to countries in the East, followed by the South and to a lesser extent countries in Central Europe. When it comes to big countries, we see that France has a relatively high share of marginalized people whereas Great Britain as mentioned has the lowest share. Unfortunately, we have no figures for Germany.



Figure 7.3.8a Marginalization, people aged 20-64 years, Europe, 2006, in per cent

Nordic countries also have the lowest shares of excluded people among all the European countries for which we have data (Figure 7.3.8b). Also Finland, which differs from a Nordic point of view, has a lower share than all the other countries. The problem with exclusion, such as we have defined it to include among others non-active people, seems to be most significant in the large Southern European countries. But also some small countries such as Ireland and Belgium have relatively high shares. Apart from that, there is no unambiguous regional pattern.

Nor are high shares of people who are disabled or incapable of working a particularly Nordic challenge, but nevertheless the Nordic countries end up worse in a European connection in this respect (Figure 7.3.8c). The lowest share of disabled people is found in Austria, but as an area, the Southern European countries end up the best. The highest shares are found in Eastern European countries such as Hungary, Poland and Lithuania. With the exception of Iceland, the Nordic countries find themselves in the middle and lower levels of this indicator among the European countries.

If we look at exclusion and disability as one and look at is as a measure for how including the working life is in the various countries, the low share of excluded people in the Nordic countries nevertheless causes them to end up the best in Europe. Only Slovakia beats the Nordic countries with a better inclusion rate than Finland. Apart from the fact that the Nordic countries end up the best, there is no regional pattern of importance for an indicator summed up in this way. If we include the share of marginalized people in a summary, despite the fact that that they have some sort of connection with working life, the Nordic countries still end up rather well compared with the rest of Europe, but with the exception of Finland which has a relatively high share of marginalized people.

Source: EU-SILC 2006, User Data Base.



Figure 7.3.8b Exclusion, people aged 20-64 years, Europe, 2006, in per cent

Source: EU-SILC 2006, User Data Base.



Figure 7.3.8c Disability, people aged 20-64 years, Europe, 2006, in per cent

#### 7.3.12 Which Factors Explain Marginalization, Exclusion and Disability in the Nordic Countries?

We have now looked at three types of tenuous connections with the labour market according to different characteristics in bivariate analyses. At the end of this section, we are going to include all the variables that we considered in a multivariate analysis in order to see which factors are connected to the highest degree with tenuous connections with the labour market, and which therefore may be said to represent the most important challenges in this area. This may make it easier to find out which background variables are important in this context.

The multivariate analysis technique that we have chosen is logistic regression. It is rather suitable when the dependent variable is dichotomous and the independent variables are categorical.<sup>20</sup> We have prepared three individual analyses where we have looked at the

Source: EU-SILC 2006, User Data Base.

<sup>&</sup>lt;sup>20</sup> In the logistic regression model, we have used all the backbround variables that have been reviewed so far in this chapter. As to health, we have only included self-evaluated health in order to be able to include all the countries. It is also important to note that the logistic regressions only have selected respondent as analysis unit and not all members of the households as is the case for some of the figures above. The reason for this is that we wish to include health and types of households in the model, and that they are characteristics which are only available for the selected respondent. We have chosen to assume that the conditions that influence the prosesses towards marginalization, exclusion and diability are the same, so that the change of analysis unit and any minor changes in the total shares are insignificant to the relative strenght ratio between the influential force between the background variables. In the analysis which covers Iceland, country of birth has been excluded.. That will have an effect on the

probability of being marginalized, excluded and disabled, respectively. Detailed findings from the regressions appear from the tables in the appendix while Table 7.3.2 shows the main findings by way of significant odds estimates. Generally speaking, most of the variables here will be significant as they have not been selected at random. Besides, the number of observations is relatively large.

#### **Logistic Regression**

Logistic regression is an analysis method used to study the net effect of several explanatory variables on a dependent variable. The method is suitable when the dependent variable is dichotomous, i.e. has two independent values. In this report, the analysis method is used to see whether or not a respondent is marginalized, excluded or disabled, respectively.

How much higher the probability is for an event to take place at a certain value on the explanatory variable in relation to another category (the reference category) when the other background factors in the model are kept constant, is calculated by taking the ratio of the anti logarithm to the parameter estimates for the two values on the explanatory variable. This is called the odds ratio. The odds will increase considerably more than the share, so it is important not to mix the two effect measurements.

The reciprocal strength ratio between the individual explanatory variables can be estimated by comparing the size of the chi-square to the variables. The larger the chi-square is the stronger is the effect of the explanatory variable on the dependent variable. See for example Ringdal (2001) for more information on logistic regression.

Women are generally in greater danger of becoming marginalized than are men, also when we check for other variables. Relatively speaking, gender has the strongest effect in Denmark and Iceland. Age also has an effect in all the countries, and young people are at a higher risk of being marginalized than people in the reference group. The only exception here is Iceland, where age has less effect, even though people over the age of 35 years are at a lower risk of becoming marginalized. Relatively speaking, age has most effect in Norway, Sweden and Finland. Education means little in Denmark, Finland and Sweden. In Norway, it means quite a lot, and people with primary education are at a relatively high risk. Also in Iceland, education means quite a lot, but here it is people with secondary education that are most at risk when we also check for other variables. Which type of household the person belongs to is of relatively little importance in most of the countries, whereas a person's health is more significant. Especially in Iceland, health is important, but also in Denmark and Finland a poor health means relatively much for the danger of becoming marginalized. Also in Sweden and Norway, health is significant, but somewhat less when we look at it in connection with the other variables. People born outside the EU are more at risk of becoming marginalized than are others, with the exception of Denmark. Only in Finland, this effect is strong compared with other variables. In Sweden, people born in the EU are at greater risk of becoming marginalized when we check for the other variables.

results for Iceland compared with the other Nordic countries, but we shall omit to comment much on it on the way.

	Denmark	Finland	Iceland	Norway	Sweden		
		Marginalised					
Woman	2.0	1.4	6.5	2.0	1.2		
20-24 years	1.4	3.1	1.0	3.2	2.9		
25-34 years	1.9	1.5	0.7	2.2	2.8		
45-54 years	0.3	0.7	0.4	0.3	0.6		
55-64 years	0.6	0.8	0.2	0.3	0.9		
Primary education	1.4	1.3	1.1	3.1	1.4		
Secondary education	0.9	0.9	3.9	1.9	1.1		
Single person	0.6	0.7	1.2		0.7		
Couple without children	0.3	0.4	0.7	0.5	0.5		
Single parent	0.4		0.5	1 5	1 0		
Other households	0.4		0.5	1.5	1.9		
Cuter nousenoids	0.2	0.0	 1 7	0.5	1.0		
Fair fiealui Rad haalth	1.9	1.2	1./	2 0	1.2		
Bad nealth	2.7	2.9	11.9	2.0	1.5		
Born in EU country	1.2	1.1		1.2	2.8		
Born outside EU	0.3	2.1		1.2	1.2		
	2.0		Excluded				
Woman	3.0	1.7	4.7	4.1	1.2		
20-24 years	0.3	1.4	0.3	6.2	1.9		
25-34 years	0.8	1.3		3.0	1.4		
45-54 years	0.5	0.9	0.7	1.0	0.6		
55-64 years		1.5	0.5	2.8	0.6		
Primary education	2.4	3.0	1.2	9.1	2.3		
Secondary education	0.8	1.5	0.8	3.8	1.6		
Single person	2.1	1.0	0.5	0.1	1.3		
Couple without children	0.9	0.5	0.7	0.7	0.7		
Single parent	3.3	1.5	1.9	1.9	2.6		
Other households	0.8	0.7	0.8	0.4	0.7		
Fair health	1.0		4.2	0.7			
Bad health	3.2	2.6	10.0	2.1	2.9		
Born in EU country		0.7		0.7	1.6		
Born outside EU		5.1		2.5	4.9		
			Disabled				
Woman	2.0	1.3	2.7	2.2	1.3		
20-24 years		0.1			0.1		
25-34 years					0.6		
45-54 years		3.7			1.2		
55-64 years		5.7			2.1		
Primary education	2.3	4.2	1.7	4.3	4.9		
Secondary education	1.1	2.7	1.5	2.2	3.0		
Single person	2.7	4.6	2.6	4.2	3.7		
Couple without children	1.6	2.5	1.2	3.3	2.0		
Single parent	1.2	3.3	9.4	0.5	2.5		
Other households	1.7	3.2		1.0	1.4		
Fair health	10.6	3.9	27.5	6.0	10.9		
Bad health	32.2	8.8	155.1	19.3	26.2		
Born in EU country	1.4	1.1		1.5	1.7		
Born outside EU	0.7	0.4		1.4	2.0		

## Table 7.3.2 Logistic regression showing the probability of being marginalized excluded or disabled, people aged 20-64 years, Nordic countries, 2006

Source: EU-SILC 2006, User Data Base.

Reference group: not excluded or disabled, male, 35-44 years, higher education, belonging to group 'couple with children', good health and born in the country.

As is the case with marginalization, women are at greater risk of becoming excluded than are men. If we compare with other variables, we once more see that gender is of great significance in Denmark and Iceland and also in Norway concerning this condition. Age seems to manifest itself especially only in Norway, even though it is also of importance in the other countries. People under the age of 35 and over the age of 55 years, are at a relatively high risk of becoming excluded in Norway. In Norway, also education is particularly important. People with primary education are in relatively great danger of becoming excluded. This really applies in all the Nordic countries, but not with the same strength, given we checked for other variables. In Denmark and Iceland, people with secondary education are at less risk of becoming excluded than are people with higher education. Generally, it seems that being a single parent also has a negative effect in all the Nordic countries, in particular in Denmark and Sweden. A poor health is naturally a negative factor also in this respect. That applies in all the countries, relatively most in Iceland and least in Norway. In Denmark, country of birth has no significant effect as to exclusion, whereas in Finland, Norway and Sweden, people born outside the EU are more at risk than others.

As to disability, health is of course the most important background variable in all the Nordic countries. People with poor health are, needless to say, much more at risk of becoming disabled. However, when we check for more variables, including health, we find that also other factors are significant. Women are somewhat more exposed than men, while age has a significant independent effect in Finland and Sweden. Education is also important, and we especially note that people with primary education in Finland and Sweden are more at risk of becoming disabled than are others. In this context, it may be natural to think that education indirectly also represents profession, and that people with a primary education also have the most strenuous professions. Also types of households matter. Living alone has a negative effect, whereas single parents are particularly exposed in Iceland. Generally, people who form part of a couple with child (the reference group) are least exposed to disability. Countries of birth are relatively speaking less important in this context than is the case in respect of marginalization and exclusion.

The regression analyses thus show that most of the background variables that we have used to analyze marginalization, exclusion and disability are important in respect of these contexts. There are some differences between the countries when it comes to the reciprocal relations of strength among the variables, and in a few cases the effects are not significant. Even so, it shows that a comprehensive picture of marginalization, exclusion and disability should include the background variable that we have used.

### 7.4 Part-Time Work

In this section of the chapter, we shall examine part-time work more closely. This may present a challenge in that there is an unused labour potential among people who work parttime. The LFS (Labour Force Survey) provide detailed data on participation in the labour market. We will thus not spend much time on a general characterization of the level of parttime employment in the Nordic countries, but rather focus on the factors characterizing those who work part-time in the Nordic countries. By means of the EU-SILC, we may provide general characteristics of who the people working part-time are. In addition, the EU-SILC has detailed information on the households of the respondents as well as information on for how many months of the year the respondent has worked part-time. This is information not provided by the LFS, and we shall try to take a closer look at the part-time workers in the light of these and other background variables. We shall also endeavour to say something about reasons for part-time work.

#### 7.4.1 Part-Time Work as a Phenomenon – and Challenge to the Welfare State

Part-time work is a compound phenomenon. Part-time work is an adaptation partly related to the characteristics of the individual employee, i.e. related to his or her preferences and wishes, to his or her qualifications and possibilities in the labour market and to his/her role in the family and in society. Partly it is also a characteristic of the individual sectors in working life, in that some enterprises to a higher degree than others have been organized with short work periods. They want employees who are willing to work part-time, often also outside normal working hours, and the work will be divided among more employees than is the case in sectors where full-time work is normal. Thus, the extent of part-time work in society will reflect the mutual adaptation between those demanding and those demanded in various schemes of working hours (Kjeldstad and Nymoen, 2004:9). Employment and part-time work are also related to the family policies of the welfare states. The Nordic countries have all had family policies aiming at making full equality in working life possible for men and women in the young children phase. Good parental leave schemes in connection with birth and enlargement of kindergartens are both factors facilitating employment for both men and women. This has contributed to ensuring a high participation rate among women in the Nordic countries, but the part-time shares are still high. Whether or not part-time work is voluntary is an important distinction, and statistics are made on underemployment which in the LFS is defines as *people* working part-time who have tried to get longer working hours by contacting the employment office, advertising themselves, making inquiries with their present employer, etc. They must be able to start working longer hours within one month. Underemployment is a labour potential which it is important to utilize. Norwegian research in recent years has underlined the importance of the demand as a structurizing factor for the individual employee's working hours, and the workinghour schemes of various employees are assumed to a high degree to be a result of differences in time management among industries and enterprises (Kjeldstad and Nymoen, 2004). Typical jobs with a high share of women within the care, nursing and service sectors are the type of work where it is practical for the employer to operate with permanent part-time jobs in order to facilitate the running of the business. There are many perspectives of and attempts to explain part-time work. For our purpose, this short introduction will only form a basis for the further review and description of part-time workers in the Nordic countries.

### Self-defined economic status, working hours, part-time work at the time of the interview and part-time work in the reference year - definitions

Questions about working hours in the EU-SILC are only put to those who respond that their main activity at the time of the interview is full-time or part-time work. The EU-SILC therefore intercepts less "in work" than for example the Labour Force Survey, which requires that 1 hour's work in the reference week is enough to get the question about work, and the survey does thus not reveal anything about the employment level in the various countries.

Working hours are surveyed in that the respondents are asked how many hours per week they **normally work** and to include paid overtime hours and extra work carried out at home in connection with this work.

On the basis of **self-defined economic status** and **normal working hours**, we have in this chapter made a variable which separates those who work full-time from those working parttime. As part-time workers we have defined those who work less than 32 hours per weeks as well as those who work 32-36 hours per week and state this to be part-time work. As full-time workers we have defined those who work 32-36 hours per week and stated this to be full-time work as well as all those who work 37 hours or more per week. We have also distinguished between short (1-19 hours) and long (20-36 hours) part- time work. In those cases where there are discrepancies between the information on full-time/part-time work in the question about economic status and the question about working hours, the question about working hours is the determinative factor.

#### 7.4.2 Employment and Part-Time Work in the Nordic Countries and the Rest of Europe

The Nordic countries are characterized by a generally high employment rate, and the employment level is among the highest in Europe. Nevertheless, various trends cause the levels to vary somewhat between the countries. Another characteristic of the labour market in the Nordic countries is that it is relatively equalled compared with the rest of Europe when it comes to employment level. The difference between the employment share of men and women is relatively small in the Nordic countries. Nordic women have an employment rate which on average is much higher than in the rest of Europe. But equality ends when we look at women and men who are employed: the Nordic countries have a high share of part-time workers in relation to the rest of Europe, and it is mainly women who work part-time. Norway is the Nordic country with the highest share of part-time work. It may thus look as if Norway has the largest challenge in relation to part-time work. How shall Norway get down to a lower level and at the same time maintain or increase the employment rate?

		Employment			Part-time		
		rate	Men	Women	rate	Men	Women
Nordic countries	Denmark	77.4	81.2	73.4	18.1	11.4	25.6
	Finland	69.3	71.4	67.3	11.4	8.1	14.9
	Iceland	84.6	88.1	80.8	16	7.6	26
	Norway	75.4	78.4	72.2	21.1	10.6	32.9
	Sweden	73.1	75.5	70.7	13.4	8.4	19
Europe,	Germany	67.5	72.8	62.2	21.9	7.6	39.2
large	France	63.8	69	58.8	13.3	5.1	22.9
countries	United Kingdom	71.5	77.3	65.8	23.4	9.9	38.8
Central	The Netherlands	74.3	80.9	67.7	35.5	15.8	59.8
Europe, small	Belgium	61	67.9	54	19.3	6.7	34.7
countries	Austria	70.2	76.9	63.5	17.3	5.4	31.4
Southern Europe	Spain	64.8	76.1	53.2	11.1	3.9	21.4
	Italy	58.4	70.5	46.3	14.9	5.3	29.4
	Greece	61	74.6	47.4	7.5	4	12.9
Eastern Europe	Hungary	57.3	63.8	51.1	2.7	1.5	4.2
	Czech Republic	65.3	73.7	56.8	3.3	1.6	5.6
	Poland	54.5	60.9	48.2	10.8	6.5	16.3

Table 7.4.1 Employment rates and part-time rates by gender in Europe, 2006

Source: OECD (2007a) OECD in Figures.

If we compare the Nordic countries with the rest of Europe and begin with the European "great powers", we see the same trend as in the Nordic countries, i.e. that a higher share of employment is connected with a higher share of part-time workers. Consequently, France has the lowest share of part-time workers (13.3 per cent) while Great Britain has the highest share (23.4 per cent). The gender differences are on average large because women to a much higher degree than men work part-time, but in France, the gender difference measured in percentage difference is smaller than in both Norway and Iceland. Also in small Central European countries we find that the share of part-time workers is largest where the employment rate is highest (The Netherlands), but also in Belgium where the employment rate is low, we find a considerable element of part-time workers. In the Netherlands, there is moreover a strikingly large share of women working part-time (59.7 per cent), which contributes to a very large gender difference. Also in Belgium and Austria, there are considerable differences between the genders. If we look at Southern Europe, we find that this is a region with relatively low shares of part-time workers, actually at the same level or less than what we find in the Nordic countries. This is of course connected with the fairly low employment rate. In addition, Southern European men rarely work part-time, more rarely than in the Nordic countries, while the level for Southern European women is so high that the gender differences become fairly large even so. One exception is Greece. When we finally look at Eastern Europe, the shares of people working part-time are even lower, and the differences between the genders are also fairly small, with the exception of Poland. The gender difference in Poland is, however, smaller than in most of the Nordic countries. This is obviously also connected with the relatively low level of employment.

All in all, it may seem as if the share of people working part-time increase with the share of people in employment, and that the Nordic countries have a somewhat less gender-divided labour market when it comes to part-time work than what we find in the rest of Europe. But Norway and in part Iceland have even so considerably larger shares of women working part-time compared to men.

### 7.4.3 Women Work Part-Time

Available statistics have shown that there are large variations connected with shares of people working part-time between countries in Europe, but by and large a common trait is that it is women who work part-time. This appears from the EU-SILC material (cf. Figure 7.4.1). Gender is thus very important when we are surveying part-time work. Consequently, we shall only review women in this section of the employment chapter. What kind of women work part-time, where do they work and what otherwise characterizes these women?



Figure 7.4.1 Part-time employment by country and gender, 2006, in per cent of total

Source: EU-SILC 2006, User Data Base.

Because our starting point are the EU-SILC data and both employment shares and shares of people working part-time consequently do not correspond completely with the LFS data, we can see from Figure 7.4.2 that we do not get quite comparable findings for the shares of women in employment and the shares of women working part-time. In the EU-SILC material, both Norway and Sweden differ with the highest shares of women in working part-time. At the opposite end, we find Finland. Iceland has the highest share of women in work according to the EU-SILC material.



Figure 7.4.2 Share of women working full-time and part-time in the Nordic countries, 2006, in per cent of total

#### 7.4.4 Part-time Working Women in the Nordic Countries – Some Characteristics

Part-time work may conceal various degrees of connection with the working life. We have divided part-time work into what we call short part-time and long part-time. With short part-time, we refer to employed people who work between 1 and 19 hours per week, and with long part-time, we refer to those working from 20 to 36 hours per week. From Figure 7.4.3 it appears that it is most common to work long part-time in the Nordic countries. In Norway, many women also work short part-time. In Sweden, where the part-time share in total is just as high as in Norway, most women, however, work long part-time. Even though Sweden and Norway are both countries with fairly high shares of people employed part-time, it may seem as if Swedish women are more integrated into the working life and work longer than Norwegian women. Also in Denmark, very few women work short part-time while the share of women working short part-time is somewhat higher in Finland and Iceland. It is nevertheless Norwegian women who differ. More than one in ten women in employment work short part-time in Norway.



Figure 7.4.3 Share of women working short and long part-time in the Nordic countries, 2006, in per cent of employed

From Figure 7.4.4 it appears that the employment rates vary according to the same pattern in the Nordic countries: There are naturally least people employed among the youngest and the oldest. The part-time share is highest among the youngest women, and this particularly applies in Finland, Iceland and Sweden. In these countries, between four and five in ten women in employment of the ages 20-24 years work part-time. It is, however, not only the youngest women who have a large element of part-time work in the Nordic countries. In Norway and Sweden, four in ten women of the ages 55 to 64 years in employment also work part-time. Part-time work thus seems to be both an entrance to the working life and an exit and slow withdrawal when one gets on in years and wishers to reduce one's working hours. There are, however, variations between the various Nordic countries in this respect. In Denmark, there are for example no large differences in the part-time share in the various age groups.

Source: EU-SILC 2006, User Data Base.



Figure 7.4.4 Share of women working full-time and part-time by age in the Nordic countries, 2006, in per cent

#### 7.4.5 High Employment Rate and Low Part-Time Share among Women with Higher Education

Figure 7.4.5 shows the share of part-time work by education level among all women in the Nordic countries. We see that the share that defines itself as in employment increases steeply with the level of education in all the Nordic countries. The share working part-time does not increase in the same way, rather the opposite. In Iceland, the part-time share decreases when the education level increases, and in the other Nordic countries the part-time shares stay stable. When we see that the share of employed people simultaneously increases, it means that there are fewer people working part-time among those in work with a high level of education than among those with a low level of education.

This is also apparent in Figure 7.4.6 where we look at the share of part-time workers in per cent of the employed. Part-time work is most common among those with primary education. Later in this chapter we shall also see that a number of professions not requiring any education has high shares of part-time working women. The connection between level of education and part-time work is strongest in Iceland and Norway. In Iceland, 34 per cent of the employed women with primary education work part-time as against 16 per cent of women with tertiary education, whereas in Norway as much as 44 per cent of the employed women with primary education. The share of women working part-time has no connection with education level in Denmark. We found the same for marginalization, where there was a clear connection with education in the other Nordic countries, but not as clearly in Denmark.



Figure 7.4.5 Share of women working full-time and part-time by education in the Nordic countries, 2006, in per cent





#### 7.4.6 Part-time Work and Family Life

As mentioned earlier, an important aspect in the Nordic family and equal opportunities policy has been to make it possible to combine family and work for mothers and fathers. Better rights to go on leave in connection with child birth has resulted in women not leaving the working life in connection with their having children in the Nordic countries. On the other hand, the parttime shares have been high in the Nordic countries. By looking more closely at the use of parttime work among people with children compared with others, we can see how exactly this is affected.

Having children as well as the number of children have different effects in the various Nordic countries. In Denmark, we see that both the employment rate and the share of parttime work for women increase with the number of children, and this applies in particular to women with three or more children. In Finland, the share of part-time workers is stable, but the employment rate seems to decrease somewhat in respect of women with three or more children. In Iceland on the other hand, the employment rate is not affected by the number of children but the share of part-time workers increase with the number of children. In Norway and Sweden, the employment rate decreases somewhat when women have three or more children, whereas the part-time share increases somewhat, at any rate in Norway. In case the employment rate is affected negatively by women having children, it seems as if it only becomes important when one has three or more children, and then primarily in Finland, Norway and Sweden. Part-time work also seems to be the solution for many women. In Denmark and Iceland, the part-time share clearly increases with the number of children, and the employment rate increased or remained stable.

Source: EU-SILC 2006, User Data Base.



Figure 7.4.7 Share of women working full-time and part-time by number of children in the Nordic countries, 2006, in per cent of all

Source: EU-SILC 2006, User Data Base.

#### 7.4.7 Part-Time Work and Health

There may be several reasons why people work part-time. One hypothesis might be that health problems result in lack of energy to work full-time. We know that many typical part-time workers are to be found in health, care and service professions where there are many work environment strains, and rotation schemes makes it hard to work full-time. Figure 7.4.8 provides an overview of employed women in the Nordic countries, divided into full-time and part-time work according to self-evaluation of health. If we look at the work activity in general, we see that the share of people in work decreases drastically when one evaluates one's own health as being poor. Work activity and health are interconnected. But is it so that the worse the health is the more people work part-time? When the work activity is much lower among women with poor health than among women in good health, while the share that works parttime is relatively alike in the two groups or declines somewhat, it means that the part-time share is higher among those in poor health than among those in good health. In respect of many people in poor health, it thus seems that part-time work may be a strategy to continue participating in the working life. In Norway and Sweden, more than half of the women in poor health in employment work part-time, 54 per cent in Norway and 51 per cent in Sweden. Just 31 and 30 per cent of the women in good health in employment in Norway and Sweden work part-time. In Iceland, there is hardly any difference between the part-time share among women in good and women in poor health. 24 per cent of the women in work in good health work

part-time as against 21 per cent among those in poor health. Iceland and Denmark are the countries that have fewest women in poor health in work. In Iceland, these women primarily work full-time while almost half of the women in poor health work part-time in Denmark.





Source: EU-SILC 2006, User Data Base.

Work activity and health are interconnected, and part-time work is to a high degree used among women in poor health in work. Education has, however, also a large effect on work activities in respect of those in fair and poor health, as can be seen from Figure 7.4.9. The employment rate among women with a high level of education and fair or poor health is almost as high as the employment rate among women in good health, and this applies to all the Nordic countries. Not only self-evaluated health is in itself important, education is also an important component. The part-time share is continuously higher among women in fair or poor health but clearly higher among women with a low level of education than among women with a high level of education in respect of poor health.



Figure 7.4.9 Share of women working full-time and part-time by general health and education in the Nordic countries, 2006, in per cent of all

### 7.4.8 Part-Time Work, Occupation and Industry

As we have seen, mainly women work part-time in the Nordic countries, and the labour market in the Nordic countries is highly separated with a large overrepresentation of women in some occupations and industries where use of part-time is extensive. Tables 7.4.11 and 7.4.12 show the share of women in various occupations and main industry groups based on this data material. Even though there are variations between the Nordic countries, the main picture is the same. The largest female occupations in the Nordic countries are professionals and technicians and associate professionals clerks, service workers and shop and marked-sales workers as well as elementary occupations. There are most women represented in the following main industrial classification groups: health and social work, education, public administration, financial intermediation, hotels and restaurants and wholesale and retail trade. In the following, we are going to take a closer look at the part-time share in the occupations and industries where most women work.

Source: EU-SILC 2006, User Data Base.

	Denmark		Fi	Finland Ice		Iceland		Norway		Sweden	
	%	n	%	n	%	п	%	n	%	п	
Agriculture, hunting, forestry, fishing Mining, quarrying, electricity,	19	66	28	687	17	131	14	137	9	74	
manufacturing	27	430	29	1 072	30	290	22	386	25	686	
Contruction	5	166	8	437	5	162	8	193	8	241	
Wholesale and retail trade	32	310	54	723	37	271	47	486	45	490	
Hotels and restaurants	38	45	74	174	63	76	60	88	53	90	
Transport and communication	26	157	30	446	34	123	24	231	27	241	
Financial intermediation Real estate, renting and	53	93	72	130	57	93	50	70	57	71	
business activities	35	287	42	665	38	209	37	352	37	489	
Public administration	56	236	51	301	52	122	51	190	57	264	
Education	60	278	67	399	65	161	65	295	71	436	
Health and social work	84	465	88	826	86	260	77	619	83	663	
Other	39	122	65	345	52	186	64	114	50	194	

### Table 7.4.3 Share of women by main industrial classification in the Nordic countries, 2006, in per cent of all employed

Source: EU-SILC 2006, User Data Base.

## Table 7.4.4 Share of women working by main occupational group in the Nordic countries, 2006, in per cent of all employed

	Denmark		Fii	Finland Iceland		eland	Norway		Sweden	
	%	n	%	n	%	n	%	n	%	n
Legislators, senior officials and managers	22	337	30	1 130	35	330	30	426	36	282
Professionals	48	775	54	1 405	55	417	47	595	51	1 126
Technicians and associate professionals	61	971	61	1 356	58	408	55	1 031	51	1 125
Clerks	69	512	83	653	85	204	66	309	77	642
Service workers and market sales workers	78	<i>691</i>	84	1 347	67	523	70	962	80	1 227
Agriculture and fishery workers	12	143	50	1 181	18	150	26	167	32	159
Craft and related trades workers	9	504	15	1 091	18	336	7	414	8	698
Plant and machine operators and assemblers	25	341	29	726	7	143	13	295	22	649
Elementary occupations	47	443	65	751	56	281	69	194	68	335

Source: EU-SILC 2006, User Data Base.

Within the five main occupational groups in the Nordic countries where the share of women is highest, we see that service workers and shop and marked-sales workers and elementary occupations turn out to be the occupational groups where most women work part-time. In Norway, most women work part-time, half of them in service, shop and marked-sales occupations and 54 per cent in elementary occupations. Also in Sweden, half of the women working in service, shop and marked-sales occupations work part-time. In this occupational group, we find among others care staff. In the elementary occupations, we find among others cleaning staff.

### Figure 7.4.10 Share of women working part-time by selected occupations in the Nordic countries, 2006, in per cent of all employed



Source: EU-SILC 2006, User Data Base.

Also when we look at the various industries where most women work, we see that some industries differ. This first and foremost applies to the health and social work industry where half of the Swedish women work part-time and more than 40 per cent of the Icelandic and Norwegian women do the same. Finland differs in that relatively few of the women working in this industry work part-time, just 15 per cent. In Finland, on the other hand, it is in the wholesale and retail trade industry that most women work part-time. This is also a industry with high part-time shares in the other Nordic countries.





Source: EU-SILC 2006, User Data Base.

#### 7.4.9 Characteristics of Women Working Part-Time

- Most women work part-time in Norway and Sweden of the Nordic countries
- Most usual with long part-time in the Nordic countries but in Norway, many women also work short part-time
- The youngest people in employment work part-time to a high degree but also the oldest women in Norway and Sweden
- Fewest women in work and most working part-time among women with a low level of education in all the Nordic countries, with the exception of Denmark where the education differences are small
- An increasing number of children increases the probability of women working parttime
- The employment rates decrease steeply and the share of women working part-time increases when the health is evaluated as being poor
- A high level of education enhances the participation rate, both in respect of full-time and part-time work among those in average/poor health
- Most part-time employed women in the main occupational group service, shop and marked sales as well as elementary occupations and in the main industrial group health and social work.

#### 7.4.10 Duration of Part-Time Work

In the following, we are going to look more closely at the duration of part-time work and the reasons for part-time work among women. Unlike other surveys that map working hours, the

EU-SILC has a set of variables which identify the main activity each month of the income year that is surveyed, i.e. in our case the income year 2005, which is the year preceding the year of the interview. In addition to information on part-time work at the time of the interview, which we have referred to so far in this chapter, we thus have information about whether the respondents have also defined themselves as part-time workers the entire previous year, parts of it, or whether they have had other main activities in that year. Such information may both shed light on whether or not part-time work is something permanent and in the cases where it is not, say something about in which situations part-time workers find themselves during the year.

By way of introduction, we provide an overview of those who are part-time employed at the time of the interview and the number of months they had part-time work the year before. As can be seen from Figure 7.4.12, the majority of the women working part-time at the time of the interview were also working part-time all of the previous year. It was six in ten part-time working women. There are, however, fairly large variations between the countries when it comes to stability in the part-time work. This applies to most people in Sweden, Denmark and Norway and fewest in Finland. In Sweden, as much as 74 per cent of those working part-time at the time of the interview also worked part-time for all 12 months the year before. In Denmark and Norway, the majority of women working part-time also worked part-time all of the previous year, but in addition quite a few women in part-time work did not work part-time at all the year before in these countries. In Finland and Iceland, the picture is different. In both these countries, there are larger variations as to how much part-time work these women had the previous year, and it may seem as if there is not as much stability in part-time work in those countries as there is in Sweden, Denmark and Norway.

#### Figure 7.4.12 Share of women working part-time at the time of the interview by number of months with part-time work as main activity the proceeding year in the Nordic countries, in per cent of part-time workers



Source: EU-SILC 2006, User Data Base.

Furthermore, we shall take a closer look at the group of part-time working women responding that they had worked part-time for all 12 months of the year before, as well as those responding that they did not work part-time at all the year before. The stable part-time workers – those who also worked part-time all of the previous year – make up the largest group, as we have already seen – and the women whom it may be most important to survey more closely. What characterizes this group compared with all other women in work? And will it be possible in the long run to reduce this group? Besides, it is interesting to see what characterizes women working part-time now but not the year before. Who are they, and what did they do the year before?

# 7.4.11 The Stable Part-Time Workers – and the New Ones

Most of the women who worked part-time in the Nordic countries, also worked part-time the year before. Consequently, it looks as if many women work part-time for a long time, even though we have already seen that there are variations between the countries of which Sweden seems to be the country where most women can be called stable part-time workers, while Finland is the country where fewest women can be called such. In per cent of all women in work, the stable part-time workers make up 25 per cent in Sweden, while they make up 8 per cent in Finland. In both Finland and Iceland, there are almost an equal amount of women who did not work part-time at all the year before, 6 per cent of all women in work in Finland, 8 in Iceland. As to correlations attached to these groups, we point to the fact that the data material is limited. That means that it will in some cases be difficult to get statistically significant results.





Source: EU-SILC 2006, User Data Base.

If we concentrate on the stable part-time working women, we see that it is the oldest women in the working life who are characterized by being stable part-time workers. This applies in

particular to Norway, Sweden and Iceland. In Finland, on the other hand, there are about as many stable part-time workers in the youngest as in the oldest age group.





Source: EU-SILC 2006, User Data Base.

Especially in Norway and Sweden, it seems as if there are most stable part-time workers among working women with primary education. In Finland and Iceland, the differences are smaller and the figures thus unreliable, whereas it in Denmark seems as if education is insignificant for whether or not one is a stable part-time worker.


Figure 7.4.15 Share of women who are stable part-time workers by education in the Nordic countries, 2006, in per cent of all employed

Source: EU-SILC 2006, User Data Base.

When we look at the health of women in work, we see that it in Denmark, Norway and Sweden is more common to be a stable part-time worker if one responds to be in fair or bad health than if one responds to be in good health. In Finland, there are small and uncertain differences whereas there in Iceland are no stable part-time workers among women in bad health. But also in respect of Iceland the results are somewhat unreliable.





# 7.4.12 The New Part-Time Workers – What Did They Do the Year Before?

The other group that differed when we looked at the distribution of part-time work the year before among women in the Nordic countries, who work part-time today, consisted of those women who had not worked part-time at all the year before. They made up between two and three in ten part-time workers in all the Nordic countries, with the exception of Sweden where most of the women who work part-time today also did so in all 12 months of the previous year.

We have taken a closer look at which main activities these women stated for the previous year, and it is obvious that the majority of women who today work part-time and who did not work part-time at all the year before, have shifted from working full-time to working part-time. A few have shifted from unemployment or from studying but the majority seems to have reduced a full-time job.

Source: EU-SILC 2006, User Data Base.





Source: EU-SILC 2006, User Data Base.

To sum up, we can establish that most women working part-time in the Nordic countries were also part-time workers all of the previous year. There are fewest stable part-time workers in Finland. However, quite a few women in the Nordic countries also stated that they did not work part-time at all the year before, most so in Iceland, Denmark and Norway. We have seen that most women in this group worked full-time the year before. It thus looks as if we have a large share of stable part-time working women in the Nordic countries that have part-time work as their main activity for several years, but that we in addition have a smaller group of women who for various reasons choose to reduce their work activities. It may be a challenge to change the pattern of extended use of part-time work when we see that this use is so stable. We shall now attempt to deal with the reasons for use of part-time work.

#### 7.4.13 Reasons for Part-Time Work

In the EU-SILC, we ask those working part-time about the reason why they work part-time. It is important to realize that this is a subjective evaluation, but it may all the same contribute to shedding light on how voluntary the part-time work is and on the variations in the reason pattern. Figure 7.4.18 shows that there are large differences between the Nordic countries when it comes to reasons why people work part-time.

In Finland, we see that many part-time workers are *receiving education or training* and there are also many working part-time who *wish to work more hours*. Earlier in this chapter, we also saw that there are few stable part-time workers in Finland compared with the other Nordic countries, and that the age composition differs somewhat. There are more young people working part-time in Finland, and this may indicate that it is a more temporary way of working in Finland compared with the other Nordic countries. In Denmark, on the other hand, most women respond *that they do not want to work more hours* as the reason why they work part-time.

But also in Denmark, 20 per cent of the part-time workers state that they *want to work more hours*. In Norway and Sweden, sickness is the reason stated by most why they work part-time. Both Norway and Sweden have many stable part-time workers in the age group 50 to 65 years, which may contribute to explaining this factor. In Norway and Iceland, house- and care work are also important reasons for part-time jobs among women, this being the most important reason in Iceland.

Figure 7.4.18	Share of women	working part-ti	me who state v	various reaso	ns why they
	work part-time in	the Nordic co	untries, 2006,	in per cent o	of part-time



Source: EU-SILC 2006, User Data Base.

What can we deduce from this? In the Nordic countries as a whole, 21 per cent of those working part-time state that they want to work more. This is a key challenge to deal with. Data on underemployment from the Labour Force Survey in Norway show that as a share of all part-time workers, underemployment amounted to 7.8 per cent in 2008

(http://www.ssb.no/aku/). This is a much more strict definition than the one we operate with in the EU-SILC. We see that the potential and share of people wanting to work more is largest in Finland, but also in Sweden and Norway, it is a question of a considerable share of women. Another important challenge is to prepare for people with reduced capacities, sickness or disorders being able to work. The most important reason for part-time work among women in the Nordic countries is illness or disorders, and this is especially prevalent in Sweden and Norway. They are also the Nordic countries with the highest share of part-time work and where the challenges of increasing the employment from part-time to full-time are the largest. Norway is perhaps the Nordic country having the largest challenges in this field, since so many of those working part-time also work short part-time.

#### 7.4.14 Indicators Describing Characteristics of Part-Time Workers

Part-time work is a complex phenomenon that may be about both individual wishes and choices and various forms of structural tendencies. Underemployment is prevalent in some industries. From an equal opportunities point of view, economic independence and being an independent provider is an important element. Part-time workers constitute a labour potential. A set of indicators telling us something about what characterizes women working part-time over time, about how many work short and long part-time over time and provide us with figures as to how many stable part-time workers exist at any given time, as well as the reasons for part-time work, we think will provide important knowledge about the direction in which the development will take in this field in the Nordic countries compared with the rest of Europe.

Previously in this chapter on work, we have provided an overview of shares and characteristics of people who are at the edge of the labour market by being marginalized, excluded or disabled. Part-time workers are more included but not quite, and shares, characteristics and reasons for the part-time work are therefore also important. Partial connection with the labour market in the form of part-time work is better than no connection at all. In countries where an including working life is a goal, there must be room for various forms of connection with the working life in the form of part-time work and forms of connections other than full-time work. When the employment rate as a whole increases, one might say that it is also natural that the part-time share increases. These trends are seen both in the Nordic countries and in Europe. But if the employment rate stabilizes at a level or decreases, it is more problematic that the part-time share is stable or increases. To counteract the effects of the senior wave more people must work – both into the labour market and working more hours, and we need more part-time workers just working part-time for shorter periods. The stable part-time work activity where people work part-time for several years is thus a challenge at which it is important to look more closely.

## 7.5 Work Activity among Seniors

On the basis of the demographic changes which we referred to earlier and which make themselves felt not only in de Nordic countries but also in the rest of Europe, we have maintained that one of the most central challenges for the welfare states is to keep as large a part of the population in work as possible. This contributes to both the financing of welfare states and reduces the pressure on welfare schemes for people outside the working life.

What plays a considerable part in relation to the expenditure on the elderly and the disabled is especially for how long people in work remain in the labour market. (NOSOSCO 2008:101)

It is in this perspective that we are also going to look at the seniors' work activities. We are first going to describe the conditions on the basis of the available statistics before proceeding to use the EU-SILC to further illustrate this theme.

#### 7.5.1 Senior Employment and Retirement Age

As an indicator of how the various welfare models deal with employment among seniors, we have looked at the share of employed people and the average age of retiring from working life by means of statistics published by Eurostat (Table 7.5.1). Also here we use data from 2006

where available, since we analyze the year 2006 of the EU-SILC. The figures show the employed as a share of the total population of one and the same age group, so here the pensionable age of the various countries will have an effect. In the table, we have also included the difference in relation to the share of people employed in total (as shown in Table 7.1.1).

		Employ (:	ment rate 55-64 year	, seniors rs)	Diffe employme points (	erence to t ent rate. Po (ref Table	otal ercentage 7.1.1)
		Total	Men	Women	Total	Men	Women
	Denmark	60.7	67.1	54.3	-16.7	-14.1	-19.1
Nordic	Finland	54.5	54.8	54.3	-14.8	-16.6	-13.0
countries	Iceland	84.3	88.7	79.8	-0.3	0.6	-1.0
	Norway	67.4	73.1	61.6	-8.0	-5.3	-10.6
	Sweden	69.6	72.3	66.9	-3.5	-3.2	-3.8
Europe	Germany	48.4	56.4	40.6	-19.1	-16.4	-21.6
large	France	38.1	40.5	35.9	-25.7	-28.5	-22.9
countries	United Kingdom	57.4	66.0	49.1	-14.1	-11.3	-16.7
Central	The Netherlands	47.7	58.0	37.2	-26.6	-22.9	-30.5
Europe	Belgium	32.0	40.9	23.2	-29.0	-27.0	-30.8
Small	Austria	35.5	46.3	26.3	-34.7	-30.6	-37.2
Southern				••• •			
Europe	Spain	44.1	60.4	28.7	-20.7	-15.7	-24.5
	Italy	32.5	43.7	21.9	-25.9	-26.8	-24.4
	Greece	42.3	59.2	26.6	-18.7	-15.4	-20.8
Eastern							
Europe	Hungary	33.6	41.4	27.1	-23.7	-22.4	-24.0
	Czech Republic	45.2	59.5	32.1	-20.1	-14.2	-24.7
	Poland	28.1	38.4	19.0	-26.4	-22.5	-29.2

Table 7.5.1 Employment rates	among senios,	per cent of p	opulation, p	eople aged	55-64
years, Europe, 20	06				

Source: Eurostat.

In the Nordic countries, Iceland is in a class of its own when it comes to employment among seniors. The share of employed seniors is almost identical to the share of employed people in total. As to men, senior employment is even higher than what it is in total, while it is somewhat lower in respect of women. The gender difference in employment is thus higher among the seniors than the total share in Iceland. Also Sweden is characterized by a relatively high employment rate among seniors, just 3.5 percentage points lower that the total. The decrease is almost alike for both genders so that the gender difference remains stable, although Swedish senior women have 5.4 percentage points lower employment share than have senior men. In Norway, the senior employment is 8 percentage points lower that the employment rate in total, and here we see that the reduction makes itself much more felt among women than among men. The employment level is naturally related to the retirement age from the working life (Table 7.5.2). Unfortunately, we lack data for some countries concerning this indicator, among others Iceland. Of the other Nordic countries, Norway and Sweden have the highest retirement age at almost 64 years. This is almost the highest retirement age in Europe. Denmark and

Finland end up the worst of the Nordic countries in this respect. Here the employment share among seniors is 16.7 and 14.8 percentage points lower than the total employment rate, respectively. Denmark also has the lowest retirement age from working in the Nordic countries, at less than 62 years. In Finland, it is somewhat higher but still lower than in Norway and Sweden. In Denmark, we find the same pattern as in the rest of the Nordic countries in that the share of women decreases more than the share of men. In Finland, the situation is the opposite, however. Finland is the Nordic country with the smallest gender difference in the total employment rate, and among seniors there is hardly any difference at all.

Almost all other countries in Europe have a relatively lower degree of senior employment than what we find in the Nordic countries. The only exception is Great Britain, where the difference between senior employment and total employment is at about the same level as in Finland. Great Britain also has a relatively high retirement age (63.2 years). Apart from that, only Greece and Germany have less than 20 percentage points of difference between senior employment and total employment. The largest difference we find in Austria where senior employment is as much as 34.7 percentage points lower than the total employment rate. There are no completely obvious regional traits, with the exception that the Nordic countries have a high level of senior employment. Small countries in Central Europe (Belgium, The Netherlands and Austria) have relatively low levels of senior employment while there are rather large similarities between Southern and Eastern Europe. In the majority of cases, the employment rate decrease relatively more among senior women than among senior men. This can be seen from the gender difference in the employment rate increasing. As mentioned, Finland is an exception in the Nordic countries in this area in that the gender difference in reality is reducing among seniors. This also applies to Germany and Italy. The especially low retirement age found in France is also worth mentioning. This is to a high degree a result of the low pensionable age.

Retirement from working life depends on several factors. These may be both occupational structure, differences in health, economic cycles as well as possibilities of withdrawing from working life with public or private benefits ensuring an income (NOSOSCO 2008). The Nordic countries seem as a whole to maintain a high employment rate among seniors to a higher degree than other European countries. The retirement age is also relatively high, although Finland and Denmark do not differ in a European context. In almost all countries, the gender difference in employment increases when we look at seniors compared to the total employment rate, and this increase is almost at the same level in the Nordic countries compared to the rest of Europe. Here we have, however, mentioned Finland, Germany and Italy as the exceptions where the gender difference among seniors is smaller than in the total.

		Average exi	it age from lab	our force
		Total	Men	Women
Nordic	Denmark	61.9	62.5	61.3
countries	Finland	62.4	62.3	62.5
	Iceland			
	Norway	63.8	64.4	63.2
	Sweden	63.9	64.2	63.7
Europe	Germany	61.9	62.1	61.6
large countries	France	58.9	58.7	59.1
	United Kingdom	63.2	63.8	62.6
Central	The Netherlands	62.1	62.1	62.1
Europe	Belgium			
Small	Austria	61.0	61.3	60.6
Southern	Spain	62.0	61.8	62.3
Europe	Italy	60.2	60.5	60.0
	Greece	61.1	61.8	60.4
Eastern				
Europe	Hungary			
	Czech Republic	60.4	61.8	59.0
	Poland			

	Table 7.5.2	Average	exit age	from	the labou	r force,	Europe,	2006
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Source: Eurostat.

#### 7.5.2 Seniors' Main Activity

All in all, the Nordic countries therefore end up well with regard to senior employment and retirement age. This signifies that the challenge of utilizing the labour potential that lies in this group may be smaller in the Nordic countries than elsewhere in Europe. Nevertheless, on the basis of the demographic development and the need for labour in the future, we shall look at data from the EU-SILC in order to find out how seniors are included in the labour market and what characterizes seniors who are out of the labour market. We have consequently chosen to use age delimitation where we survey people aged 55 years and more as seniors. This differs somewhat from other publications (Ugreninov 2006) but corresponds to tables from Eurostat.

First, we are going to look at the main activity for seniors in the Nordic countries divided further by age as it appears from the self-reported economic activity in the EU-SILC. We have here divided the seniors into three groups. The first group is 55-59-year-olds which in all Nordic countries is the age before the usual possibilities of being pensioned occur. The next group is the 60-64-year-olds in which the pension schemes are more varied, but for large parts of this group there are possibilities of early pensioning. The third group is the 65-69-year-olds of whom the majority will have the option of retiring with pension, in most cases statutory oldage pension (NOSOSCO 2008). As reference group, we have chosen people of the age group 25-54 years. To keep the record straight, we have also included the age group 70 years and more. The majority of this group will be pensioners.



Figure 7.5.1 Self-defined economic status, seniors in the Nordic countries, 2006

Source: EU-SILC 2006, User Data Base.

The outline of Figure 7.5.1 is quite alike for all countries, with the exception of Iceland. In Denmark, Finland, Norway and Sweden, the share of people in work decreases somewhat when we compare 25-54-year-olds with 55-59-year-olds, whereas the considerable decrease occurs when we look at the 60-64-year-olds. Among the 65-69-year-olds, there is little work activity in these four countries, at a little less than 10 per cent. Norway is a small exception at 19 per cent. Iceland differs in a Nordic context by having a high work activity among seniors. In the group 55-59 years, the level is higher than among the 25-54-year-olds, while it like in the other Nordic countries decreases to some extent among the 60-64-year-olds. The most special trait of Iceland is, however, the high share of people in work of the 65-69-year-olds (55 per cent), and really also that there is a share of people in work in the group 70+ years (7 per cent).

As we have seen previously in this chapter (7.3, Figure 7.3.3c), disability first and foremost exists in the age group which we here call seniors. Basically, the share of disabled people decreases as from 65 years, and this is related to transfer to another kind of pension. In Denmark, this happens earlier than in the other countries.

#### 7.5.3 Seniors in and out of the Working Life - Gender

Further, we shall look at the relation between people in work and non-active seniors to see which conditions may contribute to seniors withdrawing from the working life. Also here we make use of self-reported economic activity, which consequently is different from employment, and we combine full-time and part-time work into one group. Figure 7.5.2 shows employment by gender among seniors in the Nordic countries. It shows a similar picture to Table 7.5.1, but slightly more nuanced. Women are to a lesser extent active than men, and the gender difference increases by and large among the seniors compared to the reference group 25-54 years. This is, however, not without any exceptions.

We have seen above that the gender difference in employment decreases among seniors in Finland (Table 7.5.1). This also applies here when we look at work activity. The activity drops relatively more among men than among women in Finland, and in the age group 55-59 years, the share of people in work is even higher among women than among men. In the group 60-64 years, a larger share of men than women is active in work, but the gender difference is smaller than in the reference group. The explanation is that a relatively large share of women work part-time but that the shares of men and women working part-time is about the same in the group 60-64 years. A similar pattern is found in Norway. A relatively large share of women in part-time work contributes to the gender difference in employment being somewhat smaller among 55-59-year-olds than in the reference group of 25-54-year-olds. As from 60 years, however, the gender difference is again larger than in the reference group, above all because the share of women working full-time decreases steeply (cf. also 7.4).

In Sweden, the share of women in full-time work decreases just a little more than the share of men working full-time when we compare the 24-54-year-olds with the 55-59-year-olds. An increase in the share of men working full-time contributes, however, to increasing the total gender difference. Among the 60-64-year-olds, the gender difference is again smaller, mostly as a result of the share of men working full-time decreasing markedly. Among the 65-69-year-olds, the work activity is low; about three in seven Swedish men are in work but just one in twenty women.

Above all, Iceland differs by having a high employment rate among seniors. It is for example almost only in Iceland that we find work activity among people of 70 years and more. Iceland has none the less a relatively larger gender difference in the work activities. In the reference group 25-54 years, it is just below 14 percentage points. It is the same in the age group 55-59 years but declines somewhat in the group 60-64 years because the share of women working part-time is rather high in this group. A characteristic of Iceland is also that men remain longer in full-time work. More than half of Icelandic men of the ages 65-69 years report full-time work activities which is unique compared with the other Nordic men. This also contributes to the gender difference in work activities in Iceland being rather high in this age group.

Denmark is above all characterized by the difference between women's and men's work activities remaining rather stable, also when we compare seniors with 25-54-year-olds. We see a marked decrease in the work activities in the group 60-64-year-olds, and relatively speaking the decline is somewhat larger among women than among men.





#### 7.5.4 Seniors in and out of the Working Life – Education

Education is highly significant to the connection with the working life, and the intend here is to see whether seniors with a high level of education have a larger participation rate than other seniors, and whether there are equal or unequal differences as to education between age groups of seniors and others. Figure 7.5.2 shows the share of people in work (full-time or part-time) by education for seniors.

If we compare the columns of equal colour for each country, the main trend will again be confirmed as to the share of people in work increasing with education. However, we shall focus more on effects of education in the age groups. Among the youngest, our reference group of 25-54 years, we see the least effect of education when we just compare shares of people in work. In Sweden and Iceland, people with tertiary education have a higher employment rate of about 6 percentage points than those with just primary education. In Denmark, the difference is 8 percentage points, in Norway 11 and in Finland 13 percentage points. If we look at the same difference for the age group 55-59 years, it is larger in all the countries. In Iceland, it is just marginally larger, while there in Norway is 28 percentage points' difference in work activity between those with tertiary education and those with primary education. The difference has also increased considerably in Denmark (24 percentage points), Finland (20 percentage points) and Sweden (14 percentage points). The effect of education is further enhanced when we look at the age group 60-64 years. In this age group, there are also large differences in Iceland, where those with tertiary education have 24 percentage points' higher work activity than those with basic education. The largest difference is all the same found in Denmark at 40 percentage points. In Norway, the difference is 35 percentage points, while Finland and

Source: EU-SILC 2006, User Data Base.

Sweden are at about the same level as Iceland. The conclusion is thus that the positive effect of education is stronger among seniors than in the reference group 25-54 years, and that it is enhanced the older we get. It is therefore first and foremost those with a low level of education who are outside the working life, which may be connected with the professions in which they used to work.





Source: EU-SILC 2006, User Data Base.

#### 7.5.5 Seniors in and out of the Working Life - Health

Again we focus on work activity and shall see how it varies with self-evaluated health and working capacities among the seniors. Figure 7.5.4a shows work activity according to self-evaluated health. Again we can ascertain that the general connection is as expected, i.e. that the work activity decreases with a negative evaluation of one's own health. The question is whether this connection is stronger among the seniors than in our reference group of 25-54-year-olds. Among the seniors 55-59 years, it first and foremost looks as if it may be the case in Finland, Norway and Sweden. In Iceland, we first see this effect for the age group 60-64 years, while in Denmark it looks as if self-evaluated health affects the participation rate independent of age. This type of figures has, however, obvious limitations, and to isolate the effect of health we have carried though a multivariate analysis (cf. 7.5.6).



Figure 7.5.4a Employed by general health and age in the Nordic countries, per cent, 2006

Source: EU-SILC 2006, User Data Base.

Figure 7.5.4b shows work activity by limitations in activities. Again we must point out that Denmark has been excluded when we look at limitations in activities. Also here the main trend is of course fixed – the share of people in work decreases with an increase in limitations. The simplest thing to do is to compare the youngest seniors (55-59 years) with the reference group 25-54 years as the participation rate in both groups is high to begin with. Also in the reference group the participation rate decreases quite a lot with limitations in activites, most in Norway where the difference in the participation rate among those with strong limitations and those without limitations is 58 percentage points. But in all four countries, the participation rate decreases even more with limitations in activities among the 55-59-year-olds. Once more, this is most evident in Norway, where 94 per cent of the 55-59-year-olds without limitations are active in work, 59 per cent of those with limitations and only 19 per cent of those with strong limitations. There is thus a difference of 75 percentage points between those with no and those with a highly reduced working capacity. In the three other countries, the tendency is the same, but here the differences are from 53 (Finland) to 58 (Sweden and Iceland) percentage points. Able-bodied 55-59-year-olds are thus very active in work but leave working life to a higher degree than younger people when the working capacity is impaired. Besides, once more we see that Iceland differs from the other countries in that the effects make themselves felt in the higher age groups. In Iceland, we find the same strong effect of limitations in activites among the 60-64-year-olds as we found among the 55-59-year-olds in Norway. In Finland, Norway

and Sweden, it is more difficult to compare the 60-64-year-olds with the reference group as the participation rate is much lower to begin with. With even a low starting point, the participation rate decreases steeply with limitations also in this group. In the group 65-69 years, which to begin with is little active in work with the exception of Iceland, we also see that the share nonetheless decreases with limitations.





Source: EU-SILC 2006, User Data Base.

#### 7.5.6 Seniors out of the Working Life – What Increases the Possibility of Work?

To get a clearer picture of how various conditions affect the probability of seniors to be active in work, we have carried out a logistic regression (see box above on this method) from which it appears how gender, age, education, living alone as well as self-evaluated health affect the probability of seniors being active in work. We have used the same age groupings as in the sections above and carried out the analysis for people aged 55-69 years only. The reference group is men, 55-59 years, higher education, not living alone and in good health. Table 7.5.3 shows the result of the regression in the form of significant odds ratios; detailed findings can be found in the tables in the appendix. All variables and values render significant results.

In all the countries, women have a lower probability of being active in work, checked for the other variables. Naturally, age also has an independent effect among seniors. The older one gets, the lower the probability of being active in work. The effect of age is stronger than the

effect of gender in all the countries, but in Iceland, the effect only becomes really strong after the age of 65 years.

It is possible that the effect of education decreases with age in that work experience becomes more important later on in one's career. On the other hand, education may be significant in respect of the type of profession in which one works and high education may mean that one works in less strenuous professions which make it easier to remain in work for a long time. We also see that education has en independent effect on the probability of being a senior active in work in all the Nordic countries. People with primary and secondary education are less likely to be active in work than are people with tertiary education. Age does thus not offset the effect of education. The effect of a low level of education is almost just as negative in Denmark, Finland and Norway. In Sweden, it is somewhat weaker, while education has the least effect in Iceland. Moreover, there is hardly any difference in Iceland between primary and secondary education.

Living alone may be a reflection of other conditions, but in addition it has an independent negative effect on the connection with the labour market for seniors in all the Nordic countries.

In this analysis, we have used self-evaluated health as a variable and not limitations in activities because we would have been unable to include Denmark. In all the countries, impaired health has a distinct negative effect on the likelihood of being a senior active in work, and together with age, this is what gives the strongest effect in all the Nordic countries. Besides, it increases with the degree of impaired health in all the Nordic countries.

	Denmark	Finland	Iceland	Norway	Sweden
Woman	0.52	0.84	0.41	0.65	0.64
60-64 years	0.14	0.26	0.60	0.31	0.38
65-69 years	0.02	0.02	0.10	0.03	0.02
Primary education	0.30	0.39	0.64	0.35	0.54
Secondary education	0.51	0.42	0.61	0.50	0.61
Living alone	0.67	0.55	0.79	0.61	0.80
Fair health	0.39	0.74	0.30	0.36	0.24
Bad health	0.08	0.17	0.04	0.07	0.07

Table 7.5.3 Logistic regression, probability of being employed full-time or part-time, people 54-69 years in the Nordic countries, 2006

Source: EU-SILC 2006, User Data Base.

Reference group: Men, 55-59 years, higher education, not living alone, in good health.

#### 7.5.7 Seniors in Europe

As a kind of measurement of how different countries succeed in maintaining a high degree of work activity among seniors, we shall look at seniors aged 55-64 years and compare them with the group of 25-54-year-olds. Figure 7.5.5a shows the total share of people that defines themselves as being active in work (full- or part-time). In the interpretation of this Figure, we take into account the difference in work activities between 25-54-year-olds and seniors.

All in all, the Nordic countries end up well. Iceland takes a special position with a high share of active seniors and no difference in relation to the 25-54-year-olds. Also Estonia ends up relatively well with a high share of active seniors and little difference in relation to the 25-54-year-olds. Also Great Britain and Latvia end up rather well, but here the difference between senior activity and work activity among the 25-54-year-olds is somewhat larger.



Figure 7.5.5 Employment rate, 25-54 years and seniors 55-65 years, Europe, 2006

Source: EU-SILC 2006, User Data Base.

## 7.6 Short Summary - Work

#### 7.6.1 Marginalization, Exclusion and Disability

In this chapter on labour-market and employment, we focused in the first part on three different phenomena as measures for tenuous connection with the labour market. We have looked at marginalization, exclusion and disability. When we look at the total shares of marginalized, excluded and disabled people in the Nordic countries, Finland ends up with the highest share. In addition to looking at the total shares, we have looked at how gender, age, education, types of households, health and country of birth influence the connection with the labour market.

The findings suggest that women on average are more exposed to marginalization than are men. This applies in all the Nordic countries. Generally, women are also more exposed to exclusion which consequently entails an even more tenuous connection with the labour market than does marginalization. The largest gender difference we find in Norway. Disability is also something which affects women more often than men. We find the most significant result in Norway where there is a difference of 2.7 percentage points between the genders. Of the Nordic women, Norwegian women are most at risk of becoming disabled.

Furthermore, young people in Finland are very much exposed to marginalization, and the share decreases below 5 per cent only at age 44 years.<sup>21</sup> Also in Norway and Sweden, we find the highest shares of marginalized people among the youngest people, even though the result is not as clear as in respect of Finland. The shares of excluded people do not vary as much by age while disability naturally shows a clear connection with age. The share of disabled people increases in all the Nordic countries from the beginning of the 50s.

In Finland, Iceland, Norway and Sweden, those with the lowest level of education are most exposed to marginalization. In Denmark, education is not important to marginalization. It seems, however, that exclusion and education are interconnected, also in Denmark. The connection between disability and education is more indirect and should be seen in connection with both age and profession.

Single parents are most exposed to marginalization in all the Nordic countries with the exception of Denmark, and it is an obvious conclusion that care work may be one of the reasons. It may also explain why relatively high shares among those belonging to couples with children are exposed to marginalization. In Denmark, this is the most exposed group. Single providers are also exposed to exclusion, and here the tendency is unambiguous in all the Nordic countries. As to disability, the tendency is quite different than in respect of marginalization and exclusion. Generally, we can say that people living alone recur as an exposed household type in all the countries.

All in all, we see that a tenuous connection with the labour market is clearly connected with self-evaluation of health in all the Nordic countries. It may seem that health plays the smallest part in Sweden, whereas it is most significant in Iceland and Denmark. This may be interpreted as indicators for how including the working life is.

When we compare people born in the Nordic countries with people born in the EU countries or outside the EU, people born in the Nordic countries are least exposed to marginalization and exclusion of the three groups that we are analyzing. In Finland, Norway and Sweden, it is general that people born outside the EU have the biggest problems as to connection with the labour market. When it comes to disability, the picture looks slightly

<sup>&</sup>lt;sup>21</sup> This may partly be explained by military service, but we should bear in mind that marginalization requires a combination of work activity and unemployment or inactivity in the course of one year. On this basis, we assume that military service does not affect the share to any considerable degree.

different. In Finland, people born in the country are most exposed to disability, whereas there in Norway is hardly any difference between the groups. Also in Denmark, the differences are relatively small, but people born outside the EU are most at risk, and people born in the EU least at risk. In Sweden, people born in the EU are most exposed to disability.

If we compare the Nordic countries to the rest of Europe, the Nordic countries end up well when it comes to marginalization and exclusion. We can therefore maintain that labour marginalization is not a particularly large challenge to the Nordic welfare state compared with others, with the exception of Finland. The Nordic countries also have the lowest shares of excluded people among all the European countries for which we have data. Also Finland, which differs in the Nordic context, has lower shares than all of the other countries. High shares of people who are disabled or in no condition to work are not a particularly Nordic challenge either, but nonetheless the Nordic countries end up worse in a European context in this respect.

#### 7.6.2 Part-Time Work

A fourth phenomenon connected with inclusion in the labour market is part-time work. The Nordic countries are characterized by a generally high employment rate, and the level of employment is among the highest in Europe. Simultaneously, the Nordic countries have a high part-time share compared with the rest of Europe, and it is primarily women who work part-time. This part of the chapter on work consequently took a closer look at women and part-time work. What characterizes women who work part-time? How stable is this part-time labour force and which reasons for working part-time do the women state?

In the Nordic countries, there are most women working part-time in Norway and Sweden. If we take a closer look, long part-time work is most common in the Nordic countries, but in Norway, many also work short part-time. In Finland, Iceland and Sweden, it is the youngest of those active in work who work part-time to the highest extent. In Sweden and Norway, however, also a large share of the oldest women works part-time.

Work activity is interconnected with level of education, and we see that whether women work part-time also depends on their level of education in all the Nordic countries, with the exception of Denmark where the education differences among those working part-time are small. Apart from this, the share of women working part-time is highest among those with primary education.

Furthermore, it seems that the number of children is significant for women's use of parttime work. The more children the higher the probability that women work part-time.

There are also more women working part-time among those who evaluate their health to be poor. As to many in poor health, it thus seems as if part-time work may be a strategy to continue one's participation in working life. Iceland and Denmark are the countries with fewest working women in poor health. In Iceland, these women primarily work full-time while almost half of the women in poor health in Denmark work part-time.

Which occupations women have and which industries they work in is significant for their working full-time or part-time. There are most women who work part-time in the group service workers and shop and marked-sales workers and in elementary occupations. The industry that differs in having high part-time shares is health and social work.

Furthermore, we have taken a closer look at the duration of part-time work among women. We see that most of the women working part-time at the time of the interview also were parttime workers all of the previous year. There are fewest stable part-time workers among women in Finland. We found, however, that part of the women working part-time at the time of the interview had not worked part-time at all the previous year, most in Iceland, Denmark and Norway. Most of these women worked to a large extent full-time the year before. It thus looks as if we have a large share of stable part-time working women in the Nordic countries that have part-time work as their main activity for several years, but that we in addition have a smaller group of women who for various reasons choose to reduce their work activities. It may be a challenge to change the pattern of high degrees of part-time work when we see that the use of part-time work is so stable.

So what are the reasons for women working part-time? In Finland, many part-time workers are *receiving education*. Many of those who work part-time *want more work*. There are more young people who work part-time in Finland, and this may imply that being part-time is a more temporary way of working in Finland compared with the other Nordic countries. In Denmark on the other hand, most women state *that they do not want to work more* as the reason why they work part-time. But also in Denmark, 20 per cent of the part-time workers state that they want to work *more*. In Norway and Sweden, sickness is the reason stated by most why they work part-time. Both Norway and Sweden have many stable part-time workers in the age group 50 to 65 years, which may contribute to explain this. In Norway and Iceland, home making and care work are important reasons for part-time jobs among women; in Iceland, it is the most important reason.

Why is it important to follow indicators describing part-time work? Part-time workers make up a labour-force potential. A set of indicators telling us something about what characterizes part-time working women over time, which tells us something about how many women work part-time for short or long periods over time and gives us figures as to how many stable parttime workers there are at any given time, as well as the reasons for part-time work, we think shall render important knowledge as to the direction in which the development goes in this area in the Nordic countries compared with the rest of Europe.

Part-time workers are more included than are the marginalized, excluded and disabled but not quite included, and studying characteristics, duration and reasons for part-time work among women may be important. Partial connection with the labour market in the form of part-time work is better than no connection with the labour market. In countries where an including working life is a goal, there must be room for various forms of connections with the working life. When the employment rate as a whole increases in a country, one might say that it is also natural that the part-time share increases. But if the employment rate stabilizes at a certain level or if it decreases, it is more problematic that the part-time share is stable or increases. To counteract the effects of the senior wave, more people must work – both into the labour market and working more hours, and we need more part-time workers who just work part-time for shorter periods. The stable part-time employment activity where people work part-time for several years is thus a challenge which it is important to keep an eye on.

#### 7.6.3 Work Activity among Seniors

In the Nordic countries, Iceland is in a class of its own when it comes to employment among seniors. The share of employed seniors is almost identical to the share of employed people in total. Finland is the Nordic country with least gender difference in the total employment, and among the seniors there is hardly any difference at all. The Nordic countries seem as a whole to maintain a high employment rate among seniors to a higher degree than other European countries

If we take a closer look at the work activity in different age groups of seniors, we see that the participation rate only starts falling considerably among the 60-64-year-olds. Among the 65-69-year-olds, there are few people in work left, a little less than 10 per cent. Norway is an exception at 19 per cent, while Iceland differs in a Nordic context by having a high work activity among all seniors. Nevertheless, Iceland has a relatively large gender difference in the work activity and our data show that women are to a lesser extent active in work than are men,

and by and large the gender difference among seniors increases compared with the reference group 25-54 years.

A high level of education has a stronger effect on the work activity among seniors than in the reference group of 25-54-year-olds, and the effect is enhanced with age. It is thus first of all those with a low level of education who are out of the working life which may be connected with the type of profession they have worked in earlier.

The work activity among seniors decreases with a negative evaluation of one's health and the share of people in work decreases with limitations in activities due to health. Able-bodied 55-59-year-olds are to a very high degree active in work but withdraws from the working life to a higher degree than younger people when the limitations are reported. Again we see that Iceland differs from the other countries in that the effects make themselves felt in somewhat higher age groups. Living alone is also significant to the work activity among seniors; fewer seniors living alone are active in work than seniors who do not live alone.

#### **Chapter 8**

# Health

Health is a personal, individual experience that affects a person's everyday life, the possibilities of participating in the labour market, in cultural events and in social life in general. At the same time, the individual's health is a product of society. Work, class relations and social patterns affect health and the state of health throughout life.

In the decades to come, an ageing population will increase pressure on public finances. With a continuation of today's degree of coverage and use of resources per user, also the expenditure on, among other things, health and care will increase. An improved standard of living will also increase the expectations and demands on the quality of the public services (Perspektivmeldingen, 2009). In Chapter 3, we have shown the social expenditure in various countries. Especially when it comes to expenditure on the disabled, the Nordic countries show relatively high degrees of expenditure. The expenditure on the disabled is often connected with persons of working age and will thus contribute to limiting the accession of labour and consequently also the creation of value and to increase public expenditure. It is thus a key challenge to limit early pensioning and early retirement from the working life by way of health-related social protection schemes (ibid.).

## 8.1 Healthy Life Years

The share of elderly in the population is increasing, and the life expectancy is also increasing (cf. Chapter 4). One of the challenges to the welfare state will – as we have previously touched on – be to have a larger part of the population work longer and to avoid early retirement from the working life. The organization of the various pension and support schemes can influence this. In addition, the general state of health of the population will influence the option of working longer, and at the same time the state of health will affect the population's use of health and care services.

In this context, expected years in good health will be an indicator of the state of health of the population that will tell us something about how large the challenges to the health sector will face due to the demographic changes. We will look at two such indicators: healthy life years at birth and at age 65 years.<sup>22</sup> Both these indicators have been calculated partly on the basis of the EU-SILC, and as shown in Norman and Rønning 2008, there may be challenges related to the comparison of health data from the EU-SILC. We must therefore take care not to draw conclusions that are too definite on the basis of this indicator.

<sup>&</sup>lt;sup>22</sup> The indicator Healthy Life Years (HLY) states the number of years in which a person may expect to live in good health. HLY is an indicator on health expectations that combines information on both mortality and morbidity. Required data are age specific levels of good and ill health and age specific mortality data. A good health is defined as absence of limitations on daily activities/activity limitations. The indicator is calculated separately for men and women and may also be called expected years of good working capacity.

	Men	Women	Difference men-women
Denmark	67.7	67.1	0.6
Finland	52.9	52.7	0.2
Iceland	68.3	65.3	3.0
Norway	65.7	63.4	2.3
Sweden	67.1	67.0	0.1
Germany	58.5	58.0	0.5
France	62.7	64.1	-1.4
United Kingdom	63.2	65.0	-1.8
The Netherlands	65.0	63.2	1.8
Belgium	62.8	62.8	0.0
Austria	58.4	60.8	-2.4
Spain	63.7	63.3	0.4
Italy	65.8	67.0	-1.2
Greece	66.3	67.9	-1.6
Hungary	54.2	57.0	-2.8
Czech Republic	57.8	59.8	-2.0
Poland	58.2	62.5	-4.3

#### Table 8.1.1 Healthy Life Years at birth, by gender, 2006

Source: Eurostat (EU-SILC).

	Men	Women	Difference men-women
Denmark	12.6	14.1	-1.5
Finland	6.1	7.4	-1.3
Iceland	13.6	12.8	0.8
Norway	12.4	11.9	0.5
Sweden	12.9	13.9	-1.0
Germany	7.7	7.3	0.4
France	8.6	9.5	-0.9
United Kingdom	10.3	11.1	-0.8
The Netherlands	10.9	11.2	-0.3
Belgium	9.5	9.8	-0.3
Austria	7.0	7.5	-0.5
Spain	9.9	9.4	0.5
Italy	9.4	9.7	-0.3
Greece	10.1	10.2	-0.1
Hungary	5.0	5.5	-0.5
Czech Republic	6.7	7.1	-0.4
Poland	7.2	8.1	-0.9

#### Table 8.1.2 Healthy Life Years at age 65 years, by gender, 2006

Source: Eurostat (EU-SILC).

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Denmark ends up the best both of the Nordic countries and the rest of Europe, both in respect of the indicator at birth and at age 65 years Finland ends up at the bottom in both cases. Some of this, in particular the fact that Denmark ends up in such a good position, may be due to the variation in measuring the state of health which is included in the definition of the indicators. The most apparent difference concerns gender. Men may expect most years in good health at birth in the Nordic countries, while women may expect most years in good health in the rest of Europe. The exceptions are the Netherlands and Spain (to a minor extent) where the gender difference points in the same direction as in the Nordic countries. If we proceed to look at healthy life years at age 65 years, we find a more distinct pattern, however, with the Nordic countries at the top (again with the exception of Finland). Great Britain and the Netherlands also end up well together with the Southern European countries. The gender differences are on average smaller at age 65 years than at birth, and their directions are more varied.

## 8.2 Self-Evaluated Health, the Chronically Ill and Limitations in Activity

An alternative way of approaching the problem of health is to look at how the population evaluates its health, the occurrence of illness and the possibility of functioning. The EU-SILC includes questions about self-evaluated health, chronic illness and limitations in activity that indicate the population's state of health and the potential of increasing or avoiding a reduction of the employment rate in the years to come.

It is important to include in the evaluation of the results that self-evaluated opinion on health, disease and limitations is a subjective perception and thus may vary in respect of what is regarded as "normal" for a group or in a country. The indicators will not reveal anything about actual occurrences of different diagnoses in the various countries and small disparities are not necessarily an expression of actual health differences.



Figure 8.2.1 General health, by country, people aged 16 years or more, in per cent, 2006



Figure 8.2.1 shows how many people regard their health as being good, neither good nor bad (labelled fair) or as being bad. Most people regard their health as being good and there are no big differences between countries. Iceland differs in that 82 per cent regard their health as being good while in Finland only 69 per cent respond that they regard their health as being good. The relatively low share in Finland is counteracted by a higher share (21 per cent) responding that they regard their health as being neither good nor bad.

In the EU-SILC, respondents are also asked about long-term illness or condition. This is referred to here as chronic illness.



Figure 8.2.2 Chronic illness or condition, by country, people aged 16 years or more, in per cent, 2006

Source: EU-SILC 2006, User Data Base.

Iceland, which had the highest share of good health, also has the lowest share reporting chronic illness. Similarly, Finland that had the lowest share of good health has the highest share of chronic illness. In Denmark, Norway and Sweden, the share of chronically ill people varies between 30 and 35 per cent.

The shares of limitations in activities vary in part quite a lot between the Nordic countries.<sup>23</sup> The highest share of limitations is found in Finland.

<sup>&</sup>lt;sup>23</sup> In the EU-SILC, limitation in activities is defined as people with long-term illness or disorders, effects of injuries or reduced capacities responding that they experience limitations in their daily activities and that the limitations have lasted for six months or more. Finally, the activity limitation is graded on the basis of how extensive the limitations feel. Denmark has not made use of a grading of activity limitations prior to 2008. As the respondents have not been offered a grading of their limitations in their daily activities, the threshold for reporting limitations may become somewhat higher, and this may in part explain why the share of people with activity limitations is low in Denmark compared with the other Nordic countries (Normann and Rønning, 2008). Denmark has therefore not been included in the figures showing activity limitations.





### 8.2.1 Gender Differences

Although the majority of respondents report good health, there are some gender differences. From other studies and statistics we have previously seen that women report worse health than men. The EU-SILC confirms this picture and shows that the share of men who evaluate their health as being good is higher than the share of women in all the Nordic countries. The share of women who evaluate their health as being poor is highest in Norway and Finland where almost 11 per cent are in poor health. The lowest share of women in poor health is found in Iceland at 6 per cent. The difference between women and men who are in poor health is largest in Iceland and Norway at 3 percentage points and smallest in Finland at 1 percentage point.

Source: EU-SILC 2006, User Data Base.



Figure 8.2.4 General health by country and gender, people aged 16 years or more, in per cent, 2006

Gender difference also appears in questions connected with chronic illness. Women report chronic illness to a higher degree than men do. The highest share of women with chronic illness is found in Finland at 46 per cent and lowest in Iceland at 27 per cent. In Denmark, Norway and Sweden, the share of women is just below or above 35 per cent. The largest difference between women and men is found in Denmark and the smallest gender difference is found in Sweden.

Source: EU-SILC 2006, User Data Base.



Figure 8.2.5 Chronic illness or condition by country and gender, people aged 16 years or more, in per cent, 2006

Source: EU-SILC 2006, User Data Base.



Figure 8.2.6 Limitations in activities by country and gender, people aged 16 years or more, in per cent, 2006

Source: EU-SILC 2006, User Data Base.

There is also a higher share of women than of men suffering from activity limitations. Finnish women have a higher share both in respect of strong limitations and limitations, respectively. Icelandic women have the lowest share of strong limitations while Sweden has the lowest share of women with limitations.

#### 8.2.2 Age Differences

Health and diseases are related to age. The older one gets, the more diseases and ailments one usually has to endure The figure shows that especially those over 70 years report poor health, and the share is largest in Finland where 29 per cent of the 70+-year-olds evaluate their health as being poor. The most "fit" ones over 70 years are found in Sweden where only 11 per cent evaluate their health as being poor. From the figure, it also appears that in order to find more than 10 per cent who report poor health we must look to the 50+-year-olds for most of the Nordic countries. In Sweden, it is only after the age of 70 years that the share in poor health exceeds 10 per cent, and in Iceland after the age of 60 years.

We get the same impression when we break down the shares of the chronically ill and those with limitations in activities by age groups. It is the oldest age groups that report chronic illness. The share is highest for those over 70 years in Finland where 79 per cent suffer from a chronic disease. In Iceland, 42 per cent of the over 70-year-olds respond that they suffer from a chronic disease.

This figure shows, as is the case with chronic diseases and self-evaluated health that it is the oldest age groups that report limitations in activities, and this applies in particular to the oldest age groups in Finland. Of the 70+-year-olds in Finland, more than 65 per cent report that they

have strong limitations or limitations. In Norway, the share is also relatively high at about 40 per cent of the 70+-year-olds who report strong limitations or limitations. In Sweden and Iceland, this share exceeds 30 per cent. In Finland, the share with highly or somewhat reduced capacities exceeds 30 per cent already from the age of 40 years, which is not the case in the other Nordic countries. The same applies to Norway in respect of the 60+-year-olds and only to the 70+-year-olds in Iceland and Sweden.





Source: EU-SILC 2006, User Data Base.



Figure 8.2.8 Chronic illness or condition by country and age, people aged 16 years or more, in per cent, 2006

Source: EU-SILC 2006, User Data Base.





Source: EU-SILC 2006, User Data Base.

### 8.2.3 Gender and Age Differences

In the sections above, we have demonstrated that women more often than men report poor health, and that the oldest age groups are more often in poor health. It might be interesting to look at these variables combined to see whether gender differences distribute themselves in the same way in different age groups or whether gender differences are related to certain age groups. Figure 8.2.10 below shows the difference between women and men who have reported poor health. In many of the age groups, gender differences are not especially large but on average a larger share of women than men in almost all age groups report poor health. In Iceland, (who has a relatively small share in poor health) it is in particular evident in age groups over 60 years. There, the difference between women and men is 7 percentage points for those between 60 and 69 years, and 10 percentage points for those over 70 years. Also in Norway, there is a relatively large difference between women and men over 70 years, of which 21 per cent of the women report poor health as against 15 per cent of the men.



Figure 8.2.10 Bad general health, difference between women and men in poor health, people aged 16 years or more, in percentage points, 2006

Gender differences appear even more clearly when it comes to chronic illness. In Denmark, the differences are between 5 and 10 percentage points for all age groups with the exception of the youngest ones. In Iceland and Norway, the differences become especially clear for the oldest age groups in which a larger share of women report chronic illness. In Finland and Sweden, this is not as significant.

Source: EU-SILC 2006, User Data Base.

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Figure 8.2.11 Differences between women and men with chronic illness or condition by age groups, people aged 16 years or more, in percentage points, 2006

Source: EU-SILC 2006, User Data Base.

We get a similar picture when we use the indicator for limitations. A larger share of women than men of all age groups report strong limitations or limitations. In Iceland and Norway, it looks as if differences increase with age whereas the picture is not as clear for Finland and Sweden.



Figure 8.2.12 Strongly limited or limited in activities, differenced between women and men, people aged 16 years or more, in percentage points, 2006

Source: EU-SILC 2006, User Data Base.

To sum up we can say that it looks as if gender differences when it comes to poor health, chronic illness and activity limitations increase with age in Iceland and Norway, whereas the pattern is not as distinct in the other Nordic countries.

#### **8.2.4 Education Differences**

In the publication "Utdanning og helseulikheter" (2008) (Education and health disparities), Elstad has surveyed more recent Nordic research on the coherence between education and health. A common way of describing disparities is to demonstrate how the state of health varies with education. Such surveys often show that there on average are fewer health problems and lower mortality rates the higher up in the education hierarchy one gets. Elstad refers to several studies and concludes that it will be safe to say that there has been a tendency over the past ten years towards education differences in the mortality in Norway all in all having increased, mainly relatively speaking but also to some extent in absolute terms. It seems that this is the case with some variations in many European countries.

There are also several studies showing that use of health services among people who to begin with have the same need for that service varies with social status. The use of health services increases with increasing social status, and then in particular with an increasing level of education (Jensen, 2009).

Figure 8.2.13 shows larger shares in good health among those with tertiary education compared with those with primary or secondary education. This applies in all the Nordic countries. The highest share in good health among those with tertiary education is found in Iceland and the lowest share in Finland. If we proceed to look at those who have evaluated their health as being poor, we find that although the share in poor health is relatively small, there is a larger share with only primary education reporting poor health compared with other education groups.



Figure 8.2.13 General health by education and country, people aged 16 years or more, in per cent, 2006

Source: EU-SILC 2006, User Data Base.

We get the same impression when we look at those reporting chronic illness. The shares vary between the Nordic countries but in general those with lower education show a higher share with chronic illness, and the share with chronic illness decreases with a higher level of education. If we take a look at limitations in activities, we see that those with lower education to a higher degree report high or reduced capabilities.


Figure 8.2.14 Chronic illness or condition by education and country, people aged 16 years or more, in per cent, 2006





### 8.2.5 Work Activity

Also among people in poor health, with chronic diseases or limitations in activities, we can find varying connections with the labour market. A person can work full-time or part-time, be an old-age pensioner, disabled, fulfilling domestic tasks or otherwise inactive. For those evaluating their health as being poor, the share of people with limitations in activities lies between 40 and 50 per cent in all the Nordic countries.

Figure 8.2.16 shows, not surprisingly, that a higher share with good self-evaluated health is active in work compared with those who report poor self-evaluated health.<sup>24</sup> The share in good health and at the same time in work is over 80 per cent in all the Nordic countries. Simultaneously, a considerable share evaluates their health as being poor and is all the same active in work. This share varies somewhat between the countries from 31 per cent in Denmark to 46 per cent in Sweden. Amendments to the rules and the introduction of activity requirements in the sickness benefit schemes in Sweden may have contributed to a higher share of people in work in Sweden. The figure also shows that there is a higher share of men in work than there are women, irrespective of how their health is evaluated.

<sup>&</sup>lt;sup>24</sup> The activities have been divided into two categories where full-time work and part-time work is calculated as being "active in work", whereas the remaining activities (old-age pensioner, disabled, home maker and otherwise inactive) form part of "non-active in work".



Figure 8.2.16 Employment by general health and gender, people aged 20-64 years, 2006



A closer look at those active in work shows that those in good health to a higher degree work full-time than those who evaluate their health as being poor. Over 70 per cent of the people in work who are in good health work full-time, whereas the corresponding share of those in bad health is between 20 and 30 per cent. The differences for those working part-time do not vary to the same extent with the state of health. Although the share that works part-time varies between the countries – the shares do not vary with the state of health. In Denmark, 11 per cent of those in good health work part-time as well as 10 per cent of those in poor health. Finland, Iceland and Norway have on average the same shares. Sweden differs by having a higher share that works part-time, 17 per cent of those in good health and 22 per cent of those in poor health. This presumably gives an indication of the fact that in the choice between full-time and part-time not only the state of health plays a part but also other conditions such as the possibility of combining children with work.



Figure 8.2.17 General health and employment, people aged 20-64 years, in per cent, 2006

We also get the same picture if we use the variables for chronic illness or limitations in activities. A higher share of those with no chronic illnesses or no limitations are in work, but the share who works part-time does not vary to the same extent as the share that works full-time with a chronic disease or limitations in activities.



Figure 8.2.18 Chronic illness or condition by country and employment, persons 20-64 years, in per cent, 2006

Source: EU-SILC 2006, User Data Base.



Figure 8.2.19 Limitations in activity by country and employment, people aged 20- 64 years, in per cent 2006<sup>25</sup>

If we take a closer look at whether there are differences between women and men who are in work when it comes to full-time work and part-time work, we find that men to a higher degree than women work full-time – this applies irrespective of how their health is evaluated (cf. Chapter 7, 7.4). The share of men in good health and full-time work is high – it varies from 76 per cent in Iceland to 67 per cent in Denmark, while the corresponding share for women varies from 45 per cent in Sweden to 54 per cent in Finland. There is a small share of men in good health who works part-time. With the exception of Sweden where 6 per cent of men in good health work part-time, the share is less than 3 per cent in the other Nordic countries. Sweden also has the highest share of women in good health who also work part-time at 23 per cent; in the other countries, the share is between 12 and 15 per cent.

Men in poor health also report that they work full-time to a higher degree than women in poor health. The highest share is found in Norway where 31 per cent of men in poor health work full-time as against 11 per cent of the Norwegian women in poor health. In the other Nordic countries, the share of men in poor health who work full-time varies from 15 per cent in Finland to 23 per cent in Sweden.

Accordingly, the shares of women in poor health and with full-time work are between 9 and 11 per cent for all the countries.

Gender differences become small when we look at those in poor health who work part-time, with the exception of Iceland. In Iceland, 13 per cent of men in poor health work part-time, while the same is true for 5 per cent of women. Sweden has the highest share in poor health who works part-time, but there is no gender difference – the share is 14 per cent for both genders.

Source: EU-SILC 2006, User Data Base.

<sup>&</sup>lt;sup>25</sup> The Finnish figures show an almost extraordinary high share with limitations in activities who are in work compared to other countries. We have not tried to find detailed explanations for the cause of this factor. One explanation may be that Finns generally report larger health problems than do others.



Figure 8.2.20 General health and full-time work by gender, people aged 20-65 years, 2006





Source: EU-SILC 2006, User Data Base.

#### 8.2.6 Education and Work Participation

We have previously demonstrated that those with higher education more often evaluate their health as being good, and we have also seen that those in good health are more often in work. We shall now take a closer look at a combination of education, work activities and selfevaluated health. In order not to get too few answers for each category, we have here combined those in poor health and those in neither good nor poor health and called it impaired health. When we are going to take a look at this, it is important to take into consideration that the work activity is lower for people with a low level of education than for people with a high level of education, irrespective of health. In Figure 8.2.22, we have thus calculated how large a difference there is in the work activities when we compare people in good and impaired health in the two education groups. The difference is expressed in percentage points. In all the Nordic countries, impaired health results in a larger drop in the work activity among people with a low level of education than among people with a high level of education. The largest difference are found in Norway where the share of people in work among those with a low level of education is 33 percentage points lower for those with impaired health compared with those in good health. Among people with a high education level, the difference is only 11 percentage points. The smallest differences among the education groups are found in Iceland and in Denmark. Especially as to Denmark, the share of people in work decreases quite considerably with impaired health also among people with a high education level (18 percentage points), whereas the effect in Iceland of health relatively speaking is smaller than in the rest of the Nordic countries, both in respect of those with a low and those with a high level of education.

In Sweden and Norway, where the share of people in work is reduced the most for those with a low education level, we also find the highest shares of people in work with a low education level and in good health (89 and 86 per cent). This may mean that those with a low level of education generally have quite good possibilities in the labour market, and that the large effect of health is thus due to the high starting point. This may be an explanation to the share of people in work decreasing so much when their health is impaired. But it does not apply to Denmark where the share also decreases a lot but where the share of people in work with a low level of education and good health is relatively low in a Nordic context (80 per cent).

If we look at the share of people in work among those with a low education level and in impaired health, this is highest in Iceland (65 per cent), although Icelanders with a low level of education and good health are not especially active in work in a Nordic context (81 per cent). Finland ends up relatively better in a Nordic context if we look at those with a low education level and in impaired health as against those with a low education level and in good health. Finns with a low education level and in good health are not very active in work (78 per cent), but the reduction on account of impaired health is relatively speaking smaller than in Denmark, Sweden and Norway.



Figure 8.2.22 Reduction in employment in percentagepoints due to general health by education, people aged 20-64 years

Source: EU-SILC 2006, User Data Base.

This thus shows that the negative effect that health has on the connection with working life is enhanced by a low level of education, but there is differences in the effect it has in the various countries. The same picture appears when we look at the share of people who are disabled (Figure 8.2.23). Again we see that this enhancing effect is largest in Norway. The share of disabled people with a low education level and in impaired health is as much as 29 percentage points higher than among people with a low education level and in good health. The corresponding difference for those with a high education level is 12 per cent. Also in Sweden and Finland we find an effect at this level, while differences between education groups are smallest in Iceland and Denmark. As to Denmark, this is again due to the share of disabled among those with a higher level of education also increasing quite a lot when health is impaired, whereas in Iceland the share of disabled among those with a low level of education increases less than in the other Nordic countries.

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Source: EU-SILC 2006, User Data Base.

In our context, we regard this as indicators describing exclusion or inclusion in the labour market. The fact that impaired health to a higher degree contributes to people with a low level of education ending up outside working life than people with a high level of education shows that measures to combating negative health effects to the highest possible degree must be aimed at people with a low education level. This will of course also be connected with the professions in which these people work, and it is not an unreasonable thought that they work in more physically demanding professions and professions where it is more difficult to adapt the work in case their health becomes impaired.

We could have presented similar indicators by using chronic illness instead of self-evaluated health, but we have chosen not to do so as it will give the same impression. Chronic illness results in greater danger of non-activity in work in respect of those with a low level of education compared with those with a high level of education.

## 8.3 Self-Evaluated Health, the Chronically Ill and Limitations in Activities in Europe

Compared with other European countries, the Nordic countries end up relatively well when it comes to self-evaluated health. But also in many of the European countries more than 70 per cent evaluate their health as being good. It is, however, only Ireland who has a share that is higher than it is in Iceland. As to the countries in Southern Europe, the share of people evaluating their health as being good varies from 48 per cent in Portugal to 77 per cent in Greece. The share that evaluates its health as being good in Eastern Europe differs in that the shares are generally lower than in the other European countries. The share varies from 41 per cent in Latvia to 59 per cent in the Czech Republic.



Figure 8.3.1 Good general health by country, people aged 16 years or more, in per cent,

Source: EU-SILC 2006, User Data Base.

If we look at those evaluating their health as being poor, it is more obvious that there is a higher share in Southern Europe and Eastern Europe who evaluate their health as being poor. In Portugal and Hungary, 20 per cent report that they are in poor health.

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Figure 8.3.2 Bad general health by country, people aged 16 years or more, in per cent, 2006

When it comes to the share with chronic illness, Finland differs also in a European context with a relatively high share. In addition, it is worth noticing that even though there are several countries in Southern Europe and Eastern Europe that have relatively many people evaluating their health as being poor, this does not result in high shares responding positively in respect of chronic illness. As to activity limitations, the picture is not quite unambiguous. Finland has a high share of people with somewhat or highly reduced capabilities, and the same is the case in other countries in Europe, in particular in Eastern Europe.

Source: EU-SILC 2006, User Data Base.



Figure 8.3.3 Chronic illness or condition by country, people aged 16 years or more, in per cent, 2006





Source: EU-SILC 2006, User Data Base.

Generally, we can say that there in the Nordic countries is a high share of the population who evaluates its health as being good, and that the share who suffers from chronic illness is neither especially large nor small compared with other countries in Europe. In several countries in Southern and Eastern Europe, there are relatively many who evaluate their health as being poor, which may potentially represent challenges to those countries when it comes to avoiding early retirement from the working life. As of today, the problem of a low retirement age from the working life is less distinct in the Nordic countries than in the rest of Europe (cf. 7.5.1). Simultaneously, the countries in the South and the East do not differ with large shares when it comes to chronic diseases or activity limitations, which results in an unclear pattern.

Previously, we presented a combination of health, education and activity in work. Although the shares varied somewhat, it is for all the Nordic countries more likely that a person with a high level of education is still in work in spite of poor health than a person in poor health and with a low level of education. This may indicate a special challenge of getting people in impaired health and with a low level of education to work longer. It may be interesting to see if this is a challenge that is attached to the Nordic countries or if it also applies to other European countries.

Figure 8.3.5 shows the reductions in the share of people in work with impaired health (those who have either very impaired health or neither good nor poor health unlike those who are in very good health) in respect of the groups high and low education levels, corresponding to Figure 8.2.22.

We see the same picture in Europe as in the Nordic countries. The reduction in the share of people in work is larger for those with a low level of education compared with those with a high level of education when their health is impaired. This thus means that the existing differences in work activities between education groups are enhanced when the health is impaired. Impaired health affects differently, and people with a low level of education are affected the most. This is of course also related to the various professions. There are, however, three exceptions to this rule in Europe: Austria, Portugal and Cyprus. When the reductions in the share of people in work are calculated in percentage points, the reduction itself must naturally be interpreted in the light of the total employment rate. Austria and Cyprus have relatively small shares with low education levels and in good health, while Portugal has large shares of people in work with a low level of education in a European context, irrespective of health. It is no specific rule either that a reduction in the work activities is largest in countries with a high work activity as regards people with a low level of education and in good health. Ireland has the largest reduction, and here the work activity is relatively low among people with a low education level and good health. The Irish thus end up last in Europe when it comes to activity in work among people with a low education level and in impaired health. Four countries that differ with a small reduction in work activities among people with a low level of education are Estonia, Lithuania, Latvia and Slovakia. Nor in these countries are people with a low education level and good health just as active in work in a European context. If we take a look at the work activities among people with a low level of education and in impaired health, these countries end up very well.

What about the Nordic countries? Also in a European context, we find what we can call strong social effects of health in Norway and Sweden. Partly also in Finland, but here the reduction in the share of people in work among those with a low level of education is all the same smaller. It is, however, difficult to see a distinct regional pattern in Europe in respect of this indicator.



Figure 8.3.5 Reduction in employment in percentage points due to reduced general health, by education, people aged 20-64 years

The same effects as for work activity appear when we look at disability. Figure 8.3.6 shows the increase in the share of disabled when we compare those in good with those in impaired health in two education groups (corresponding to Figure 8.2.23). The overall trait is that the share of disabled increases more among people with a low than with a high level of education when the health is impaired. Only the Netherlands represent an exception. A conclusion must therefore be that people with a low education level are in greater danger of becoming disabled than people with a high education level when their health is impaired. This is naturally also connected with professions in which people with a high level of education have less strenuous jobs and jobs that it is easier to adapt in case their health becomes impaired. In the majority of countries, the share of disabled people is low among people who evaluate their health as being good, so that the differences that arise between education groups in Figure 8.3.6 by and large reflect the difference between education groups and total shares of people with activity limitations. This shows that the Nordic countries in general have higher shares of people with activity limitations and also that the effects of education is relatively large in the Nordic countries compared with the rest of Europe. Ireland, Hungary and Estonia basically resemble the Nordic countries.

Source: EU-SILC 2006, User Data Base.





# 8.4 Possible Indicators from the EU-SILC

In this chapter, we have looked at three types of indicators from the EU-SILC: self-evaluated health, chronic illness and limitations in activities. Activity limitations are difficult to use as regards these data that concern 2006 because Denmark has not made use of grading of capacities. This will, however, be the case in the statistics from 2008. The indicators show that the self-evaluated health on average is good in the Nordic countries. At the same time, the data show that gender, age and education play parts in respect of health. The state of health also plays a part as to whether or not people are in work, but it does not seem as if the share who works part-time varies with the state of health. We have also seen that education plays a part as to whether those in poor health will continue to be active in work. There is a higher share among those with a high level of education and in poor health who work than among those in poor health and with a low education level, and we see that impaired health relatively speaking gives a greater danger of becoming non-active and/or disabled for people with a low level of education than it does for people with a high level of education. Health thus affects in a socially unequal way.

One of the key challenges will be to get more people to take part in the labour market. The populations in the Nordic countries have a high degree of work participation and are at the same time in relatively good health. Even though several elderly people report impaired health in today's surveys, it is not certain that we will see the same effect for today's 30-40-year-olds in 20 years. Good health is important for participation in the labour market. Changes in the population's health status, measured by self-evaluated health, chronic disease or limitations in activities, may be indicators on future changes in labour participation.

Source: EU-SILC 2006, User Data Base.

We have also seen that those with a high level of education and in impaired health to a larger extent partake in the working life than do those in impaired health and with a low education level. There may, therefore, be a slight potential for increased work activity for those in poor health and with a high level of education since they to a high degree already participate in the labour market. A future challenge might thus be to increase the work activity among those with a low level of education and in impaired health. An interesting indicator might thus be to look at work activity, health and education and monitor its changes over time.

#### **Chapter 9**

# Housing – Standard, Economy and Environment

The dwelling is important to people's welfare in several ways. It is first and foremost a place to live and sleep, and it is where one keeps one's belongings. It also functions as a meeting place for keeping company with families and friends. All these factors directly influence one's welfare.

But the dwelling is also an economic object, both as an investment object and an item of expenditure. The housing economy may be the largest item on many people's budget. Problems connected with the burden of housing costs have in later years been more in focus due to price increases in the housing market in especially OECD countries (OECD 2007a). Housing as an item of expenditure should be taken into consideration when one analyzes the dwelling area. In this connection, it may also be relevant to look at the owner structure, since the dwelling as an investment object implies ownership.

How well the dwelling is adapted to the households' needs, which standard it has and to which extent it affects the household economy are therefore key welfare elements. But not everything connected with housing falls under what we can call challenges to the welfare state. As we interpret it in this report, the aims of the welfare states are to ensure the right to live and have a certain minimum when it comes to standards and housing environment. It only becomes challenges in case there are problems with the housing standard, housing environment and housing economy; there are systematic differences between groups.

It is difficult to find existing comparable statistics for expenditure on housing in Europe, much on account of very dissimilar housing markets in respect of distribution between owners and tenants. The OECD has published figures for the burden of housing costs showing a certain increase from 1995 to 2003, but this is to a large extent based on imputed rents, and it is therefore difficult to compare levels between countries as long as we have no control over the method of imputing. Also Eurostat publishes statistics for the burden of housing costs, but these are mainly older data which neither cover very many countries nor all the Nordic countries and we consequently choose not to include those figures in this report. At the moment, however, Eurostat makes an active attempt to develop housing indicators based on the EU-SILC. At the moment of writing, these indicators are not in place.

In respect of housing standards and housing environment, Eurostat has, however, recently published figures based on the EU-SILC. This applies to three indicators for each of the two fields, as shown in Table 9.1.1.

		Housing standard			Housing environment		
		Damp or rot	Lack of WC	Lack of bath or shower	Noise	Pollution or grime	Crime or vandalism
Nordic countries	Denmark	11	-	1	20	8	14
	Finland	5	1	1	16	14	13
	Iceland	11	-	-	12	11	4
	Norway	9	-	-	12	8	5
	Sweden	6	-	1	13	7	13
Europe,	Germany	13	1	1	27	22	12
Large	France	14	1	1	19	17	17
countries	United Kingdom	15	1	-	20	13	27
Central Europe, small	The Netherlands	18	-	-	32	14	18
	Belgium	14	1	1	23	17	17
	Austria	9	2	1	20	8	11
	Luxembourg	15	1	-	22	16	10
	Ireland	15	1	1	13	9	15
Southern Europe	Spain	18	-	-	26	16	18
	Italia	21	-	-	25	21	16
	Greece	20	3	1	22	19	11
	Portugal	20	3	4	28	22	13
	Cyprus	30	1	1	37	26	14
Eastern Europe	Hungary	19	13	5	15	13	13
	Czech Republic	16	1	1	18	17	13
	Poland	38	6	7	19	13	8
	Estonia	22	15	18	23	26	22
	Latvia	26	20	22	22	37	30
	Lithuania	25	20	18	19	15	7
	Slovakia	6	3	1	19	18	8
	Slovenia	18	1	1	19	20	10

### Table 9.1.1 Indicators for housing standards and housing environment, 2007, share of population

Source: Eurostat (2009a).

We see that indicators of lack of toilet or bath/shower in their dwellings are unsuitable for distinguishing between countries because the levels are so low. It is almost only in Eastern Europe that this occurs to a considerable degree. Damp and rot occur far more often, however, and in the Nordic countries from 5 to 11 per cent of the population live in a dwelling with this problem. The populations in Denmark and Iceland are most exposed, while the Swedish and Finns are least exposed.

Although there is a certain variation in housing standards among the Nordic countries, they end up rather well compared to the rest of Europe where the levels on average are higher. Roughly speaking, we might say that we find the worst housing standards based on this measurement in the South and the East, but also here there are variations. Poland is the country in Europe where the largest share of the population experiences damp and rot, while Slovakia is among the best in Europe. As to housing environment, there are three indicators: exposure to tiresome noise, to pollution or to living in an area pestered by crime or vandalism. One in five Danes is pestered by noise. The share is lower in the other Nordic countries and is down to about one in eight in Sweden, Norway and Iceland. In Finland, it is just under one in six.

The level in the rest of Europe is on average somewhat higher than in the Nordic countries, even though some countries are at about the same level as Denmark. In Ireland and Hungary, the populations are, however, exposed to the same low degree as they are in the Nordic countries. It is otherwise difficult to find regional traits in Europe – it might be that the population in the South is somewhat more exposed than other Europeans.

In the Nordic countries, the Finns are most pestered by pollution and 14 per cent experience it, followed by Iceland at 11 per cent and Norway, Sweden and Denmark at 7-8 per cent. Compared to the rest of Europe, these are low shares. Only Austria and Ireland are at the same level as the best of the Nordic countries, whereas some other countries are about the same level as Denmark. Also here, it is difficult to find clear regional traits in Europe. As different countries as Latvia, Estonia, Cyprus and Germany find themselves at the upper level when it comes to exposure to pollution.

In respect of housing areas exposed to crime or vandalism, the Nordic countries are clearly divided into two groups. 13-14 per cent experiences it in Denmark, Finland and Sweden, while it applies to 4-5 per cent in Iceland and Norway. Iceland and Norway thus end up the best when we look at all of Europe. Only countries such as Poland, Lithuania and Slovakia get closer to that level. Otherwise, the average in Europe is rather at the same level as Denmark, Finland and Sweden but slightly higher. Some countries differ, however, in a negative direction, and they are Latvia, Estonia and Great Britain. But nor in this area do we find any regional pattern to reflect different welfare regimes.

### 9.1 Possible Indicators and Analysis Options with EU-SILC Data

The latest indicators from Eurostat in the housing area are already based on data from the EU-SILC, and they are working on the development of new ones. The EU-SILC carries out a rather extensive survey of both housing and housing economy, even though there is limited information on housing standards and housing environments (cf. Table 9.1. above). From a welfare perspective, we would like to maintain that it is first and foremost the housing economy which is interesting. If the housing economy makes up such a heavy burden that parts of the population cannot live in suitable and good dwellings, it may represent a potential challenge to the welfare state. Housing standards and housing environments of course also form part of this picture. In respect of standard, we are, however, of the opinion that the technical measurements such as damp/rot, lack of a toilet and a bath provides an unsuitable picture in our perspective. Only damp/rot is especially suitable to divide the countries, and only one indicator for the technical standard will not be enough for us to proceed in this field. We would rather like to use crowding, i.e. the relation between the number of people and the number of rooms in the dwelling, as a possible indicator of the housing standard. This will tell us if households are able to obtain suitable dwellings, and this might be particularly interesting in connection with household type and income. When it comes to the housing environment, we have already referred to what has been published by Eurostat (Table 9.1), but we shall endeavour to develop it further by combining individual indicators into an additive index and then look at it in connection with background variables as for example types of households and income.

Our main focus will thus be on housing economy. In this area, the possibilities are many, as the EU-SILC contains relatively detailed information on the households' housing economy and the households' incomes. We can use this information to look at how heavy a burden housing costs make. This may again be seen in connection with indicators of standard and housing environment. In a welfare perspective, we consequently assume that it is households burdened to a high degree by housing costs which represent the potentially largest challenge to the welfare states. These are groups that potentially are more exposed to fluctuations and especially exposed in recession periods when the unemployment rate goes up. The data used here will of course not pick up acute problems that are results of the economic crisis that occurred as from 2008, but we can contribute to the identification of groups at risk which it may be worth monitoring further.

## 9.2 Housing–Type, Economy and Standard

### 9.2.1 Tenure Status and Dwelling Type

Although we do not interpret ownership and dwelling type as direct potential challenges to the welfare state, we have included them nonetheless because they represent important background information, and because they may form a basis for the interpretations of other indicators. As we have already mentioned, ownership to dwelling may furthermore be interpreted within the framework of investment and saving. \*\*\*

There are in part major differences in tenure status between the Nordic countries. Figure 9.2.1 shows a simple overview of owners and tenants in the Nordic countries. It is important to note that it applies to the shares of households and not to the shares of persons, which is otherwise often the case in analyses of living conditions (see for example Statistiska Sentralbyrån 2009). In the share of households, Iceland has the highest share of owners in the Nordic countries at 82 per cent, followed by Norway at 78 per cent. Finland and Sweden follow at 67 and 61 per cent, respectively. The lowest share of owners we find in Denmark where 58 per cent of the households own their dwellings.



Figure 9.2.1 Tenure status for households in the Nordic countries, per cent, 2006

Before we take a look at the housing standard and housing economy, we are also going to look a little at dwelling types in the Nordic countries. This is not something either that we interpret as being challenges to the welfare state, but it is a useful basis for the interpretation of other indicators. It is difficult to get data on dwelling types from other sources, and Figure 9.2.2 shows that there is a certain difference between the Nordic countries.

Norway differs most distinctly with its large predominance of households in detached houses at no less than 68 per cent and relatively speaking a very small share of households in flats. Also in Denmark, it is most common that a household lives in a detached house (49 per cent), but the difference in relation to the share that lives in flats is noticeably smaller than in Norway. In the other three Nordic countries, Finland, Iceland and Sweden, it is common that the households live in apartments or flats, and the share of people living in detached houses is 38, 32 and 43 per cent, respectively.



Figure 9.2.2 Dwelling type for households in the Nordic countries, per cent, 2006

The differences in dwelling types may be a result of several factors. It may be the settlement pattern – in towns it is more common to live in flats - and it may be due to the composition of the households. There may be more reasons which we are not going to touch on here in that the dwelling type itself as mentioned can hardly be said to be an independent challenge to the welfare state.

### 9.2.2 Tenure Status and Dwelling Types in Europe

Since we evaluate neither dwelling types nor tenure status as being key challenges to the welfare state, we are just going to show a comparison to the rest of Europe of tenure status and dwelling types (Figures 9.2.3 and 9.2.4).

When it comes to tenure status, the Nordic countries do not differ especially to any extent from the EU-SILC countries, and there is no evident regional pattern in Europe either. The share of owners is highest in Lithuania, followed by Slovakia. Iceland, which has the highest share of owners in the Nordic countries, is number six in Europe. Denmark, which has the lowest share of owners in the Nordic countries, is at the lowest level in Europe; only Poland, the Netherlands and Austria have lower shares of owners.

Source: EU-SILC 2006, User Data Base.



Figure 9.2.3 Tenure status for households, Europe, per cent, 2006

Norway, with almost seven in ten households in detached houses, is not only the country in the Nordic countries but also stands out in Europe. Hungary follows at barely six in ten households in detached houses. Sweden has the highest share of households living in apartments or flats in the Nordic countries (49 per cent), but in a European context, this figure is not high. In particular countries in the South and the East have higher shares of households living in apartments or flats. But all in all it is also in respect of dwelling types difficult to find any distinct regional traits in Europe.



Figure 9.2.4 Dwelling types for households, Europe, per cent, 2006

Source: EU-SILC 2006, User Data Base.

### 9.2.3 Overcrowding

The first thing we look at under housing standard is what we call overcrowding. Overcrowding need not necessarily be a challenge to the welfare state, but they may indicate that the housing market is not adjusted to the needs of the households, and they may be a reflection of the price level preventing some groups from getting an suitable dwelling.

The size of the dwelling in relation to the number of people in the household is more important than the type of housing. Having a dwelling that is large enough to accommodate the entire household can tell us something about the suitability of the dwelling and may be a measure for housing standards. We have thus used information on the number of people in the household and the number of available rooms (minus kitchen, bath, hall, etc. and rooms less than 4 square metres) to calculate an indicator for overcrowding. If a one-person household lives in one room, or there are more household members than there are available rooms, we regard this household as living in an overcrowded dwelling. If the household has three or more rooms more than the number of people, we regard it as being very spacious. Others live somewhat spaciously. This standard may differ somewhat from other national standards in use. Here we shall adhere strictly to the number of people and the number of rooms, and shall for example disregard adult couples sharing a room, a factor that is taken into consideration in other cases (Statistiska sentralbyrån 2009). In some cases, it is also normal to disregard people living on their own in the definition of overcrowding (ibid., Statistics Finland 2008).

How the number of rooms is counted is not a given thing, either. The recommended definition in the EU-SILC sets a minimum measurement of 4 square metres for a room. Norway and Finland differ from this by using 6 and 7 square metres, respectively. Whether a room must have a window may also vary in the national definitions. More important is the question whether or not a kitchen is regarded as a room, and here there are differences also within the Nordic countries. In Denmark, a kitchen is regarded as a room if it is used not only for cooking; in Finland, if it is more than 7 square metres and has a window. In Sweden,

Iceland and Norway, a kitchen is never counted as a room. This factor will of course affect the differences in overcrowding between the countries.

Overcrowding is naturally connected with housing type. Households living in apartments or flats often live more cramped than do others. Defined as above, one in five households in flats in Sweden experience overcrowding, and Sweden has the highest share totally in the Nordic countries (Figure 9.2.5). Also Iceland has a relatively high share of overcrowding in a Nordic context, and although the share also here is highest among households living in flats, one in 15 households in detached houses also experiences overcrowding. Generally it is, however, a fact that Nordic households more often live very spaciously than overcrowded; the most spacious dwellings are found in Norway.





Source: EU-SILC 2006, User Data Base.

As mentioned above, there are several ways in which to define overcrowding. In addition to the definition used by us, we have also looked at the shares that would come up if people living on their own were excluded so that they were not defined as living in an overcrowded dwelling although they live in one single room. The share living in overcrowded dwellings consequently decreases in all the countries, but least so in Iceland, where a little less than 9 per cent still live in a overcrowded dwellings. In Norway and Finland, the share decreases somewhat more and ends on less than 4 per cent in Norway and barely 3 per cent in Finland. The largest reduction in overcrowding is found in Sweden and Finland when we disregard people living alone. Here thus comparatively more people live on their own in one-room flats (cf. also Figure 9.2.6). With the alternative definition, the share in Sweden is a little more than 5 per cent, while it is about 4 per cent in Denmark. It also means that an alternative definition would have resulted in a somewhat different ranking of the Nordic countries when it comes to the share of people living in overcrowded dwellings. Nevertheless, we shall keep people living alone in the definition. It will among other things provide us with the possibility of comparing with other household types.

More important than the total picture of overcrowding is to see if any groups are systematically more exposed than others. We have in the following chosen to focus on various types of households and income classes based on the households' disposable equivalent income.<sup>26</sup>





Source: EU-SILC 2006, User Data Base.

Figure 9.2.6 shows that there in this area in part are large variations within the Nordic countries. We must stress that this is shares of households and not shares of people. On average, the households living in overcrowded dwellings are somewhat larger than households not living in overcrowded dwellings. In Finland and Sweden, there are in part large shares of people under the age of 65 years living alone in a overcrowded dwelling (in practice, they live in one-room flats). Also in Denmark and Norway, they are the most exposed, but the difference in relation to other types of households is small. In Iceland, couples with children who on average are the largest type of household are most exposed to living in overcrowded dwellings.

Overcrowding is, however, an indicator that may be significantly affected by subjective evaluations and priorities. Living in an overcrowded dwelling rather than living spaciously may be a weighing out from several factors and is not necessarily an indicator of difficult living conditions. To look at this factor from another angle, we shall thus also take a look at cramped housing conditions in connection with economy. Figure 9.2.7 shows cramped housing conditions by the households' equivalent income broken down by country-specific quartiles. It appears for the figure that the tendency is the same in all the Nordic countries in that overcrowding first and foremost affect households in the lower part of the income distribution. The largest differences in per cent in the share of households with overcrowding among the

<sup>&</sup>lt;sup>26</sup>The equivalent income has here been calculated on the basis of the so-called EU equivalent scale, which in turn is an adapted version of the former OECD scale. The first adult is here given the weight = 1, other adults the weight = 0.7 and children the weight = 0.5. The boundary between adults and children has been fixed so that people under the age of 16 years are calculated as children. This differs somewhat from the definition used by Eurostat where the corresponding boundary is 14 years. Negative incomes have been excluded from the quartil classification.

income quartiles we find in Sweden where about one in four households in the first income quartile lives in an overcrowded cramped dwelling, whereas this is the case for a little less than one in 20 in the fourth income quartile.





Source: EU-SILC 2006, User Data Base.

Later, we shall take a further look at the financial strain caused by housing costs in connection with overcrowding, and then from the point of view that those who live in overcrowded dwellings and have a heavy strain caused by housing costs are in a more exposed situation than are those who live in overcrowded dwellings but have a more robust economy. Before we get that far, we are, however, going to take a look at the actual financial strain caused by housing costs.

### 9.2.4 Economic Strain

A heavy economic strain means that large parts of a household's income are used on housing which reduces the economic leeway in the household and may lead to larger exposure if the income is reduced. If large groups have difficulties in coping with their housing costs, it may represent a challenge to the welfare state. We have thus looked at both data on housing costs and incomes, and are going to look at shares that have a high economic strain because of housing costs, and if special groups are at risk.

We have taken the total housing costs as our starting point (Variable HH070, see Eurostat 2008) to calculate how large a part of the household's total disposable income (HY020, see Eurostat 2008) is spent on housing.<sup>27</sup> We have defined households that use from 25 to 49 per

<sup>&</sup>lt;sup>27</sup> Variable HH070 (Total housing cost) covers gross interest costs (not instalments), rent, insurance, obligatory services/charges, usual maintenance, housing tax as well as expenditure on water, electricity, gas and heating.

cent of their disposable income as having a high economic strain, whereas households using 50 per cent or more for housing have a very high economic strain.<sup>28</sup>

Figure 9.2.8 shows that in Denmark, 44 per cent of the households experience high economic strain, whereas the other Nordic countries lie between 21 and 26 per cent. Also the share of households that have very high strain is highest in Denmark at 16 per cent, followed by Iceland where it applies to 10 per cent of the households. Sweden then follows at 9 per cent, Norway at 7 per cent, while the share is lowest in Finland where barely 5 per cent of the households have a very high economic strain. Since we here focus on the housing cost burden as an independent indicator, we have not looked at reasons for the economic strain due to housing costs for any of the countries. It may be connected with income level, centralizing, housing types, regulation of the housing market and so on. It should be noted that we also include housing benefits in the disposable income. If a large share of the households has a very high economic strain, we assume that it may lead to an increased risk of welfare problems, perhaps especially if the unemployment rate increases and the households get into difficulties paying the housing costs.

Variable HY020 (Total disposable household income) covers all forms of cash income to all members of the household less taxes and interest on housing loan. This for example means that the income variable will pick up any housing benefits received by the household, irrespective of how it is organized in the various countries.

<sup>&</sup>lt;sup>28</sup> In the EU-SILC, housing costs are reported at the time of the interview. Income data refer by and large to the income year prior to the interview. It may vary how long time after the income year the interview is carried out. In the Nordic countries, it is usually 0-6 months after, with the exception of Sweden, where it can be up to 12 months after. This time span may result in the housing costs being adapted to another income than the one measured, and may result in some noise in the data. Also Eurostat works with the development of an indicator for economic strain due to housing costs. It is there suggested that housing benefits also be taken into consideration and be disregarded in the calculation. We have not done so as it may be problematic to separate housing benefits from other social benefits.





The economic strain due to housing costs defined here, is an objective measurement based on economic entities. But even though the strain objectively speaking is not high, it may nevertheless be perceived as being a burden, and vice versa. In the EU-SILC, there are also subjective economic measurements as to how the housing costs are perceived in relation to the household's economy. We have included our own figure which shows the connection between these measurements in order to show that subjective and objective measurements can produce different results (Figure 9.2.9). This contributes to weaken the economic strain as an independent indicator of a challenge to the welfare state. We shall later see that the objective measurement of the economic strain actually gives a somewhat different picture than an objective measurement of arrears on housing costs.



Figure 9.2.9 Households perceiving housing cost as a somewhat or heavy burden by housing cost strain, Nordic countries, 2006

Source: EU-SILC 2006, User Data Base.

Although Danish households objectively speaking have the highest economic strain due to housing costs in the Nordic countries, they have the most positive evaluation of the burden housing costs impose. On the other hand, Finnish households have the objectively lowest economic strain, but the most negative evaluation of the burden. There is nonetheless a clear connection between the objective and the subjective measurements. An increased economic strain leads to an increased self-evaluated burden in all the Nordic countries. But only four in ten Danish households with very high strain perceive their housing costs as being burdensome. In comparison, we see that six in ten Finnish households with low economic strain perceive their housing costs as being burdensome. The subjective measurement thus gives totally dissimilar differences between the countries than the objective measurement, and it may seem as if the subjective measurement is affected by national traits, but we are not going to offer any possible explanations here.

### 9.2.5 Forced Overcrowding?

We can also find a potential challenge to the welfare state in the connection between the economic strain due to housing costs and the spaciousness of the dwelling. In the choice of dwelling, there will be very different and subjective assessments in relation to how much space one wants and how large a share of the income one is willing to spend on housing. We are here pointing in the direction of whether or not the welfare state is successful in making it possible for everyone to obtain a suitable dwelling. We shall then look at the group that lives in overcrowded dwellings and who at the same time experiences high or very high economic strain due to housing costs. It is the assumption then that this is a group which is exposed in

the housing market, and which will find it difficult to obtain a larger (and more accommodating?) dwelling.







Figure 9.2.10 shows the share of households who experiences overcrowding and a high or very high economic strain, i.e. a combination of the variables used in Figures 9.2.5 and 9.2.8 above. All in all, Sweden has the highest share at 6.5 per cent, while about 5 per cent of the Danish and Finnish households experience this. The shares experiencing very high economic strain and overcrowding are highest in Sweden and Denmark. But the total share is also rather low at about 2 per cent of all households.

Part of the reason for Sweden having the highest share is that relatively many people under the age of 65 years living alone and single parents live in small and expensive dwellings. (Figure 9.2.1.a). Also Denmark and Finland, the relatively high share may be explained by the fact that many people under the age of 65 years living alone are exposed. Also in Norway, this group along with single parents is most exposed, but the level is somewhat lower than in the previously mentioned countries. Iceland differs somewhat from the other Nordic countries in that a couple with children is most exposed to living in a cramped space and expensively.

In that the group of people under 65 years living alone differs somewhat, it may be reasonable to take a closer look at this group, which may have a considerable element of students. Students can as far as it goes affect all the measurements which we have touched on until now, but here there is a particularly good reason to look at the result. As to students, it may be expected that both the states of income and housing is temporary and that this indicator therefore not necessarily represents a long-term standard of living problem. If we

disregard households where the respondents has self-defined as being a student or in military service, the share of people living in small and expensive dwellings decreases at up to 2 percentage points in total in each of the countries (Figure 9.2.11b). The share decreases the least in Iceland (0.3 percentage points) where exposed households to begin with have few elements of students. In Denmark and Finland, people under the age of 65 years living alone are again the most exposed type of households, whereas in Norway and Sweden single parents are most exposed when we choose to disregard students.



Figure 9.2.11a Households with high or very high housing cost strain and overcrowding by household type, students excluded, the Nordic countries, per cent, 2006



Figure 9.2.11b Households with high or very high housing cost strain and overcrowding by household type, the Nordic countries, per cent, 2006

Living in small and expensive dwellings first and foremost hits households in the lower part of the income distribution, while it hardly appears in the upper part of the income distribution. If we look at this according to the national income quartiles, we find the same distinct connection in all the Nordic countries (Figure 9.2.12).



Figure 9.2.12 Households with high or very high housing cost strain and overcrowding by income quartiles, the Nordic countries, per cent, 2006

### 9.2.6 Overcrowding and Economic Strain in Europe

Figure 9.2.13 shows that overcrowding is not a particularly large challenge to the Nordic countries when we compare to the rest of Europe, given our definition. It is primarily households in the former Eastern bloc that experience overcrowding. Here, the share of households living in overcrowded dwellings is as high as 46 per cent (Latvia). Among the Southern European countries, we find large variations. Greece has a share at 25 per cent, while Spain is at the bottom in Europe at just 3 per cent of the households living in overcrowded dwellings.

Source: EU-SILC 2006, User Data Base.


Figure 9.2.13 Households in overcrowded dwellings, Europe, per cent, 2006

Source: EU-SILC 2006, User Data Base.

In a Nordic context, Denmark differs by having high economic strain due to housing costs, and this also applies in a European context. Only the Netherlands have higher shares with a high or very high strain (Figure 9.2.14). The other Nordic countries lie approximately at the European middle level in this area, between one in four and one in three households has a high or very high strain.



Figure 9.2.14 Households with heavy or very heavy housing cost strain, Europe, 2006

Source: EU-SILC 2006, User Data Base.

When we combine these measurements for all of Europe and look at shares living in small and expensive dwellings, as we did above for the Nordic countries, we see that the high shares living in overcrowded dwellings in Eastern Europe also result in relatively many households experiencing living in small and expensive dwellings (Figure 9.2.15). With the exception of Eastern Europe, Greece differs with a fairly large share of people living in small and expensive dwellings. Sweden, Denmark and Finland are at a European middle level on this indicator, whereas Norway and Iceland are closer to the bottom level. If we only focus on households that experience very high strain and overcrowding, i.e. the dark part of the columns, the Nordic countries end up worse relatively speaking in relation to the rest of Europe than if we also look at those who experience high strain and overcrowding.



Figure 9.2.15 Households with high or very high housing cost strain and overcrowding, Europe, per cent, 2006

### 9.2.7 Difficulties in Paying Housing Costs

One factor is that the housing costs are high in relation to the income, which will reduce a household's economic leeway. The connection with challenges to the welfare state is then indirect and depends on quite a few other factors, such as amendments to the law, different housing benefit schemes, regulation of the housing market and so on. We are not going to touch on that in this report. The problems with housing costs become more acute, however, when one furthermore experiences difficulties in paying the necessary housing costs in due time. The linking to the challenge to the welfare state will then be easier in that the needs for income support or municipal housing availability becomes larger. By looking at arrears on key housing costs such as rent and mortgage payments, we can identify the groups particularly at risk in the housing market, and where the problems at times are acute. Figure 9.2.16 shows the share of households in the Nordic countries that during one year at least once has been in arrears on rent or mortgage payments or utility bills (electricity, water or gas).

Source: EU-SILC 2006, User Data Base.



Figure 9.2.16 Households in arrears on housing costs at least once last year, the Nordic countries, 2006

Source: EU-SILC 2006, User Data Base.

Arrears show other kinds of results than what we saw for shares living in small and expensive dwellings. Payment difficulties have as far as it goes little to do with the size of the dwelling, but they are connected with the economic strain due to housing costs. From Figures 9.2.8 and 9.2.9 (economic strain and experienced burden of housing costs), we remember that Danish households have the highest economic strain in the Nordic countries, whereas they at the same time have the most positive evaluation of the housing cost burden. The subjective evaluation of the burden thus fits very well together with Danish households most rarely reporting arrears connected with their dwellings in the Nordic countries. Only just under 4 per cent of the Danish households had housing-related payment difficulties last year. Swedish households, which also shoulder a relatively high economic strain in the Nordic countries, are second to the Danes in rarely reporting arrears. 6 per cent of the Swedish households report such problems. In the two countries in which the economic strains are lowest, Finland and Norway, we find the highest shares in arrears, a little more than 8 and 9 per cent, respectively. Iceland is at about the same level as Finland, although the economic strain is at about the same level as in Sweden.

Payment difficulties consequently seem to a higher degree to reflect the subjective perception of the housing cost burden than the objective one. Here we must stress that it can be difficult to interpret reported arrears. We do not quite know how any housing benefits may affect them. Housing benefits are organized in different ways in the Nordic countries (NOSOSCO 2007), and we are unable to check if payment difficulties apply before or after the reception of any benefits.

When we look for explanations to the differences between the Nordic countries, it does not look as if they are due to different types of households being more exposed in the some countries (Figure 9.2.17). The relations between the types of households are relatively alike in

all the countries. Single parents are most at risk, followed by people under the age of 65 years living alone and other households. Finland, Iceland and Norway have higher levels of arrears than Denmark and Sweden, because the shares on average are rather high in respect of almost all types of households, but as mentioned above, in particular single parents are at risk. In Norway and Finland, 27 per cent of the single parents have experienced payment difficulties, and in Iceland, the share is 23 per cent. Swedish single parents follow at 21 per cent, while "only" 18 per cent of the Danish ones have had payment difficulties.

In Denmark, it is almost only people under the age of 65 years living alone who besides single parents have payment difficulties. In the other Nordic countries, the distribution among types of households is more even, and only among older people living alone and couples with no children the share is less than 5 per cent, although the relation between the other household types varies somewhat from country to country.





Source: EU-SILC 2006, User Data Base.

Even though a high economic strain due to housing costs does not automatically lead to arrears, there is a distinct connection between these relations in all the Nordic countries. Those shouldering high strain experience payment difficulties more often than those with a low strain. We must, however, point out that also people shouldering a low strain report payment difficulties.

The weakest connection between these two conditions seems to occur in Iceland where 7 per cent of the households with a low economic strain have been in arrears, whereas it is the case for 12 per cent of those with a very high strain. In the other Nordic countries, the difference is larger, and the strongest connection between the economic strain and arrears seems to occur in Finland where 2 per cent with a low strain and 23 per cent with a very high

strain have been in arrears. In Norway and Sweden, there is, furthermore, no difference between a high and a very high strain – the boundary in relation to arrears thus seems to be at 25 per cent of the income for housing.

If we look at the Nordic households' subjective perception of housing costs, the figures show that among those reporting that housing costs are a heavy burden, about one in four Danish households has been in arrears. Among Finnish, Icelandic and Swedish households, the share is one in five, while it is as high as one in three of the Norwegian households. On average, about eight in ten households having payment difficulties perceive that housing costs are a somewhat or a high burden: it is about nine in ten in Finland. The Danes have a somewhat more positive outlook. Seven in ten Danish households having payment difficulties look at housing costs as a somewhat or a high burden.

### 9.2.8 Payment Difficulties in Europe

Above all, Greece differs with a high share of households experiencing arrears (Figure 9.2.18). Greece also ended up badly both in respect of overcrowding and economic strain. Norway, Finland and Iceland also have fairly high shares with payment difficulties in a European context, but are nevertheless not among the countries with the highest shares. There we by and large find countries from Southern and Eastern Europe. Denmark is among the European countries with the lowest share on this indicator, and there is no clear regional pattern to detect, with the exception of the fact that a few countries in the South and East seem to be more exposed.



Figure 9.2.18 Households in arrears on mortgage or rent payments at least once last year, Europe, 2006

Source: EU-SILC 2006, User Data Base.

### 9.2.9 Housing Benefits

In the income components from the EU-SILC, information is available on households' receipt of housing allowances, i.e. income in the form of direct housing support. This may be difficult to compare, as the Nordic countries have different schemes as to how housing support is awarded. For a comparison of the housing support level as well as how it is organized, we therefore refer to "*Social Protection in the Nordic Countries 2006/2007*" (NOSOSCO 2008). Even though we to begin with would like to make use of information on receipt of housing support in the calculation of the economic strain due to housing costs and the analysis of arrears, these differences result in housing support not being a comparable variable.

### 9.2.10 Housing Environment

Until now, we have focused on housing economy and the size of the dwelling. But also the housing environment itself is important as a living condition indicator. For the majority of people it will be perceived as negative to live in an environment affected by noise, pollution, vandalism or crime. This may be a challenge to the welfare state if the housing environment develops in a negative way, and it is also unfortunate if some groups are systematically exposed to poorer housing environments than others. As we have previously seen (Table 9.1.1), Eurostat has published independent indicators for each of the housing environment areas that are mapped in the EU-SILC. From the idea that accumulation of problems is worse than individual problems, we have gone a little further in relation to this and prepared an additive

index of housing environment problems. There we sum up shares having problems with noise, pollution and crime/vandalism in the housing environment (variables HS170, HS180 and HS190 in the EU-SILC, see Eurostat 2008).

Figure 9.2.19 shows total shares of households exposed to from one to three of those problems in the Nordic countries. These housing environment problems are connected with settlement patterns and centralizing. People living in central areas experience this more often than do others. The shares of people experiencing housing environment problems in the Nordic countries vary from one in three households in Finland to one in five in Norway. The majority is made up of households with one problem in all the countries, fewer experience two or three problems. Finland also has the highest share with two or three problems, a little less than 12 per cent. Denmark follows at 10 per cent, Sweden at 7 and Norway at 6 per cent. Iceland has the lowest share having two or three housing environment problems at a little less than 4 per cent.

Figure 9.2.19 Households reporting from 1 to 3 housing environment problems, the Nordic countries, 2006



Source: EU-SILC 2006, User Data Base.

Also here, we can take a look at which types of households are most at risk, and although the levels vary somewhat between the Nordic countries, Figure 9.2.20 also shows some distinct common traits. The two household types that are most at risk of getting housing environment problems are generally people under the age of 65 years living alone as well as single parents. The only exception from this is that single parents in Norway actually are the type of households that is least at risk of getting housing environment problems.



Figure 9.2.20 Households reporting from 1 to 3 housing environment problems by household type, the Nordic countries, 2006

Source: EU-SILC 2006, User Data Base.

People under the age of 65 years living alone and single parents were groups that recurred when we also looked at housing economy, and it may therefore be relevant to see if perceived housing environment problems are connected with the economic strain due to housing costs. Is it so that those with a high strain also live in areas with housing environment problems, and that we therefore may assume that they have slim possibilities of moving to a more attractive area? Figure 9.2.21, in which we have crossed the economic strain with housing environment problems, shows that this turns out differently in the Nordic countries. In Denmark, and partly in Finland, the share of people with housing environment problems increases with the degree of economic strain. We can see suggestions of the same in Norway and Sweden, whereas in Iceland, there does not seem to be any connection at all. If one is to find out how housing environment is connected with economic strain, more thorough analyses are needed, and we have no space for that here.



Figure 9.2.21 Households reporting from 1 to 3 housing environment problems by housing cost strain, the Nordic countries, 2006

Source: EU-SILC 2006, User Data Base.

Housing environment is less connected with the household income than is the case for overcrowding and housing economy (Figure 9.2.22). On average, it is nevertheless households in the lowest income quartile that are most often exposed to housing environment problems.



Figure 9.2.22 Households reporting from 1 to 3 housing environment problems by income quartiles, the Nordic countries, 2006

### 9.2.11 Housing Environment in Europe

Nordic households have a good housing environment compared with other European households (Figure 9.2.23). If we look at shares that experience one or more problems, Sweden, Iceland and Norway have the three lowest shares in Europe. Finland and Denmark are more towards the middle of the distribution but end up better relatively speaking, if we look at shares with two or more problems. Apart from the Nordic countries by and large ending up well, housing environment problems seem to be quite independent of the regions in Europe.

Source: EU-SILC 2006, User Data Base.



Figure 9.2.23 Households reporting from 1 to 3 housing environment problems, Europe, 2006

Source: EU-SILC 2006, User Data Base.

# 9.3 Housing Challenges to the Welfare State

In this chapter, we have looked through a number of factors connected with housing. Housing type, tenure status, housing standard, housing economy and housing environment have been discussed. They are all areas covered by EU-SILC data but not everything can be said to represent challenges to the welfare state, at least not direct. At the beginning, we ascertained that we do not regard housing type and tenure status as specific challenges to the welfare state. Indirectly, they may nevertheless be significant in that households owning and households living in detached houses on average have a somewhat better housing standard and a lighter housing cost burden than do others. We have also looked at a measurement for the economic strain due to housing costs by looking at total housing costs in relation to income. Here we saw that Denmark ended up badly in relation to the other Nordic countries, and even though the Nordic countries as a whole ended up well in Europe, Denmark differs also here. But two other measurements for housing economy, self-evaluated burden and arrears on mortgage and rent payments and utility bills, gave a slightly different picture of the relation between the countries. Arrears on housing costs are the most concrete expression of problems with housing costs and are perhaps the indicator that can most easily be interpreted as a challenge to the welfare state. Indicators as for example overcrowding and the housing environment index are more indirect challenges.

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# Appendix – Uncertainty in the Data

All results from the EU-SILC should be interpreted in the light of the fact that this is a sample survey in which the samples are interpreted as being representative for the population that it is intended to cover. There will therefore also be a certain uncertainty in the form of sample variance in the results. In general, we have attached little importance to the mention of statistical significance in the estimates in this report. Exact calculations of significant differences would lead too far, as they presuppose a detailed knowledge of the designs of the surveys in the individual countries. As a basis for enabling the reader to evaluate uncertainty in the estimates, we have therefore stated the number of observations on which they were based in the appendix tables. If we make the assumption that the samples were selected as simple random, unstratified samples and any design effects are disregarded, the uncertainty can thus be evaluated by using the calculated standard deviation for the observed value on an identification mark. The size of this standard deviation depends on the number of observations in the samples, the way in which the samples were selected and by the distribution to the current identification mark in the population. We do not know the distribution in the population, but it is possible to estimate the standard deviation in the sample distribution by means of observations in the samples.

The table below shows the size of the standard deviation for observed percentage shares in connection with different sample sizes for a sample selected randomly and with no design effects. It appears from the table that the uncertainty increases when the number of observations is reduced and when the percentage gets closer to 50.

By means of the standard deviation, it is possible to calculate an interval which with a certain probability contains the same value of a calculated entity (the value which we would have got had we made a total calculation instead of a sample survey). Such intervals are called confidence intervals if they have been designed in a certain way: Let M be the calculated entity and S be an estimate of the standard deviation on M. The confidence interval with the limits (M-1.96S) and (M+1.96S) will with a reliability level of 95 per cent contain the true value.

The following example illustrates how one can use the table to find confidence intervals: The effect on the standard deviation for an observed percentage of 70 is 1.3 when the number of observations is 3 000. The confidence interval for the true value gets the limits  $70 \pm 2 \ge 1.3$ . That means that the interval that stretches from 67.4 to 72.6 per cent at a 95 per cent probability contains the figure one would have got had the total population participated in the survey.

It is often desirable to compare percentages for several groups. When two different numbers are compared, the unreliability as to the difference between them usually gets bigger than the unreliability attached to each individual number. The standard deviation of the differences between two percentages equals the square root of the sum of the squares of the standard deviations of the individual numbers. When one has got the effect for the standard deviation for such differences, one can design confidence intervals for the true value in the same way as described above.

n: $\setminus$ P:	5/95	10/90	15/85	20/80	25/75	30/70	40/60	50/50
10	7.3	10.0	11.9	13.3	14.4	15.3	16.3	16.7
15	5.8	8.0	9.5	10.7	11.6	12.2	13.1	13.4
20	5.0	6.9	8.2	9.2	9.9	10.5	11.2	11.5
25	4.4	6.1	7.3	8.2	8.8	9.4	10.0	10.2
50	3.1	4.3	5.1	5.7	6.2	6.5	7.0	7.1
100	2.2	3.0	3.6	4.0	4.4	4.6	4.9	5.0
200	1.5	2.1	2.5	2.8	3.1	3.2	3.5	3.5
300	1.3	1.7	2.1	2.3	2.5	2.7	2.8	2.9
400	1.1	1.5	1.8	2.0	2.2	2.3	2.5	2.5
500	1.0	1.3	1.6	1.8	1.9	2.1	2.2	2.2
750	0.8	1.1	1.3	1.5	1.6	1.7	1.8	1.8
1 000	0.7	0.9	1.1	1.3	1.4	1.4	1.5	1.6
1 250	0.6	0.8	1.0	1.1	1.2	1.3	1.4	1.4
1 500	0.6	0.8	0.9	1.0	1.1	1.2	1.3	1.3
2 000	0.5	0.7	0.8	0.9	1.0	1.0	1.1	1.1
2 500	0.4	0.6	0.7	0.8	0.9	0.9	1.0	1.0
5 000	0.3	0.4	0.5	0.6	0.6	0.6	0.7	0.7
7 500	0.3	0.3	0.4	0.5	0.5	0.5	0.6	0.6
10 000	0.2	0.3	0.4	0.4	0.4	0.5	0.5	0.5
15 000	0.2	0.2	0.3	0.3	0.4	0.4	0.4	0.4
20 000	0.2	0.2	0.3	0.3	0.3	0.3	0.3	0.4

### Appendix table – Standard deviations

### Supplementary Tables – Chapter 3

Table for figure 3.1.1 Expenditure on social protection in purchasing power standards (PPS) per capita, 2006

	Denmark	8 601
	Finland	7 215
Nordic countries	Iceland	6 535
	Norway	9 901
	Sweden	8 998
	Germany	7 706
Europe, large countries	France	8 200
	United Kingdom	7 410
	Netherlands	9 099
Central-Europe, small	Belgium	8 520
	Austria	8 524
	Spain	5 163
Southern-Europe	Italy	6 476
	Greece	5 525
	Hungary	3 401
Eastern-Europe	Czech Republic	3 439
	Poland	2 373

		2006	Annual growth 2000-2006 (per cent)
	Denmark	29.1	2.0
	Finland	26.2	3.2
Nordic countries	Iceland	21.2	5.1
	Norway	22.6	2.7
	Sweden	30.7	2.8
	Germany	28.7	0.2
Europe, large countries	France	31.1	2.3
	United Kingdom	26.4	2.6
	Netherlands	29.3	3.1
Central-Europe, small	Belgium	30.1	3.4
	Austria	28.5	1.4
	Spain	20.9	3.2
Southern-Europe	Italy	26.6	1.7
	Greece	24.2	4.6
	Hungary	22.3	7.7
Eastern-Europe	Czech Republic	18.7	4.1
	Poland	19.2	3.5

### Table for figure 3.1.2 Expenditure on social protection as percentages of gross domestic product (GDP), 2006

Source: Eurostat (EU-SILC)

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## Table for figure 3.2.1 Old-age and survivors' benefits as percentages of total social protection benefits (TSP) and as precentas of gross domestic product (GDP). Europe 2006

		Old-age and sur	vivors' benefits
		% of TSP	% of GDP
	Denmark	37.9	10.7
	Finland	37.8	9.6
Nordic countries	Iceland	30.6	6.4
	Norway	31.0	6.9
	Sweden	40.2	12.1
	Germany	44.3	12.2
Europe, large countries	France	44.3	12.9
	United Kingdom	44.7	11.6
	Netherlands	41.4	11.4
Central-Europe, small	Belgium	47.0	13.5
	Austria	48.6	13.4
	Spain	41.3	8.4
Southern-Europe	Italy	60.5	15.5
	Greece	51.3	12.1
	Hungary	42.2	9.2
Eastern-Europe	Czech Republic	43.1	7.8
	Poland	61.2	11.5

Source: Eurostat (EU-SILC)

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Table for figure 3.2.2 Sickness/Health care as percentages of total social protection
benefits (TSP) and as percentages of gross domestic product
(GDP). Europe 2006

		% of TSP	% of GDP
	Denmark	21.6	6.1
	Finland	26.2	6.6
Nordic countries	Iceland	34.8	7.3
	Norway	32.6	7.2
	Sweden	26	7.8
	Germany	29.1	8
Europe, large countries	France	29.9	8.7
	United Kingdom	31.8	8.2
	Netherlands	31.8	8.7
Central-Europe, small	Belgium	25.7	7.4
	Austria	25.5	7.1
	Spain	31.2	6.4
Southern-Europe	Italy	26.8	6.9
	Greece	28.7	6.8
	Hungary	29	6.3
Eastern-Europe	Czech Republic	34.4	6.2
	Poland	20.4	3.8

Source: Eurostat (EU-SILC)

#### Table for figure 3.2.3 Disability as percentages of total social protection benefits (TSP) and as percentages of gross domestic product (GDP). Europe 2006

		% of TSP	% of GDP
	Denmark	14.9	4.2
	Finland	12.7	3.2
Nordic countries	Iceland	15.6	3.3
	Norway	18.8	4.2
	Sweden	14.9	4.5
	Germany	6.2	1.7
Europe, large countries	France	6.1	1.8
	United Kingdom	8.7	2.2
	Netherlands	8.5	2.3
Central-Europe, small	Belgium	6.4	1.8
	Austria	8.2	2.3
	Spain	7.3	1.5
Southern-Europe	Italy	5.9	1.5
	Greece	4.7	1.1
	Hungary	9.6	2.1
Eastern-Europe	Czech Republic	8.6	1.5
	Poland	9.3	1.7

Table for figure 3.2.4	Benefits fto family and children as percentages of total social
	protection benefits (TSP) and as percentages of gross domestic
	product (GDP). Europe 2006

		% of TSP	% of GDP
	Denmark	13.1	3.7
	Finland	11.6	2.9
Nordic countries	Iceland	14.9	3.1
	Norway	12.4	2.7
	Sweden	9.8	2.9
	Germany	11.1	3.1
Europe, large countries	France	8.6	2.5
	United Kingdom	6.1	1.6
	Netherlands	5.8	1.6
Central-Europe, small	Belgium	7.1	2
	Austria	10.4	2.9
	Spain	5.7	1.2
Southern-Europe	Italy	4.5	1.2
	Greece	6.2	1.5
	Hungary	13	2.8
Eastern-Europe	Czech Republic	7.6	1.4
	Poland	4.4	0.8

Source: Eurostat (EU-SILC)

#### Table for figure 3.2.5 Unemplyment benefits as percentages of total social protection benefits (TSP) and as percentages of gross domestic product (GDP). Europe 2006

		% of TSP	% of GDP
	Denmark	7.2	2.0
	Finland	8.5	2.2
Nordic countries	Iceland	1.4	0.3
	Norway	1.8	0.4
	Sweden	5.5	1.6
	Germany	6.3	1.7
Europe, large countries	France	6.9	2.0
	United Kingdom	2.4	0.6
	Netherlands	5.0	1.4
Central-Europe, small	Belgium	11.9	3.4
	Austria	5.8	1.6
	Spain	12.5	2.6
Southern-Europe	Italy	2.0	0.5
	Greece	4.6	1.1
	Hungary	3.1	0.7
Eastern-Europe	Czech Republic	3.2	0.6
	Poland	3.0	0.6

# Table for figure 3.2.6 Benefits on housing and social exclusion as percentages of total social protection benefits (TSP) and as percentages of gross domestic product (GDP). Europe 2006

		% of TSP	% of GDP
	Denmark	5.3	1.5
	Finland	3.2	0.8
Nordic countries	Iceland	2.8	0.6
	Norway	3.4	0.7
	Sweden	3.6	1.1
	Germany	3	0.8
Europe, large countries	France	4.3	1.2
	United Kingdom	6.3	1.5
	Netherlands	7.5	2
Central-Europe, small	Belgium	2	0.6
	Austria	1.5	0.4
	Spain	2	0.4
Southern-Europe	Italy	0.3	0.1
	Greece	4.5	1.1
	Hungary	3.1	0.7
Eastern-Europe	Czech Republic	3.1	0.6
	Poland	1.8	0.3

### Supplementary Tables – Chapter 5

### Table for figure 5.2.1 Employment rates by highest level of education attained, persons aged 25-64, 2005

		2005	2000
Denmark	Pre-primary, primary and lower secondary education	60	62
	education	80	81
	Tertiary education	86	89
Finland	Pre-primary, primary and lower secondary education Upper secondary and post-secondary non-tertiary	58	57
	education	75	75
	Tertiary education	84	84
Iceland	Pre-primary, primary and lower secondary education Upper secondary and post-secondary non-tertiary	82	87
	education	88	89
	Tertiary education	92	95
Norway	Pre-primary, primary and lower secondary education Upper secondary and post-secondary non-tertiary	64	65
	education	82	83
	Tertiary education	89	90
Sweden	Pre-primary, primary and lower secondary education Upper secondary and post-secondary non-tertiary	66	68
	education	81	82
	Tertiary education	87	87
Germany	Pre-primary, primary and lower secondary education Upper secondary and post-secondary non-tertiary	52	51
	education	71	70
	Tertiary education	83	83
France	Pre-primary, primary and lower secondary education Upper secondary and post-secondary non-tertiary	58	57
	education	75	76
	Tertiary education	82	83
United Kingdom	Pre-primary, primary and lower secondary education Upper secondary and post-secondary non-tertiary	52	54
	education	80	79
	Tertiary education	88	88
Netherlands	Pre-primary, primary and lower secondary education Upper secondary and post-secondary non-tertiary	60	58
	education	78	79
	Tertiary education	86	86
Belgium	Pre-primary, primary and lower secondary education Upper secondary and post-secondary non-tertiary	49	51
	education	74	75
	Tertiary education	84	85

The table continues

### Table for figure 5.2.1 continued

		2005	2000
Austria	Pre-primary, primary and lower secondary education	53	54
	Upper secondary and post-secondary non-tertiary		
	education	74	75
	Tertiary education	85	87
Spain	Pre-primary, primary and lower secondary education	59	54
	Upper secondary and post-secondary non-tertiary		
	education	75	72
	Tertiary education	82	80
Italy	Pre-primary, primary and lower secondary education	52	48
	Upper secondary and post-secondary non-tertiary		
	education	73	71
	Tertiary education	80	81
Greece	Pre-primary, primary and lower secondary education	58	57
	Upper secondary and post-secondary non-tertiary		
	education	70	66
	Tertiary education	82	81
Hungary	Pre-primary, primary and lower secondary education	38	36
	Upper secondary and post-secondary non-tertiary		
	education	70	72
	Tertiary education	83	82
Czech Republic	Pre-primary, primary and lower secondary education	41	47
	Upper secondary and post-secondary non-tertiary		
	education	75	76
	Tertiary education	86	87
Poland	Pre-primary, primary and lower secondary education	38	43
	Upper secondary and post-secondary non-tertiary		
	education	62	67
	Tertiary education	83	85

### Supplementary Tables – Chapter 6

### Table for figure 6.1.1 and 6.1.2 At-risk-of-poverty rate after social transfers, Europe 2006

		Before social transfers			After social transfers		
		Men	Women	Total	Men	Women	Total
	Denmark	27	29	28	11	12	12
	Finland	28	29	29	12	13	13
Nordic countries	Iceland	18	20	19	9	10	10
	Norway	28	32	30	10	12	11
	Sweden	27	30	29	12	12	12
	Germany	25	26	26	12	13	13
Europe, large	France	24	26	25	12	14	13
countries	United Kingdom	28	32	30	18	20	19
Control Europa	Netherlands	20	22	21	10	10	10
small	Belgium	26	28	27	14	16	15
Sinan	Austria	24	26	25	11	14	13
	Spain	23	25	24	18	21	20
Southern-Europe	Italy	22	25	24	18	21	20
	Greece	22	25	23	20	21	21
	Hungary	30	29	30	16	16	16
Eastern-Europe	Czech Republic	21	22	22	9	11	10
	Poland	30	28	29	20	19	19

Source: Eurostat (EU-SILC)

### Table for figure 6.1.3 Reduction in at-risk-of-poverty rate, percentage points, Europe 2006

See table for figure 6.1.1 and 6.1.2

		Men	Women	Total
	Demmeral	5	2	10101
	Denmark	5	5	4
	Finland	5	4	4
Nordic countries	Iceland	7	6	6
	Norway	6	5	6
	Sweden	8	6	7
	Germany	5	6	5
Europe, large countries	France	6	6	6
	United Kingdom	8	7	8
	Netherlands	5	4	4
Central-Europe, small	Belgium	5	4	4
	Austria	7	6	6
	Spain	11	8	10
Southern-Europe	Italy	11	7	10
	Greece	15	12	14
	Hungary	8	5	7
Eastern-Europe	Czech Republic	3	4	3
	Poland	14	11	13

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#### Table for figure 6.1.4 In work at-risk-of-poverty rate, Europe 2006

Source: Eurostat (EU-SILC)

#### Table for figure 6.1.5 Per cent of households with great difficulties in making ends meet, Europe 2006

		Total	Households below at-risk-of-poverty rate
	Denmark	3	8
	Finland	3	8
Nordic countries	Iceland	5	13
	Norway	3	7
	Sweden	4	11
	Germany	6	2
Europe, large	France	3	7
countries	United Kingdom	5	12
	Netherlands	4	16
Central-Europe, small	Belgium	6	21
	Austria	2	8
	Spain	11	24
Southern-Europe	Italy	15	32
	Greece	18	35
	Hungary	16	41
Eastern-Europe	Czech Republic	9	33
	Poland	21	45

		Total	Households below at-risk-of-poverty rate
	Denmark	24	48
	Finland	30	61
Nordic countries	Iceland	30	42
	Norway	27	45
	Sweden	14	31
	Germany	41	72
Europe, large countries	France	33	66
	United Kingdom	29	53
	Netherlands	23	48
Central-Europe, small	Belgium	21	54
	Austria	27	61
	Spain	30	53
Southern-Europe	Italy	27	54
	Greece	31	54
	Hungary	52	81
Eastern-Europe	Czech Republic	40	81
	Poland	57	83

#### Table for figure 6.1.6. Households unable to cover unforeseen expenses, Europe 2006

Source: Eurostat (EU-SILC)

#### Table for figure 6.1.7a Households unable to afford one, two or three material goods, Europe 2006

		0	1	2	3+	3	4	5+
	Denmark	89	9	2	1	1	0	0
	Finland	88	8	3	1	1	0	0
Nordic countries	Iceland	96	4	0	0	0	0	0
	Norway	93	6	1	0	0	0	0
	Sweden	94	5	1	0	0	0	0
	Germany	91	7	2	0	0	0	0
Europe, large	France	89	9	2	0	0	0	0
countries	United Kingdom	91	8	1	0	0	0	0
Control Francis	Netherlands	93	6	1	0	0	0	0
small	Belgium	89	7	3	1	1	0	0
Sinan	Austria	92	7	1	0	0	0	0
	Spain	87	10	2	0	0	0	0
Southern-Europe	Italy	91	7	2	0	0	0	0
	Greece	78	18	4	0	0	0	0
	Hungary	70	18	8	4	3	1	0
Eastern-Europe	Czech Republic	80	13	6	1	1	0	0
	Poland	62	25	11	2	2	0	0

		0	1	2	3+	3	4	5+
	Denmark	67	23	7	3	2	1	0
	Finland	61	23	11	5	4	1	0
Nordic countries	Iceland	90	10	0	0	0	0	0
	Norway	78	18	3	0	0	0	0
	Sweden	83	15	2	0	0	0	0
	Germany	75	17	7	1	1	0	0
Europe, large	France	71	20	7	1	1	0	0
countries	United Kingdom	78	17	4	0	0	0	0
Control Europo	Netherlands	79	19	3	0	0	0	0
small	Belgium	66	19	11	4	3	1	0
	Austria	78	15	6	1	1	0	0
	Spain	75	17	6	2	2	0	0
Southern-Europe	Italy	76	17	6	2	2	0	0
	Greece	64	24	9	2	2	0	0
Eastern-Europe	Hungary	45	22	18	15	10	4	1
	Czech Republic	46	22	23	10	9	1	0
	Poland	40	34	21	6	5	1	0

#### Table for figure 6.1.7b Households below at-risk-of-poverty rate unable to afford one, two or three material goods, Europe 2006

### Supplementary Tables – Chapter 7

Table for figure 7.3.1 Marginalization, exclusion and disability by country, people aged 20-64 years, in per cent of total

	Marginalised	Excluded	Disabled	n
Denmark	2.3	2.9	4.3	8 799
Finland	5.8	5.1	5.3	17 078
Iceland	1.4	1.6	2.1	5 106
Norway	2.3	1.6	5.0	9 294
Sweden	2.1	2.0	3.8	9 757

Source: Eurostat (EU-SILC)

Table for figure 7.3.2 Marginalization, exclusion and disability by country and gender, people aged 20-64 years, in per cent of total

		Marginalised	Excluded	Disabled	n
Denmark	Men	1.6	1.9	3.1	4 336
	Women	2.9	3.9	5.4	4 463
Finland	Men	5.3	4.3	5.2	8 800
	Women	6.4	6.0	5.3	8 278
Iceland	Men	0.7	0.6	1.2	2 569
	Women	2.1	2.6	3.1	2 537
Norway	Men	1.6	0.5	3.6	4 680
	Women	3.0	2.9	6.4	4 614
Sweden	Men	1.9	1.5	3.4	4 895
	Women	2.2	2.5	4.1	5 008

		Marginalised	Excluded	Disabled	п
Denmark	Primary education	2.3	4.8	9.8	1 935
	Secondary education	1.8	1.6	2.5	4 055
	Tertiary education	2.6	2.4	1.7	2 714
Finland	Primary education	6.5	9.5	12.3	3 342
	Secondary education	6.5	4.6	4.8	8 128
	Tertiary education	4.3	3.2	1.5	5 563
Iceland	Primary education	1.6	2.2	3.8	1 655
	Secondary education	1.7	1.4	1.7	2 215
	Tertiary education	0.7	1.2	0.4	1 148
Norway	Primary education	3.4	3.1	10.3	1 898
	Secondary education	2.0	1.2	4.8	4 209
	Tertiary education	1.7	0.5	1.5	2 873
Sweden	Primary education	2.5	3.6	10.1	1 393
	Secondary education	2.2	1.6	3.6	5 408
	Tertiary education	1.7	1.2	1.0	2 968

### Table for figure 7.3.4 Marginalization, exclusion and disability by education, the Nordic countries, 2006, people 20-64 years, in per cent

Source: Eurostat (EU-SILC)

### Table for figure 7.3.5a-c Marginalization by types of households in the Nordic countries, 2006, people aged 20-64 years, in per cent

		Marginalised	Excluded	Disabled	n
Denmark	Single person	2.8	4.8	7.7	638
	Couple without children	1.0	2.0	5.9	1 383
	Couple with children	3.4	2.3	1.7	1 589
	Single parent	2.5	13.1	3.9	68
	Other	0.7	2.2	4.4	434
Finland	Single person	6.1	6.9	8.1	1 680
	Couple without children	3.5	4.0	5.9	2 651
	Couple with children	7.5	5.6	1.0	3 031
	Single parent	8.7	10.5	2.8	156
	Other	5.1	5.5	7.4	891
Iceland	Single person	1.5	0.9	4.5	247
	Couple without children	0.9	1.1	2.6	449
	Couple with children	1.4	1.5	0.6	979
	Single parent	2.1	5.8	8.7	56
	Other	1.3	1.6	2.9	479
Norway	Single person	3.1	0.3	7.5	894
	Couple without children	1.4	1.7	9.3	1 172
	Couple with children	3.5	1.9	1.5	1 635
	Single parent	6.6	4.4	1.1	<i>92</i>
	Other	2.3	1.3	2.4	769
Sweden	Single person	2.2	2.0	6.6	1 037
	Couple without children	1.4	1.5	4.8	1 472
	Couple with children	2.7	2.5	1.3	1 843
	Single parent	4.6	4.9	4.6	151
	Other	3.9	1.9	4.0	489

		Marginalised	Excluded	Disabled	п
Denmark	Good health	2.2	2.2	0.8	3 541
	Fair health	2.6	3.5	12.1	607
	Bad health	4.6	10.9	30.5	237
Finland	Good health	5.3	4.3	1.8	5 540
	Fair health	5.0	7.2	10.2	1 334
	Bad health	10.1	11.8	25.2	478
Iceland	Good health	1.1	0.9	0.2	1 877
	Fair health	1.5	3.7	8.0	260
	Bad health	7.0	9.3	32.6	71
Norway	Good health	2.7	1.4	1.2	3 618
	Fair health	2.8	1.0	11.3	598
	Bad health	3.6	3.2	31.1	339
Sweden	Good health	2.3	1.5	0.8	3 884
	Fair health	2.3	3.3	11.3	727
	Bad health	2.9	4.3	23.9	246
		Marginalised	Excluded	Disabled	п
Finland	Strongly limited	6.7	7.0	23.5	642
	Limited	6.1	6.4	7.4	1 741
	Not limited	5.2	4.7	1.4	4 970
Iceland	Strongly limited	5.0	9.5	28.4	101
	Limited	1.8	2.4	5.5	270
	Not limited	1.0	1.0	0.2	1 834
Norway	Strongly limited	2.6	2.1	33.7	291
	Limited	4.3	1.8	14.1	506
	Not limited	2.5	1.4	1.3	3 757
Sweden	Strongly limited	2.2	3.6	26.5	365
	Limited	2.2	3.4	8.3	528
	Not limited	2.5	1.8	1.1	4 096

## Table for figure 7.3.6a-b Marginalization, exclusion and disability by general health in the Nordic countries, 2006, people aged 20-64 years, in per cent

		Marginalised	Excluded	Disabled	n
Denmark	Native	2.2	2.5	4.2	10 822
	Born in EU-country	6.5	0.0	3.0	160
	Born outside EU	2.2	10.0	5.7	385
Finland	Native	5.6	4.7	5.4	21 527
	Born in EU-country	9.7	9.6	2.3	250
	Born outside EU	16.1	20.8	2.0	333
Norway	Native	2.1	1.3	5.0	10 808
	Born in EU-country	3.5	1.2	4.8	323
	Born outside EU	4.4	6.8	4.5	520
Sweden	Native	1.8	1.3	3.3	11 859
	Born in EU-country	2.6	3.2	7.7	597
	Born outside EU	4.3	9.1	4.4	1 019

Table for figure 7.3.7	Marginalization, exclusion and disability by country	of birth,	the
	Nordic countries, 2006, people aged 20-64 years, in	1 per cent	

Source: Eurostat (EU-SILC)

Table for figure 7.3.8a-c Marginalization,	people aged 20-64	4 years,	Europe,	2006,	in per
cent					

	Excluded	Disabled	Marginalised	n
Denmark	2.9	4.3	2.3	8 799
Finland	5.1	5.3	5.8	17 078
Iceland	1.6	2.1	1.4	5 106
Norway	1.6	5.0	2.3	9 294
Sweden	2.0	3.8	2.1	9 757
France	8.3	3.4	3.3	14 378
United Kingdom	10.3	5.2	1.0	13 181
Belgium	15.7	3.8	2.6	8 612
Netherlands	10.9	4.0	3.1	14 039
Austria	10.6	0.3	3.1	8 950
Luxembourg	14.1	3.0	2.8	6 437
Ireland	17.4	4.7	2.6	7 731
Spain	17.5	2.1	3.3	20 699
Italy	17.5	1.0	4.2	33 006
Greece	19.0	1.5	3.0	8 763
Portugal	12.9	1.5	3.1	7 188
Cyprus	12.5	0.8	3.8	6 645
Hungary	8.1	8.3	4.3	12 030
Czech Republic	11.1	4.3	2.4	10 893
Poland	14.5	7.0	4.4	27 302
Estonia	6.8	4.4	4.1	9 182
Litaunia	8.3	5.7	4.2	7 050
Latvia	9.6	2.2	3.1	6 179
Slovakia	8.0	1.9	2.7	9 757

#### Supplementary table 7.3.2 Logistic regression showing the probability of being marginalized excluded or disabled, people aged 20-64 years, Nordic countries, 2006

Reference group: not excluded or disabled, male, 35-44 years, higher education, belonging to group 'couple with children', good health and born in the country.

	Marginalised					
	95 %					fidence
		Chi-		Odds	interval for	
	Estimate	square	Significance	estimate	Odds est	timate
Denmark						
Intercept	-4.20	49 123.47	<.0001			
Woman	0.34	5 571.00	<.0001	2.0	2.0	2.0
20-24 years	0.47	1 161.49	<.0001	1.4	1.4	1.5
25-34 years	0.78	9 505.46	<.0001	1.9	1.9	2.0
45-54 years	-1.03	6 471.26	<.0001	0.3	0.3	0.3
55-64 years	-0.35	951.26	<.0001	0.6	0.6	0.6
Primary education	0.28	1 706.93	<.0001	1.4	1.4	1.5
Secondary education	-0.21	1 227.34	<.0001	0.9	0.8	0.9
Single person	0.43	1 540.63	<.0001	0.6	0.6	0.7
Couple without children	-0.46	1 235.81	<.0001	0.3	0.3	0.3
Single parent	-0.13	25.68	<.0001	0.4	0.3	0.4
Other household	-0.69	953.48	<.0001	0.2	0.2	0.2
Fair health	0.10	152.46	<.0001	1.9	1.9	1.9
Bad health	0.44	2 125.15	<.0001	2.7	2.6	2.7
Born in EU country	0.51	308.86	<.0001	1.2	1.1	1.3
Born outside EU	-0.83	1 186.14	<.0001	0.3	0.3	0.3
Finland						
Intercept	-2.26	47 396.89	<.0001			
Woman	0.18	4 224.50	<.0001	1.4	1.4	1.4
20-24 years	0.93	24 048.28	<.0001	3.1	3.0	3.1
25-34 years	0.22	1 893.95	<.0001	1.5	1.5	1.5
45-54 years	-0.54	8 848.81	<.0001	0.7	0.7	0.7
55-64 years	-0.43	4 485.65	<.0001	0.8	0.8	0.8
Primary education	0.23	2 561.69	<.0001	1.3	1.3	1.4
Secondary education	-0.18	2 250.88	<.0001	0.9	0.9	0.9
Single person	0.05	49.81	<.0001	0.7	0.6	0.7
Couple without children	-0.43	4 234.58	<.0001	0.4	0.4	0.4
Single parent	-0.02	2.36	0.1245			
Other household	-0.06	55.24	<.0001	0.6	0.6	0.6
Fair health	-0.24	2 030.66	<.0001	1.2	1.2	1.2
Bad health	0.65	10 824.59	<.0001	2.9	2.8	2.9
Born in EU country	-0.22	190.88	<.0001	1.1	1.0	1.1
Born outside EU	0.49	1 233.23	<.0001	2.1	2.1	2.2

The table continues...

	Marginalised					
	95 % conf					nfidence
	<b>D</b> ·	Chi-	0	Odds	interv	al for
	Estimate	square	Significance	estimate	Odds e	stimate
Iceland						
<b>T</b>	1.40	0.050.54	0001			
Intercept	-4.49	8 978.56	<.0001			
Woman	0.93	898.68	<.0001	6.5	5.7	7.3
20-24 years	0.55	120.20	<.0001	1.0	0.9	1.1
25-34 years	0.13	8.65	0.0033	0.7	0.6	0.7
45-54 years	-0.35	44.76	<.0001	0.4	0.4	0.5
55-64 years	-0.90	172.78	<.0001	0.2	0.2	0.3
Primary education	-0.41	93.74	<.0001	1.1	0.9	1.3
Secondary education	0,88	701.66	<.0001	3.9	3.4	4.4
Single person	0.35	35.94	<.0001	1.2	1.0	1.3
Couple without children	-0.12	4.04	0.0445	0.7	0.6	0.8
Single parent	-0.50	27.22	<.0001	0.5	0.4	0.6
Other household	0.05	1.11	0.2924			
Fair health	-0.48	104.71	<.0001	1.7	1.5	1.9
Bad health	1.48	941.71	<.0001	11.9	10.3	13.6
Norway						
Intercept	-3.53	89 490.59	<.0001			
Woman	0.36	7 552.03	<.0001	2.0	2.0	2.1
20-24 years	1.28	22 950.95	<.0001	3.2	3.2	3.3
25-34 years	0.87	13 957.05	<.0001	2.2	2.1	2.2
45-54 years	-1.00	7 036.57	<.0001	0.3	0.3	0.3
55-64 years	-1.26	7 046.05	<.0001	0.3	0.2	0.3
Primary education	0.54	8 518.55	<.0001	3.1	3.0	3.2
Secondary education	0.04	66.70	<.0001	1.9	1.8	1.9
Single person	0.01	1.10	0.2949			
Couple without children	-0.39	1 558.49	<.0001	0.5	0.5	0.6
Single parent	0.59	1 550.09	<.0001	1.5	1.4	1.5
Other household	-0.41	1 837.03	<.0001	0.5	0.5	0.6
Fair health	0.01	1.77	0.1837			
Bad health	0.35	1 533.67	<.0001	2.0	2.0	2.1
Born in EU country	0.09	22.94	<.0001	1.2	1.2	1.3
Born outside EU	0.03	4.67	0.0308	1.2	1.1	1.2

#### Supplementary table 7.3.2 continued

The table continues ...

	Marginalised					
					95	%
					confi	dence
		Chi-		Odds	interv	al for
	Estimate	square	Significance	estimate	Odds e	stimate
Sweden						
_		245				
Intercept	-3.17	864.32	<.0001			
Woman	0.08	772.41	<.0001	1.2	1.2	1.2
20-24 years	0.80	12 958.23	<.0001	2.9	2.9	3.0
25-34 years	0.77	21 931.56	<.0001	2.8	2.8	2.9
45-54 years	-0.87	11 728.62	<.0001	0.6	0.5	0.6
55-64 years	-0.42	2 785.51	<.0001	0.9	0.9	0.9
Primary education	0.18	853.19	<.0001	1.4	1.3	1.4
Secondary education	-0.05	119.65	<.0001	1.1	1.1	1.1
Single person	-0.28	1 938.84	<.0001	0.7	0.7	0.7
Couple without children	-0.60	7 727.48	<.0001	0.5	0.5	0.5
Single parent	0.72	4 909.30	<.0001	1.9	1.8	1.9
Other household	0.08	96.79	<.0001	1.0	1.0	1.0
Fair health	-0.04	31.65	<.0001	1.2	1.1	1.2
Bad health	0.22	690.83	<.0001	1.5	1.5	1.5
Born in EU country	0.61	6 671.42	<.0001	2.8	2.7	2.9
Born outside EU	-0.20	736.84	<.0001	1.2	1.2	1.3
			Exclud	ed		
					95	%
					confi	dence
	<b>.</b> .	Chi-	o:	Odds	interv	al for
	Estimate	square	Significance	estimate	Odds e	stimate
Denmark						
Intercept	-7.32	1.19	0.2755			
Woman	0.55	15 729.19	<.0001	3.0	3.0	3.1
20-24 years	-0.68	1 499.77	<.0001	0.3	0.3	0.3
25-34 years	0.28	1 033.43	<.0001	0.8	0.8	0.8
45-54 years	-0.12	197.09	<.0001	0.5	0.5	0.5
55-64 years	0.02	3.04	0.0814			
Primary education	0.65	13 491.59	<.0001	2.4	2.3	2.4
Secondary education	-0.43	5 171.57	<.0001	0.8	0.8	0.8
Single person	0.41	3 101.60	<.0001	2.1	2.0	2.1
Couple without children	-0.39	1 867.70	<.0001	0.9	0.9	1.0
Single parent	0.86	3 906.55	<.0001	3.3	3.2	3.4
Other household	-0.55	1 758.19	<.0001	0.8	0.8	0.8
Fair health	-0.38	2 613.08	<.0001	1.0	1.0	1.0
Bad health	0.78	13 443.09	<.0001	3.2	3.2	3.3
Born in EU country	-8.94	0.44	0.5057			
Born outside EU	5.26	0.61	0.4335			

#### Supplementary table 7.3.2 continued

The table continues ...

	Excluded					
					95	5 %
					confi	dence
		Chi-		Odds	interv	val for
	Estimate	square	Significance	estimate	Odds e	estimate
Finland						
Intercept	-2.08	33 932.38	<.0001			
Woman	0.26	8 271.49	<.0001	1.7	1.7	1.7
20-24 years	0.15	410.56	<.0001	1.4	1.4	1.4
25-34 years	0.09	252.03	<.0001	1.3	1.3	1.3
45-54 years	-0.26	2 193.10	<.0001	0.9	0.9	0.9
55-64 years	0.21	1 401.11	<.0001	1.5	1.5	1.5
Primary education	0.59	19 590.39	<.0001	3.0	2.9	3.0
Secondary education	-0.08	470.03	<.0001	1.5	1.5	1.6
Single person	0.10	318.64	<.0001	1.0	1.0	1.0
Couple without children	-0.57	8 845.07	<.0001	0.5	0.5	0.5
Single parent	0.54	1 811.40	<.0001	1.5	1.5	1.6
Other household	-0.21	737.51	<.0001	0.7	0.7	0.7
Fair health	0.00	0.08	0.7713			
Bad health	0.47	6 902.50	<.0001	2.6	2.5	2.6
Born in EU country	-0.74	1 408.68	<.0001	0.7	0.7	0.8
Born outside EU	1.19	7 851.57	<.0001	5.1	5.0	5.3
Iceland						
Intercept	-3.82	10 639.03	<.0001			
Woman	0.78	752.37	<.0001	4.7	4.2	5.3
20-24 years	-0.53	59.98	<.0001	0.3	0.3	0.4
25-34 years	-0.06	1.93	0.1644			
45-54 years	0.19	21.19	<.0001	0.7	0.6	0.8
55-64 years	-0.13	5.57	0.0183	0.5	0.4	0.6
Primary education	0.20	44.67	<.0001	1.2	1.1	1.4
Secondary education	-0.20	42.08	<.0001	0.8	0.7	0.9
Single person	-0.53	63.47	<.0001	0.5	0.4	0.6
Couple without children	-0.28	27.54	<.0001	0.7	0.6	0.8
Single parent	0.76	152.52	<.0001	1.9	1.6	2.2
Other household	-0.09	4.25	0.0392	0.8	0.7	0.9
Fair health	0.18	30.63	<.0001	4.2	3.8	4.6
Bad health	1.06	760.77	<.0001	10.0	8.9	11.3

### Supplementary table 7.3.2 continued

The table continues ...
			Exclude	ed		
					95	5 %
					confi	dence
		Chi-		Odds	inter	val for
	Estimate	square	Significance	estimate	Odds e	estimate
Norway						
Intercept	-4.64	61 322.41	<.0001			
Woman	0.70	10 390.93	<.0001	4.1	4.0	4.2
20-24 years	1.03	7 606.01	<.0001	6.2	5.9	6.4
25-34 years	0.32	876.20	<.0001	3.0	2.9	3.1
45-54 years	-0.81	3 655.33	<.0001	1.0	0.9	1.0
55-64 years	0.26	426.08	<.0001	2.8	2.7	3.0
Primary education	1.03	12 481.22	<.0001	9.1	8.7	9.5
Secondary education	0.15	276.82	<.0001	3.8	3.6	4.0
Single person	-1.56	6 324.38	<.0001	0.1	0.1	0.1
Couple without children	0.20	293.77	<.0001	0.7	0.7	0.7
Single parent	1.20	3 951.81	<.0001	1.9	1.8	1.9
Other household	-0.43	943.72	<.0001	0.4	0.3	0.4
Fair health	-0.45	1 328.40	<.0001	0.7	0.7	0.8
Bad health	0.60	3 035.86	<.0001	2.1	2.0	2.2
Born in EU country	-0.54	320.14	<.0001	0.7	0.6	0.8
Born outside EU	0.73	1 469.49	<.0001	2.5	2.4	2.6
Sweden						
Intercept	-3.21	207 350.13	<.0001			
Woman	0.09	563.60	<.0001	1.2	1.2	1.2
20-24 years	0.63	5 649.55	<.0001	1.9	1.8	1.9
25-34 years	0.30	1 979.70	<.0001	1.4	1.3	1.4
45-54 years	-0.48	3 630.84	<.0001	0.6	0.6	0.6
55-64 years	-0.44	2 384.60	<.0001	0.6	0.6	0.7
Primary education	0.41	4 060.68	<.0001	2.3	2.2	2.3
Secondary education	0.02	12.77	0.0004	1.6	1.5	1.6
Single person	0.12	310.87	<.0001	1.3	1.2	1.3
Couple without children	-0.47	3 351.11	<.0001	0.7	0.7	0.7
Single parent	0.85	6 534.59	<.0001	2.6	2.5	2.7
Other household	-0.40	1 507.09	<.0001	0.7	0.7	0.8
Fair health	0.00	0.28	0.5969			
Bad health	0.54	5 363.01	<.0001	2.9	2.9	3.0
Born in EU country	-0.22	410.00	<.0001	1.6	1.5	1.6
Born outside EU	0.91	16 008.47	<.0001	4.9	4.9	5.0

The table continues ...

			Disabl	ed		
					9:	5 %
					conf	idence
		Chi-		Odds	inter	val for
	Estimate	square	Significance	estimate	Odds	estimate
Denmark						
Intercept	-5.88	1.50	0.2207			
Woman	0.35	10 177.60	<.0001	2.0	2.0	2.1
20-24 years	-12.11	0.40	0.5279			
25-34 years	2.47	0.27	0.6062			
45-54 years	3.13	0.43	0.5143			
55-64 years	3.75	0.61	0.4346			
Primary education	0.53	12 787.42	<.0001	2.3	2.3	2.3
Secondary education	-0.24	2 122.98	<.0001	1.1	1.0	1.1
Single person	0.55	5 062.80	<.0001	2.7	2.6	2.7
Couple without children	0.07	67.69	<.0001	1.6	1.6	1.7
Single parent	-0.29	173.91	<.0001	1.2	1.1	1.2
Other household	0.10	74.79	<.0001	1.7	1.6	1.7
Fair health	0.41	8 034.52	<.0001	10.6	10.4	10.8
Bad health	1.53	100 052.76	<.0001	32.2	31.6	32.8
Born in EU country	0.32	261.04	<.0001	1.4	1.3	1.5
Born outside EU	-0.31	462.17	<.0001	0.7	0.7	0.8
Finland						
Intercept	-3 78	24 686 36	< 0001			
Woman	0.13	1 742 05	< 0001	13	13	13
20-24 years	-2.28	4 076.37	<.0001	0.1	0.1	0.1
25-34 years	0.01	0.38	0.5377			
45-54 years	1.04	9 654.03	<.0001	3.7	3.6	3.8
55-64 years	1.48	20 265.51	<.0001	5.7	5.5	5.9
Primary education	0.62	17 738.57	<.0001	4.2	4.1	4.2
Secondary education	0.19	1 672.64	<.0001	2.7	2.6	2.8
Single person	0.56	5 377.97	<.0001	4.6	4.4	4.7
Couple without children	-0.05	48.35	<.0001	2.5	2.4	2.5
Single parent	0.25	116.37	<.0001	3.3	3.1	3.5
Other household	0.20	498.26	<.0001	3.2	3.1	3.3
Fair health	0.19	1 898.37	<.0001	3.9	3.9	4.0
Bad health	1.00	44 632.37	<.0001	8.8	8.7	9.0
Born in EU country	0.39	162.85	<.0001	1.1	1.0	1.2
Born outside EU	-0.67	303.71	<.0001	0.4	0.4	0.4

The table continues ...

			Disable	ed		
					9	5 %
					cont	idence
		Chi-	o	Odds	inter	val for
	Estimate	square	Significance	estimate	Odds	estimate
Iceland						
Intercept	-6.53	0.05	0.8259			
Woman	0.50	480.12	<.0001	2.7	2.5	3.0
20-24 years	-13.40	0.01	0.9102			
25-34 years	3.55	0.01	0.9049			
45-54 years	3.60	0.01	0.9034			
55-64 years	4.10	0.02	0.8903			
Primary education	0.23	46.75	<.0001	1.7	1.5	2.0
Secondary education	0.09	7.00	0.0082	1.5	1.3	1.8
Single person	0.13	8.81	0.003	2.6	2.2	3.0
Couple without children	-0.67	239.32	<.0001	1.2	1.0	1.3
Single parent	1.42	553.58	<.0001	9.4	7.9	11.1
Other household	-0.06	2.97	0.0848			
Fair health	0.53	309.42	<.0001	27.5	24.1 135	31.4
Bad health	2.26	4 798.34	<.0001	155.1	0	178.1
Norway						
Intercept	-6.11	2.53	0.1114			
Woman	0.40	14 120.22	<.0001	2.2	2.2	2.3
20-24 years	-12.10	0.62	0.4307			
25-34 years	2.09	0.30	0.5859			
45-54 years	3.18	0.68	0.408			
55-64 years	3.81	0.98	0.3214			
Primary education	0.70	20 130.94	<.0001	4.3	4.2	4.4
Secondary education	0.05	99.37	<.0001	2.2	2.2	2.3
Single person	1.06	10 499.53	<.0001	4.2	4.1	4.3
Couple without children	0.82	6 132.46	<.0001	3.3	3.3	3.4
Single parent	-1.13	1 075.73	<.0001	0.5	0.4	0.5
Other household	-0.36	860.43	<.0001	1.0	1.0	1.1
Fair health	0.21	2 046.11	<.0001	6.0	5.9	6.1
Bad health	1.38	93 880.92	<.0001	19.3	19.0	19.6
Born in EU country	0.15	139.20	<.0001	1.5	1.4	1.5
Born outside EU	0.08	48.06	<.0001	1.4	1.3	1.4

The table continues ...

		Disabled						
					95	5 %		
					confi	dence		
		Chi-		Odds	inter	val for		
	Estimate	square	Significance	estimate	Odds	estimate		
Sweden								
Intercept	-3.20	150 389.14	<.0001					
Woman	0.13	2 381.17	<.0001	1.3	1.3	1.3		
20-24 years	-1.97	5 831.55	<.0001	0.1	0.1	0.1		
25-34 years	-0.16	254.89	<.0001	0.6	0.6	0.6		
45-54 years	0.56	4 657.12	<.0001	1.2	1.1	1.2		
55-64 years	1.17	21 959.92	<.0001	2.1	2.1	2.2		
Primary education	0.69	23 911.36	<.0001	4.9	4.8	5.0		
Secondary education	0.21	2 623.93	<.0001	3.0	3.0	3.1		
Single person	0.65	14 422.03	<.0001	3.7	3.6	3.7		
Couple without children	0.04	51.63	<.0001	2.0	2.0	2.0		
Single parent	0.26	502.60	<.0001	2.5	2.4	2.6		
Other household	-0.29	1 415.56	<.0001	1.4	1.4	1.5		
Fair health	0.51	19 784.04	<.0001	10.9	10.8	11.1		
Bad health	1.38	114 109.13	<.0001	26.2	25.8	26.5		
Born in EU country	0.11	304.17	<.0001	1.7	1.6	1.7		
Born outside EU	0.28	2 118.60	<.0001	2.0	1.9	2.0		

	Men	Women	n
Denmark	5	17	4 097
Finland	6	15	8 132
Iceland	4	19	2 194
Norway	7	24	4 539
Sweden	7	24	4 753
France	5	18	7 309
United Kingdom	7	27	6 712
Belgium	7	21	4 331
Netherlands	13	44	7 274
Austria	5	23	4 390
Luxembourg	3	25	3 105
Ireland	8	31	3 674
Spain	3	14	8 208
Italy	6	17	13 735
Greece	7	14	3 476
Portugal	2	10	2 547
Cyprus	6	10	2 593
Hungary	3	5	5 179
Czech Republic	2	5	5 167
Poland	4	10	10 657
Estonia	3	7	4 085
Litaunia	6	9	3 103
Latvia	4	9	2 704
Slovakia	2	6	3 658

Table for figure 7.4.1 Part-time employment by country and gender, 2006, in per cent of total

Source: Eurostat (EU-SILC)

### Table for figure 7.4.2 Share of women working full-time and part-time in the Nordic countries, 2006, in per cent of total

	Denmark	Finland	Iceland	Norway	Sweden
Part-time	17	14	19	24	24
Full time	46	52	55	48	50
n	1 974	3 995	1 075	2 224	2 360

Source: Eurostat (EU-SILC)

### Table for figure 7.4.3 Share of women working short and long part-time in the Nordic countries, 2006, in per cent of employed

	Short part-time	Long part-time	Full time	n
Denmark	2	26	72	1 448
Finland	5	16	79	2 743
Iceland	4	22	74	799
Norway	11	23	66	1 667
Sweden	2	31	67	1 790

	Den	mark	Fir	nland	Ice	land	No	rway	Swe	eden
	Full time	Part- time								
20-24 years	28	8	22	24	27	17	31	14	25	20
25-34 years	47	12	48	19	50	15	54	18	56	20
35-44 years	57	22	62	14	63	20	54	28	57	27
45-54 years	54	21	69	9	67	20	52	28	57	25
55-64 years	36	15	43	12	57	22	38	25	40	28
n	1 022	426	2 148	595	583	216	1 068	599	1 178	612

### Table for figure 7.4.4 Share of women working full-time and part-time by age in the Nordic countries, 2006, in per cent

Source: Eurostat (EU-SILC)

#### Table for figure 7.4.5 Share of women working full-time and part-time by education in the Nordic countries, 2006, in per cent

		Primary education	Secondary education	Tertiary education	n
	Full time	35	46	57	1 022
Denmark	Part-time	13	18	19	426
	Not employed	52	36	24	526
	Full time	37	46	67	2 148
Finland	Part-time	12	18	12	595
	Not employed	51	36	21	1 252
	Full time	44	51	74	583
Iceland	Part-time	23	18	14	216
	Not employed	33	31	12	276
	Full time	31	48	62	1 068
Norway	Part-time	25	25	23	599
	Not employed	44	27	15	557
	Full time	38	45	60	1 178
Sweden	Part-time	25	27	21	612
	Not employed	37	28	19	570

Source: Eurostat (EU-SILC)

### Table for figure 7.4.6 Share of women working part-time by education in the Nordic countries, 2006, in per cent of employed

	Denmark	Finland	Iceland	Norway	Sweden
Primary education	27	25	34	44	38
Secondary education	28	28	27	34	37
Tertiary education	25	15	16	27	26
n	1 439	2 742	797	1 648	1 784

					3 or	
		No		2	more	
		children	1 child	children	children	n
Denmark	Full time	45	57	48	67	1 022
	Part-time	14	20	26	33	426
	Not employed	41	23	26	0	526
	Full time	52	53	55	40	2 148
Finland	Part-time	15	14	15	15	595
	Not employed	33	33	30	45	1 252
	Full time	60	54	50	42	583
Iceland	Part-time	15	17	22	32	216
	Not employed	25	29	28	26	276
	Full time	49	49	49	37	1 068
Norway	Part-time	25	19	29	34	599
	Not employed	26	32	22	29	557
	Full time	49	56	50	39	1 178
Sweden	Part-time	22	25	33	30	612
	Not employed	29	19	17	31	570

### Table for figure 7.4.7 Share of women working full-time and part-time by number of children in the Nordic countries, 2006, in per cent of all

Source: Eurostat (EU-SILC)

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### Table for figure 7.4.8 Share of women working full-time and part-time by general health in the Nordic countries, 2006, in per cent of all

		Good health	Fair health	Bad health	n
	Full time	53	36	9	1 022
Denmark	Part-time	17	16	9	426
	Not employed	30	48	82	526
	Full time	56	48	17	2 148
Finland	Part-time	16	13	9	595
	Not employed	28	39	74	1 252
	Full time	60	37	14	583
Iceland	Part-time	18	26	4	216
	Not employed	22	37	82	276
	Full time	55	33	11	1 068
Norway	Part-time	25	30	13	599
	Not employed	20	37	76	557
Sweden	Full time	56	36	17	1 178
	Part-time	24	28	18	612
	Not employed	20	36	65	570

		Good health	Fair/bad health, high education	Fair/bad health, low education	n
Denmark	Full time	54	36	24	1 022
Definitark	Part-time	17	25	11	426
Finland	Full time	56	55	33	2 148
	Part-time	16	13	12	595
Icoland	Full time	60	63	26	583
icelaliu	Part-time	19	11	20	216
Nomiou	Full time	56	40	20	1 068
INDIWAY	Part-time	24	35	20	599
Swadan	Full time	56	47	25	1 178
Sweden	Part-time	25	26	25	612

### Table for figure 7.4.9 Share of women working full-time and part-time by general health and education in the Nordic countries, 2006, in per cent of all

Source: Eurostat (EU-SILC)

### Table for figure 7.4.10 Share of women working part-time by selected occupations in the Nordic countries, 2006, in per cent of all employed

	Denmark	Finland	Iceland	Norway	Sweden
Akademiske yrker	21	22	18	24	24
Yrker m kortere høgskoleutd	26	12	31	28	29
Kontor/ kundeserviceyrker	28	23	17	26	32
Salg, - service og omsorgsyrker	34	31	36	50	50
Yrker uten krav til utdanning	0	29	39	54	37
n	424	595	216	582	612

Source: Eurostat (EU-SILC)

# Table for figure 7.4.11 Share of women working part-time by selected main industrial classifications in the Nordic countries, 2006, in per cent of all employed

	Denmark	Finland	Iceland	Norway	Sweden
Wholesale and retail trade	18	38	20	41	40
Hotels and restaurants		27			
Financial intermediation		13	9		
Public administration	15	7	24	23	15
Education	33	32	19	35	28
Health and social work	33	15	41	43	45
Other	28	24	34	27	30
n	338	595	215	479	588

#### Table for figure 7.4.12 Share of women working part-time at the time of the interview by number of months with part-time work as main activity the proceeding year in the Nordic countries, in per cent of part-time workers

	0 months	1-5 months	6-11 months	12 months	n
Denmark	28	2	4	66	426
Finland	26	16	21	36	595
Iceland	32	10	12	46	216
Norway	26	6	5	63	595
Sweden	10	8	6	75	612

Source: Eurostat (EU-SILC)

# Table for figure 7.4.13 Share of women who are stable part-time workers and share of women who are new part-time workers in the Nordic countries, 2006, in per cent of all in work

	Part-time 12		
	months proceeding	Part-time 0 months	
	year	proceeding year	n
Denmark	18	7	1 448
Finland	8	6	2 743
Iceland	12	8	799
Norway	21	9	1 667
Sweden	25	3	1 790

Source: Eurostat (EU-SILC)

#### Table for figure 7.4.14 Share of women who are stable part-time workers by age in the Nordic countries, 2006, in per cent of all employed

	20-24 years	25-34 years	35-44 years	45-54 years	55-64 years	n
Denmark	2	8	21	20	22	1 448
Finland	14	8	7	3	13	2 743
Iceland	6	11	11	11	17	799
Norway	15	12	20	24	29	1 667
Sweden	22	17	25	25	33	1 790

Source: Eurostat (EU-SILC)

#### Table for figure 7.4.15 Andel kvinner som er stabile deltidsarbeidende, etter utdanning. Norden 2006. Prosent av yrkesaktive

	Primary education	Secondary education	Tertiary education	п
Denmark	17	18	17	1 439
Finland	13	10	5	1 795
Iceland	15	13	8	797
Norway	30	21	16	1 648
Sweden	30	30	18	1 784

	Good health	Fair health	Bad health	п
Denmark	15	25	24	1 223
Finland	8	11	4	2 500
Iceland	11	17	:	799
Norway	19	32	32	1 665
Sweden	23	34	40	1 770

Table for figure 7.4.16 Share of women who are stable part-time workers by general health in the Nordic countries, 2006, in per cent of all employed

Source: Eurostat (EU-SILC)

# Table for figure 7.4.17 Share of women who are new part-time workers by number of months of full-time work the proceeding year in the Nordic countries, 2006, in per cent of all employed

	0 months full time	1-11 months	12 months	
	0 months full time	Tuli ume	iun ume	n
Denmark	29	7	64	1 447
Finland	0	21	79	2 743
Iceland	11	15	74	799
Norway	9	7	84	1 651
Sweden	5	4	91	1 790

Source: Eurostat (EU-SILC)

# Table for figure 7.4.18 Share of women working part-time who state various reasons why they work part-time in the Nordic countries, 2006, in per cent of part-time workers

	Education or training	Illness or disability	Want to work more	Do not want to work more	Consider job as full time	Housework, looking after others	Other reasons	п
Denmark	0	11	20	37	10	10	12	137
Finland	38	2	22	12	6	4	15	379
Iceland	12	17	6	14	15	21	16	130
Norway	2	28	19	18	2	27	5	364
Sweden	5	34	23	22	0	9	6	233

		Full				Domestic		Domestic	
		time	Part-time	Retired	Disabled	tasks	Inactive	tasks/inactive	n
	25-54 years	72.0	11.6	0.3	4.6	0.6	10.9	11.5	2 716
	55-59 years	69.8	10.9	0.9	16.5	1.0	0.9	1.9	558
Denmark	60-64 years	35.0	5.4	44.6	13.4	1.0	0.6	1.6	519
	65-69 years	6.0	2.4	85.7	4.4	0.9	0.6	1.4	366
	70 years +	0.2	0.1	98.2	1.2	0.2	0.1	0.3	710
	25-54 years	78.8	7.2	0.2	4.2	5.0	4.6	9.6	5 148
	55-59 years	74.2	6.0	2.2	14.3	2.0	1.2	3.2	1 035
Finland	60-64 years	31.9	13.6	25.8	27.2	0.6	1.0	1.6	857
	65-69 years	2.5	3.6	87.8	5.9	0.0	0.2	0.2	686
	70 years +	0.1	0.7	98.6	0.1	0.0	0.4	0.4	1 279
	25-54 years	75.3	9.9	0.0	2.1	3.5	9.2	12.7	1 549
	55-59 years	78.5	10.8	0.0	6.4	1.1	3.3	4.4	226
Iceland	60-64 years	69.3	12.6	1.8	11.4	2.9	2.1	5.0	167
	65-69 years	39.2	15.6	29.0	9.4	3.6	3.2	6.8	112
	70 years +	3.8	3.0	85.5	3.1	2.0	2.6	4.6	354
	25-54 years	75.5	10.3	0.2	5.0	0.0	9.1	9.1	3 170
	55-59 years	67.9	12.6	1.5	15.4	0.0	2.7	2.7	743
Norway	60-64 years	47.8	13.1	10.2	25.3	0.0	3.5	3.5	419
	65-69 years	13.0	6.0	64.1	15.4	0.0	1.6	1.6	297
	70 years +	0.9	0.8	96.9	0.3	0.0	1.2	1.2	613
	25-54 years	72.0	17.2	0.4	4.3	0.7	5.4	6.1	3 312
	55-59 years	63.8	19.5	2.4	12.8	0.9	0.6	1.5	539
Sweden	60-64 years	44.3	23.1	16.7	13.4	1.7	0.9	2.6	550
	65-69 years	5.4	5.0	87.5	1.4	0.5	0.3	0.7	418
	70 years +	0.8	0.6	98.3	0.3	0.1	0.0	0.1	957

#### Table for figure 7.5.1 Egendefinert økonomisk status, seniorer i Norden. 2006

		25-54 years	55-59 years	60-64 years	65-69 years	70 years +
Denmark	Men	89.1	87.1	48.0	12.8	0.8
	Women	77.6	74.4	31.3	4.5	0.0
Finland	Men	91.2	79.1	48.6	10.9	1.2
	Women	81.0	81.4	42.5	1.7	0.6
Iceland	Men	91.9	96.0	86.7	64.3	12.2
	Women	78.3	82.2	77.5	43.9	2.4
Norway	Men	89.8	82.3	69.8	24.4	3.0
	Women	81.5	78.6	53.2	14.1	0.8
Sweden	Men	92.4	88.7	69.5	15.2	2.2
	Women	86.0	78.0	65.2	5.7	0.7
N-table						
		25-54 years	55-59 years	60-64 years	65-69 years	70 years +
Denmark	Men	1 390	296	290	179	357
	Women	1 326	262	229	187	353
Finland	Men	2 587	543	458	352	527
	Women	2 561	492	399	334	752
Iceland	Men	786	122	81	60	178
	Women	763	104	86	52	176
Norway	Men	1 623	237	199	148	288
	Women	1 547	236	220	149	325
Sweden	Men	1 673	262	276	212	405
	Women	1 639	277	274	206	552

### Table for figure 7.5.2 Share of people employed by gender and age in the Nordic countries, per cent, 2006

		25-54 years	55-59 years	60-64 years	65-69 years	70 years +
Denmark	Primary education	78.0	67.8	24.3	7.3	0.5
	Secondary education	85.5	84.4	43.7	7.9	0.3
	Tertiary education	86.0	92.2	64.7	13.9	0.0
Finland	Primary education	76.9	72.6	37.1	6.5	0.8
	Secondary education	85.5	76.1	42.9	5.0	0.6
	Tertiary education	89.8	92.2	60.9	6.7	1.7
Iceland	Primary education	84.5	86.1	70.6	53.4	6.5
	Secondary education	82.0	89.0	87.1	49.9	5.7
	Tertiary education	90.8	93.5	94.3	71.8	16.2
Norway	Primary education	78.5	66.3	45.2	14.3	1.6
	Secondary education	87.6	79.9	59.7	18.7	1.0
	Tertiary education	89.4	94.0	80.6	27.3	4.6
Sweden	Primary education	84.0	75.5	58.4	9.1	1.9
	Secondary education	90.1	83.3	67.2	10.3	3.1
	Tertiary education	90.1	89.6	81.7	12.5	6.1
N-table		25-54 years	55-59 years	60-64 years	65-69 years	70 years +
N-table Denmark	Primary education	25-54 years 489	55-59 years 124	60-64 years 159	65-69 years 156	70 years + 313
N-table Denmark	Primary education Secondary education	25-54 years 489 1 221	55-59 years 124 264	60-64 years 159 224	65-69 years 156 133	70 years + 313 203
N-table Denmark	Primary education Secondary education Tertiary education	25-54 years 489 1 221 982	55-59 years 124 264 166	60-64 years 159 224 135	65-69 years 156 133 73	70 years + 313 203 104
N-table Denmark Finland	Primary education Secondary education Tertiary education Primary education	25-54 years 489 1 221 982 646	55-59 years 124 264 166 302	60-64 years 159 224 135 353	65-69 years 156 133 73 328	70 years + 313 203 104 815
N-table Denmark Finland	Primary education Secondary education Tertiary education Primary education Secondary education	25-54 years 489 1 221 982 646 2 433	55-59 years 124 264 166 302 397	60-64 years 159 224 135 353 262	65-69 years 156 133 73 328 206	70 years + 313 203 104 815 226
N-table Denmark Finland	Primary education Secondary education Tertiary education Primary education Secondary education Tertiary education	25-54 years 489 1 221 982 646 2 433 2 060	55-59 years 124 264 166 302 397 334	60-64 years 159 224 135 353 262 240	65-69 years 156 133 73 328 206 148	70 years + 313 203 104 815 226 181
N-table Denmark Finland Iceland	Primary education Secondary education Tertiary education Primary education Secondary education Tertiary education Primary education	25-54 years 489 1 221 982 646 2 433 2 060 453	55-59 years 124 264 166 302 397 334 67	60-64 years 159 224 135 353 262 240 62	65-69 years 156 133 73 328 206 148 42	70 years + 313 203 104 815 226 181 170
N-table Denmark Finland Iceland	Primary education Secondary education Tertiary education Primary education Secondary education Tertiary education Primary education Secondary education	25-54 years 489 1 221 982 646 2 433 2 060 453 660	55-59 years 124 264 166 302 397 334 67 107	60-64 years 159 224 135 353 262 240 62 85	65-69 years 156 133 73 328 206 148 42 53	70 years + 313 203 104 815 226 181 170 160
N-table Denmark Finland Iceland	Primary education Secondary education Tertiary education Primary education Secondary education Tertiary education Primary education Secondary education Tertiary education	25-54 years 489 1 221 982 646 2 433 2 060 453 660 432	55-59 years 124 264 166 302 397 334 67 107 52	60-64 years 159 224 135 353 262 240 62 85 19	65-69 years 156 133 73 328 206 148 42 53 17	70 years + 313 203 104 815 226 181 170 160 24
N-table Denmark Finland Iceland Norway	Primary education Secondary education Tertiary education Primary education Secondary education Tertiary education Primary education Secondary education Tertiary education Primary education	25-54 years 489 1 221 982 646 2 433 2 060 453 660 432 550	55-59 years 124 264 166 302 397 334 67 107 52 85	60-64 years 159 224 135 353 262 240 62 85 19 93	65-69 years 156 133 73 328 206 148 42 53 17 86	70 years + 313 203 104 815 226 181 170 160 24 228
N-table Denmark Finland Iceland Norway	Primary educationSecondary educationTertiary educationPrimary educationSecondary educationTertiary educationPrimary educationSecondary educationSecondary educationTertiary educationTertiary educationPrimary educationSecondary educationSecondary educationSecondary educationSecondary educationSecondary educationSecondary educationSecondary educationSecondary education	25-54 years 489 1 221 982 646 2 433 2 060 453 660 432 550 1 357	55-59 years 124 264 166 302 397 334 67 107 52 85 252	60-64 years 159 224 135 353 262 240 62 85 19 93 212	65-69 years 156 133 73 328 206 148 42 53 17 86 142	70 years + 313 203 104 815 226 181 170 160 24 228 291
N-table Denmark Finland Iceland Norway	Primary educationSecondary educationTertiary educationPrimary educationSecondary educationTertiary educationPrimary educationSecondary educationSecondary educationTertiary educationPrimary educationSecondary educationSecondary educationPrimary educationSecondary educationSecondary educationSecondary educationTertiary educationTertiary educationTertiary education	25-54 years 489 1 221 982 646 2 433 2 060 453 660 432 550 1 357 1 185	55-59 years 124 264 166 302 397 334 67 107 52 85 252 136	60-64 years 159 224 135 353 262 240 62 85 19 93 212 113	65-69 years 156 133 73 328 206 148 42 53 17 86 142 69	70 years + 313 203 104 815 226 181 170 160 24 228 291 91
N-table Denmark Finland Iceland Norway Sweden	Primary educationSecondary educationTertiary educationPrimary educationSecondary educationTertiary educationPrimary educationSecondary educationSecondary educationPrimary educationSecondary educationTertiary educationSecondary educationTertiary educationPrimary educationSecondary educationSecondary educationPrimary educationFertiary educationTertiary educationTertiary educationPrimary educationPrimary education	25-54 years 489 1 221 982 646 2 433 2 060 453 660 432 550 1 357 1 185 339	55-59 years 124 264 166 302 397 334 67 107 52 85 252 136 116	60-64 years 159 224 135 353 262 240 62 85 19 93 212 113 164	65-69 years 156 133 73 328 206 148 42 53 17 86 142 69 141	70 years + 313 203 104 815 226 181 170 160 24 228 291 91 144
N-table Denmark Finland Iceland Norway Sweden	Primary educationSecondary educationTertiary educationPrimary educationSecondary educationTertiary educationPrimary educationSecondary educationTertiary educationPrimary educationTertiary educationPrimary educationTertiary educationPrimary educationPrimary educationSecondary educationTertiary educationTertiary educationPrimary educationSecondary educationPrimary educationSecondary educationSecondary educationSecondary education	25-54 years 489 1 221 982 646 2 433 2 060 453 660 432 550 1 357 1 185 339 1 799	55-59 years 124 264 166 302 397 334 67 107 52 85 252 136 116 278	60-64 years 159 224 135 353 262 240 62 85 19 93 212 113 164 242	65-69 years           156           133           73           328           206           148           42           53           17           86           142           69           141           167	70 years + 313 203 104 815 226 181 170 160 24 228 291 91 144 127

# Table for figure 7.5.3 Employed by education and age, in the Nordic countries, per cent, 2006

		25-54 years	55-59 years	60-64 years	65-69 years	70 years +
Danmark	Good health	88.0	92.6	50.9	10.0	0.6
	Fair health	77.8	66.8	27.9	6.3	0.0
	Bad health	33.5	37.7	0.0	2.6	0.0
Finland	Good health	88.6	89.8	48.1	7.2	1.3
	Fair health	81.6	77.3	46.8	3.9	0.7
	Bad health	50.1	31.1	17.5	4.7	0.3
Island	Good health	87.6	95.0	92.2	67.2	9.5
	Fair health	75.4	85.5	76.1	38.6	5.5
	Bad health	33.1	39.5	22.2	9.5	0.0
Norge	Good health	90.8	94.5	75.5	20.7	2.5
	Fair health	77.5	72.1	48.1	18.2	0.0
	Bad health	39.7	25.3	25.3	8.0	2.0
Sverige	Good health	93.4	94.6	79.3	13.6	2.3
8	Fair health	79.4	67.6	47.9	2.9	0.5
	Bad health	56.0	32.7	20.7	6.3	0.0
N-table		25-54 years	55-59 years	60-64 years	65-69 years	70 years +
Denmark	Good health	1 894	315	301	227	349
	Fair health	274	85	101	64	193
	Bad health	101	46	29	28	99
Finland	Good health	3 652	561	416	339	389
	Fair health	687	233	226	184	422
	Bad health	184	108	108	79	287
Iceland	Good health	1 357	165	117	72	184
	Fair health	159	46	33	30	120
	Bad health	33	15	17	10	50
Norway	Good health	2 613	320	254	201	342
	Fair health	354	89	104	71	172
	Bad health	200	62	60	25	98
Sweden	Good health	2 679	365	371	279	495
	Fair health	415	107	130	99	320
	Bad health	149	41	33	30	95

### Table for figure 7.5.4a Employed by general health and age in the Nordic countries, per cent, 2006

		_				
		25-54 years	55-59 years	60-64 years	65-69 years	70 years +
Finland	Strongly limited	58.4	37.9	23.1	3.6	0.1
	Limited	84.5	74.0	42.4	5.2	0.5
	Not limited	89.3	91.3	51.0	7.0	1.7
Iceland	Strongly limited	41.4	38.1	18.9	0.0	0.0
	Limited	83.9	83.3	79.0	35.2	2.7
	Not limited	87.1	96.4	92.7	69.3	9.2
Norway	Strongly limited	33.2	19.3	26.8	5.4	1.6
	Limited	74.1	59.4	41.1	21.7	0.0
	Not limited	90.9	93.8	74.7	20.2	2.3
Sweden	Strongly limited	56.1	35.7	29.8	2.5	0.0
	Limited	80.2	62.7	52.7	3.6	0.5
	Not limited	93.0	93.6	75.4	12.6	1.8
N-tabell		25-54 years	55-59 years	60-64 years	65-69 years	70 years +
Finland	Strongly limited	313	117	127	86	305
	Limited	990	248	236	211	407
	Not limited	3 219	537	389	306	389
Iceland	Strongly limited	52	20	20	11	47
	Limited	186	33	23	26	64
	Not limited	1 308	173	124	75	243
Norway	Strongly limited	170	53	53	29	108
Norway	Strongly limited Limited	170 319	53 59	53 88	29 47	108 118
Norway	Strongly limited Limited Not limited	170 319 2 676	53 59 360	53 88 277	29 47 221	108 118 387
Norway Sweden	Strongly limited Limited Not limited Strongly limited	170 319 2 676 222	53 59 360 63	53 88 277 54	29 47 221 39	108 118 387 132
Norway Sweden	Strongly limited Limited Not limited Strongly limited Limited	170 319 2 676 222 321	53 59 360 63 61	53 88 277 54 89	29 47 221 39 55	108 118 387 132 169

# Table for figure 7.5.4b Employed by limitation in activities and age in the Nordic countries, per cent, 2006

		Fatimata	Standard arror	Chi square	Significance	Odda	95 signifi confic inter	% cance lence
Dommonly	Intercent		Standard-error	<u>67 411 50</u>		Odds	inter	rvai
Denmark	Women	-1.29	0.0030	12 606 82	<.0001	0.52	0.51	0.53
	woman	-0.55	0.0029	12 000.85	<.0001	0.52	0.51	0.55
	60-64 years	2.01	0.0041	126 068 02	<.0001	0.14	0.14	0.14
	65-69 years	-2.01	0.0057	126 068.93	<.0001	0.02	0.02	0.02
	Primary education	-0.57	0.0041	19 023.12	<.0001	0.30	0.30	0.31
	Secondary education	-0.05	0.0040	188.33	<.0001	0.51	0.50	0.52
	Living alone	-0.20	0.0032	4 036.24	<.0001	0.67	0.66	0.68
	Fair health	0.22	0.0054	1 703.94	<.0001	0.39	0.39	0.40
	Bad health	-1.38	0.0075	34 006.36	<.0001	0.08	0.08	0.08
Finland	Intercept	-1.29	0.0047	76 872.88	<.0001			
	Woman	-0.09	0.0027	1 102.39	<.0001	0.84	0.83	0.84
	60-64 years	0.37	0.0043	7 307.95	<.0001	0.26	0.26	0.27
	65-69 years	-2.07	0.0064	106 570.14	<.0001	0.02	0.02	0.02
	Primary education	-0.35	0.0038	8 397.67	<.0001	0.39	0.38	0.39
	Secondary							
	education	-0.26	0.0038	4 640.03	<.0001	0.42	0.42	0.43
	Living alone	-0.30	0.0032	8 809.39	<.0001	0.55	0.54	0.55
	Fair health	0.39	0.0046	7 422.12	<.0001	0.74	0.73	0.75
	Bad health	-1.09	0.0061	32 294.09	<.0001	0.17	0.17	0.17
Iceland	Intercept	0.53	0.0253	430.22	<.0001			
	Woman	-0.44	0.0172	664.70	<.0001	0.41	0.38	0.44
	60-64 years	0.42	0.0237	311.37	<.0001	0.60	0.56	0.65
	65-69 years	-1.34	0.0234	3 297.90	<.0001	0.10	0.10	0.11
	Primary education	-0.13	0.0251	25.86	<.0001	0.64	0.58	0.72
	Secondary							
	education	-0.19	0.0238	61.10	<.0001	0.61	0.55	0.67
	Living alone	-0.12	0.0210	33.06	<.0001	0.79	0.72	0.85
	Fair health	0.30	0.0258	135.35	<.0001	0.30	0.28	0.32
	Bad health	-1.80	0.0342	2 786.57	<.0001	0.04	0.03	0.04
Norway	Intercept	-0.61	0.0044	19 524.13	<.0001			
	Woman	-0.22	0.0030	5 222.34	<.0001	0.65	0.64	0.66
	60-64 years	0.36	0.0040	7 823.33	<.0001	0.31	0.31	0.32
	65-69 years	-1.88	0.0049	146 669.13	<.0001	0.03	0.03	0.03
	Primary education	-0.46	0.0046	10 026.53	<.0001	0.35	0.35	0.36
	Secondary							
	education	-0.12	0.0040	890.79	<.0001	0.50	0.49	0.51
	Living alone	-0.24	0.0035	4 770.15	<.0001	0.61	0.60	0.62
	Fair health	0.21	0.0049	1 897.44	<.0001	0.36	0.36	0.37
	Bad health	-1.44	0.0062	53 854.92	<.0001	0.07	0.07	0.07
Sweden	Intercept	-0.84	0.0035	56 088.35	<.0001			
	Woman	-0.22	0.0022	10 395.66	<.0001	0.64	0.63	0.64
	60-64 years	0.73	0.0030	59 544.87	<.0001	0.38	0.37	0.38
	65-69 years	-2.43	0.0040	366 341.86	<.0001	0.02	0.02	0.02
	Primary education	-0.25	0.0033	5 567.45	<.0001	0.54	0.53	0.55
	Secondary							
	education	-0.12	0.0029	1 801.87	<.0001	0.61	0.60	0.62
	Living alone	-0.11	0.0024	2 195.74	<.0001	0.80	0.79	0.81
	Fair health	-0.04	0.0039	96.83	<.0001	0.24	0.24	0.25
	Bad health	-1.34	0.0057	55 898.35	<.0001	0.07	0.07	0.07

### Table 7.5.3 Logistic regression, probability of being employed full-time or part-time, people 54-69 years in the Nordic countries, 2006

Source: Eurostat (EU-SILC)

Reference group: Men, 55-59 years, higher education, not living alone, in good health.

	25-54 years	Seniors
Denmark	84.6	62.4
Finland	85.2	60.9
Iceland	85.7	85.5
Norway	85.4	70.2
Sweden	89.0	74.3
France United	88.6	40.2
Kingdom	82.6	59.1
Belgium	85.4	35.5
Netherlands	83.9	47.0
Austria	82.6	37.3
Luxembourg	82.9	39.9
Ireland	77.5	53.7
Spain	81.3	45.6
Italy	77.0	34.3
Greece	80.2	43.4
Portugal	86.7	52.2
Cyprus	84.6	55.3
Hungary	80.8	31.6
Czech Republic	87.4	46.5
Poland	82.3	27.1
Estonia	86.6	65.6
Litaunia	87.3	54.0
Latvia	87.5	59.2
Slovakia	92.2	37.5

Table for figure 7.5.5 Employment rate, 25-54 years and seniors 55-65 years, Europe, 2006

# Supplementary Tables – Chapter 8

Table for figure 8.2.1 General health, by country, people aged 16 years or more, in per cent, 2006

	Good health	Fair health	Bad health	n
Denmark	75.1	17.2	7.8	5 708
Finland	68.7	21.4	9.9	9 312
Iceland	81.8	13.8	4.5	2 843
Norway	74.4	16.2	9.4	5 755
Sweden	76.0	18.2	5.8	6 581

Source: Eurostat (EU-SILC)

Table for figure 8.2.2 Chronic illness or condition, by country, people aged 16 years or more, in per cent, 2006

	Chronic illness	Not chronic illness	n
Denmark	29.6	70.4	5 708
Finland	43.1	56.9	9 315
Iceland	23.9	76.1	2 840
Norway	33.7	66.3	5 755
Sweden	35.0	65.0	6 786

Source: Eurostat (EU-SILC)

Table for figure 8.2.3 Limitations in activities, by country, people aged 16 years or more, in per cent, 2006

	Strongly limited	Limited	Not limited	n
Finland	12.1	25.9	62.0	9 315
Iceland	5.4	12.8	81.8	2 840
Norway	8.7	13.0	78.3	5 755
Sweden	8.2	11.4	80.4	6 797

		Good health	Fair health	Bad health	n
Denmark	Men	77.6	15.9	6.5	2 756
	Women	72.6	18.4	9.0	2 952
Finland	Men	69.2	21.7	9.2	4 475
	Women	68.3	21.1	10.6	4 837
Iceland	Men	83.1	13.9	2.9	1 450
	Women	80.4	13.7	6.0	1 393
Norway	Men	76.4	15.8	7.8	2 908
	Women	72.5	16.5	10.9	2 847
Sweden	Men	78.6	16.7	4.7	3 217
	Women	73.5	19.6	6.9	3 364

### Table for figure 8.2.4 General health by country and gender, people aged 16 years or more, in per cent, 2006

Source: Eurostat (EU-SILC)

#### Table for figure 8.2.5 Chronic illness or condition by country and gender, people aged 16 years or more, in per cent, 2006

		Chronic illness	Not chronic illness	п
Denmark	Men	25.2	74.8	2 756
	Women	33.9	66.1	2 952
Finland	Men	39.9	60.1	4 477
	Women	45.7	54.3	4 838
Iceland	Men	21.3	78.7	1 448
	Women	26.6	73.4	1 392
Norway	Men	31.1	68.9	2 909
	Women	36.1	63.9	2 846
Sweden	Men	33.4	66.6	3 345
	Women	36.6	63.4	3 441

Source: Eurostat (EU-SILC)

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### Table for figure 8.2.6 Limitations in activities by country and gender, people aged 16 years or more, in per cent, 2006

		Strongly limited	Limited	Not limited	n
Finland	Men	10.4	24.2	65.4	4 477
	Women	13.5	27.4	59.1	4 838
Iceland	Men	4.5	10.3	85.2	1 448
	Women	6.4	15.3	78.4	1 392
Norway	Men	7.5	10.4	82.1	2 909
	Women	9.9	15.6	74.6	2 846
Sweden	Men	6.8	10.6	82.6	3 350
	Women	9.5	12.2	78.2	3 447

				Good	
		Fair helath	Bad health	health	n
Denmark	16-19 years	7.5	1.6	90.9	245
	20-29 years	7.3	2.4	90.4	623
	30-39 years	10.8	3.7	85.4	1 001
	40-49 years	13.9	7.3	78.8	1 164
	50-59 years	19.4	10.7	70.0	1 070
	60-69 years	24.7	8.7	66.6	895
	70 years +	31.6	16.1	52.3	710
Finland	16-19 years	8.5	2.0	89.5	257
	20-29 years	8.6	2.2	89.3	1 335
	30-39 years	12.0	2.5	85.5	1 467
	40-49 years	20.6	5.0	74.4	1 774
	50-59 years	23.0	10.3	66.7	1 965
	60-69 years	30.0	14.2	55.8	1 416
	70 years +	36.9	28.5	34.6	1 098
Iceland	16-19 years	4.8	2.3	92.9	168
	20-29 years	8.8	1.5	89.7	511
	30-39 years	9.8	2.1	88.1	520
	40-49 years	9.9	2.6	87.5	551
	50-59 years	16.3	5.0	78.7	458
	60-69 years	22.2	9.6	68.2	281
	70 years +	33.2	14.4	52.4	354
Norway	16-19 years	7.1	2.2	90.7	271
	20-29 years	9.2	3.3	87.5	876
	30-39 years	10.0	4.9	85.1	1 153
	40-49 years	12.8	9.2	78.0	1 137
	50-59 years	17.8	12.0	70.2	975
	60-69 years	25.1	12.3	62.6	729
	70 years +	29.1	18.6	52.3	614
Sweden	16-19 years	8.9	1.2	89.9	404
	20-29 years	9.4	1.9	88.7	904
	30-39 years	10.7	3.3	86.0	1 187
	40-49 years	13.7	6.4	80.0	1 125
	50-59 years	20.3	7.9	71.8	1 090
	60-69 years	24.9	6.5	68.6	961
	70 years +	34.9	10.8	54.4	910

# Table for figure 8.2.7 Bad general health by country and age groups, people aged 16 years or more, in per cent, 2006

		Chronic	Not chronic	
		illness	illness	n
Denmark	16-19 years	18.1	81.9	245
	20-29 years	16.3	83.7	623
	30-39 years	21.6	78.4	1 001
	40-49 years	27.0	73.0	1 164
	50-59 years	35.1	64.9	1 070
	60-69 years	36.0	64.0	895
	70 years +	46.4	53.7	710
Finland	16-19 years	13.9	86.1	255
	20-29 years	22.4	77.6	1 335
	30-39 years	22.9	77.1	1 465
	40-49 years	33.3	66.7	1 773
	50-59 years	44.4	55.6	1 967
	60-69 years	64.9	35.1	1 419
	70 years +	79.3	20.7	1 101
Iceland	16-19 years	10.7	89.4	168
	20-29 years	19.1	80.9	511
	30-39 years	20.2	79.8	519
	40-49 years	20.1	79.9	549
	50-59 years	27.6	72.5	458
	60-69 years	33.9	66.1	281
	70 years +	41.7	58.3	354
Norway	16-19 years	20.2	79.9	271
	20-29 years	18.9	81.1	876
	30-39 years	20.7	79.3	1 153
	40-49 years	31.0	69.0	1 136
	50-59 years	37.3	62.7	975
	60-69 years	47.8	52.2	729
	70 years +	57.2	42.8	615
Sweden	16-19 years	19.5	80.5	431
	20-29 years	20.7	79.3	929
	30-39 years	25.3	74.7	1 212
	40-49 years	33.6	66.4	1 151
	50-59 years	40.3	59.7	1 125
	60-69 years	44.3	55.7	<i>983</i>
	70 years +	52.0	48.0	955

## Table for figure 8.2.8 Chronic illness or condition by country and age, people aged 16 years or more, in per cent, 2006

		Strongly limited	Limited	Not limited	n
Finland	16-19 years	2.7	15.3	82.0	255
	20-29 years	5.2	18.5	76.3	1 336
	30-39 years	4.7	21.0	74.4	1 465
	40-49 years	8.8	23.4	67.9	1 774
	50-59 years	11.9	25.4	62.8	1 965
	60-69 years	16.5	33.2	50.3	1 419
	70  years  +	28.6	37.1	34.3	1 101
Iceland	16-19 years	1.7	6.3	92.0	168
	20-29 years	2.7	10.8	86.6	511
	30-39 years	3.9	11.5	84.6	519
	40-49 years	3.1	12.5	84.4	549
	50-59 years	6.8	13.5	79.7	458
	60-69 years	11.3	16.8	71.9	281
	70 years +	13.2	18.8	68.0	354
Norway	16-19 years	2.2	8.8	89.0	271
	20-29 years	2.4	7.4	90.2	876
	30-39 years	4.0	8.0	88.0	1 153
	40-49 years	7.7	12.8	79.5	1 136
	50-59 years	11.2	13.8	75.0	975
	60-69 years	11.9	19.6	68.5	729
	70 years +	19.1	20.2	60.7	615
Sweden	16-19 years	1.8	4.1	94.1	432
	20-29 years	2.5	7.0	90.4	928
	30-39 years	5.0	8.2	86.9	1 214
	40-49 years	9.1	11.5	79.4	1 153
	50-59 years	10.9	12.1	77.0	1 127
	60-69 years	9.5	14.9	75.6	986
	70 years +	14.2	17.6	68.2	957

# Table for figure 8.2.9 Limitations in activities by country and age groups, people aged 16 years or more, in per cent, 2006

				Difference		
				between women		
		Men, bad	Women,	and men with bad		
		health	bad health	health	n men	n women
Denmark	16-19 years	2.1	1.0	-1.1	123	122
	20-29 years	1.6	3.2	1.6	301	322
	30-39 years	2.7	4.8	2.0	482	519
	40-49 years	6.3	8.4	2.1	555	609
	50-59 years	9.1	12.1	3.1	515	555
	60-69 years	7.1	10.4	3.4	452	443
	70 years +	15.5	16.5	1.0	328	382
Finland	16-19 years	0.3	3.3	3.1	114	143
	20-29 years	1.2	3.0	1.8	619	716
	30-39 years	1.9	3.1	1.2	732	735
	40-49 years	6.1	4.0	-2.1	865	909
	50-59 years	10.2	10.5	0.3	1000	965
	60-69 years	15.1	13.4	-1.7	718	698
	70 years +	27.3	29.1	1.8	427	671
Iceland	16-19 years	3.3	1.2	-2.1	<i>83</i>	85
	20-29 years	0.4	2.6	2.3	257	254
	30-39 years	1.9	2.3	0.4	264	256
	40-49 years	1.4	3.9	2.5	284	267
	50-59 years	4.2	5.8	1.6	242	216
	60-69 years	5.9	13.3	7.4	142	139
	70 years +	9.0	18.8	9.8	178	176
Norway	16-19 years	1.3	3.2	1.9	147	124
	20-29 years	3.6	3.0	-0.6	473	403
	30-39 years	3.6	6.3	2.7	592	561
	40-49 years	8.3	10.1	1.9	577	560
	50-59 years	10.9	13.1	2.2	480	495
	60-69 years	10.4	14.0	3.6	352	377
	70 years +	15.1	21.1	6.0	287	327
Sweden	16-19 years	1.2	1.2	0.1	211	193
	20-29 years	1.2	2.5	1.3	459	445
	30-39 years	2.3	4.3	2.1	621	566
	40-49 years	4.6	8.1	3.5	553	572
	50-59 years	7.2	8.6	1.4	514	576
	60-69 years	5.9	7.1	1.2	481	480
	70 years +	9.5	11.7	2.2	378	532

#### Table for figure 8.2.10 Bad general health, difference between women and men in poor health, people aged 16 years or more, in percentage points, 2006

				Difference between women and men		
		Men	Women	with chronic illness	n men	n women
Denmark	16-19 years	18.5	17.7	-0.7	123	122
	20-29 years	13.5	19.1	5.6	301	322
	30-39 years	18.1	25.3	7.2	482	519
	40-49 years	22.0	32.0	10.0	555	609
	50-59 years	30.4	39.6	9.2	515	555
	60-69 years	31.9	40.2	8.3	452	443
	70 years +	41.5	49.9	8.4	328	382
Finland	16-19 years	9.7	17.4	7.7	114	143
	20-29 years	19.1	25.1	5.9	619	716
	30-39 years	21.7	24.1	2.3	732	735
	40-49 years	33.0	33.6	0.6	865	909
	50-59 years	41.5	47.2	5.7	1000	965
	60-69 years	61.5	67.9	6.5	718	698
	70 years +	80.2	78.8	-1.3	427	671
Iceland	16-19 years	9.7	11.8	2.1	83	85
	20-29 years	20.1	18.1	-2.0	257	254
	30-39 years	18.4	22.1	3.7	264	256
	40-49 years	18.5	21.7	3.2	284	267
	50-59 years	24.5	30.8	6.3	242	216
	60-69 years	24.0	43.7	19.6	142	139
	70 years +	36.7	45.8	9.2	178	176
Norway	16-19 years	18.5	21.9	3.4	147	124
	20-29 years	19.0	18.8	-0.2	473	403
	30-39 years	19.5	21.9	2.4	592	561
	40-49 years	31.3	30.7	-0.6	577	560
	50-59 years	34.1	40.5	6.4	480	495
	60-69 years	43.2	52.0	8.8	352	377
	70 years +	54.3	59.3	5.1	287	327
Sweden	16-19 years	19.5	19.4	-0.1	211	193
	20-29 years	20.1	21.5	1.4	459	445
	30-39 years	25.3	25.3	0.0	621	566
	40-49 years	32.4	34.8	2.4	553	572
	50-59 years	37.1	43.5	6.4	514	576
	60-69 years	43.3	45.3	2.0	481	480
	70 years +	50.6	53.0	2.4	378	532

# Table for figure 8.2.11 Differences between women and men with chronic illness or condition by age groups, people aged 16 years or more, in percentage points, 2006

			Men	
		Strongly limited	Limited	Not limited
Finland	16-19 years	1.9	10.4	87.8
	20-29 years	5.2	15.1	79.7
	30-39 years	3.1	21.0	75.9
	40-49 years	8.5	22.4	69.1
	50-59 years	11.3	24.0	64.8
	60-69 years	14.7	30.7	54.7
	70 years +	25.7	38.2	36.1
Iceland	16-19 years	1.1	3.6	95.3
	20-29 years	1.6	10.6	87.9
	30-39 years	4.6	8.6	86.9
	40-49 years	2.4	11.5	86.1
	50-59 years	6.2	10.2	83.6
	60-69 years	8.8	10.7	80.5
	70 years +	10.4	15.1	74.5
Norway	16-19 years	1.3	5.3	93.4
	20-29 years	2.7	6.4	90.9
	30-39 years	4.0	6.3	89.7
	40-49 years	7.6	11.6	80.8
	50-59 years	10.5	11.4	78.1
	60-69 years	10.4	15.1	74.5
	70 years +	14.7	16.0	69.3
Sweden	16-19 years	0.6	3.1	96.3
	20-29 years	1.9	8.0	90.1
	30-39 years	3.5	8.4	88.2
	40-49 years	7.0	9.7	83.3
	50-59 years	9.1	10.4	80.5
	60-69 years	9.4	15.9	74.7
	70 years +	13.4	15.0	71.5

#### Table for figure 8.2.12 Strongly limited or limited in activities, differenced between women and men, people aged 16 years or more, in percentage points, 2006

The table continues...

			Women	
		Strongly limited	Limited	Not limited
Finland	16-19 years	3.4	19.4	77.3
	20-29 years	5.2	21.3	73.5
	30-39 years	6.3	21.0	72.8
	40-49 years	9.0	24.3	66.7
	50-59 years	12.4	26.7	60.9
	60-69 years	18.1	35.5	46.5
	70 years +	30.2	36.5	33.3
Iceland	16-19 years	2.4	9.4	88.2
	20-29 years	3.8	10.9	85.3
	30-39 years	3.3	14.4	82.3
	40-49 years	3.8	13.5	82.7
	50-59 years	7.5	17.0	75.5
	60-69 years	13.8	22.7	63.6
	70 years +	15.5	21.8	62.8
Norway	16-19 years	3.2	12.5	84.3
	20-29 years	2.1	8.4	89.4
	30-39 years	4.0	9.7	86.2
	40-49 years	7.8	14.1	78.2
	50-59 years	11.8	16.3	71.9
	60-69 years	13.3	23.6	63.2
	70 years +	22.3	23.3	54.4
Sweden	16-19 years	3.2	5.0	91.8
	20-29 years	3.1	6.1	90.8
	30-39 years	6.6	7.9	85.5
	40-49 years	11.2	13.3	75.6
	50-59 years	12.6	13.8	73.5
	60-69 years	9.6	14.0	76.4
	70 years +	14.8	19.5	65.7

#### Table for figure 8.2.12 continued

The table continues...

			Men	Women
		Strongly limited or limited, difference		
		women - men	n	n
Finland	16-19 years	10.5	114	143
	20-29 years	6.2	619	716
	30-39 years	3.1	732	735
	40-49 years	2.4	865	909
	50-59 years	3.9	1 000	965
	60-69 years	8.2	718	698
	70 years +	2.8	427	671
Iceland	16-19 years	7.1	83	85
	20-29 years	2.6	257	254
	30-39 years	4.6	264	256
	40-49 years	3.4	284	267
	50-59 years	8.1	242	216
	60-69 years	16.9	142	139
	70 years +	11.8	178	176
Norway	16-19 years	9.1	147	124
	20-29 years	1.5	473	403
	30-39 years	3.4	592	561
	40-49 years	2.6	577	560
	50-59 years	6.3	480	495
	60-69 years	11.3	352	377
	70 years +	14.9	287	327
Sweden	16-19 years	4.5	211	193
	20-29 years	-0.7	459	445
	30-39 years	2.7	621	566
	40-49 years	7.8	553	572
	50-59 years	7.0	514	576
	60-69 years	-1.7	481	480
	70 years +	5.8	378	532

#### Table for figure 8.2.12 continued

		Primary education	Secondary education	Tertiary education	Total
Denmark	Good health	66.6	79.0	84.7	75.9
	Fair health	22.3	15.0	11.0	16.6
	Bad health	11.2	6.0	4.4	7.5
	n	1 658	2 369	1 547	5 574
Finland	Good health	53.8	72.4	79.3	69.0
	Fair health	29.6	19.2	16.0	21.3
	Bad health	16.6	8.5	4.7	9.7
	n	2 587	3 900	2 767	9 254
Iceland	Good health	74.9	83.0	92.5	81.8
	Fair health	18.0	13.4	6.4	13.8
	Bad health	7.1	3.6	1.2	4.5
	n	1 113	1 177	548	2 838
Norway	Good health	63.0	75.1	85.6	74.2
	Fair health	21.5	16.1	10.7	16.3
	Bad health	15.4	8.8	3.7	9.5
	n	1 467	2 525	1 664	5 656
Sweden	Good health	69.1	78.7	85.6	78.7
	Fair health	22.6	16.2	11.4	16.1
	Bad health	8.2	5.2	3.0	5.2
	n	1 250	3 028	1 693	5 971

#### Table for figure 8.2.13 General health by education and country, people aged 16 years or more, in per cent, 2006

Source: Eurostat (EU-SILC)

#### Table for figure 8.2.14 Chronic illness or condition by education and country, people aged 16 years or more, in per cent, 2006

		Chronic	Not chronic	n
Denmark	Primary education	35.0	65.0	1 658
	Secondary education	25.5	74.5	2 369
	Tertiary education	26.2	73.8	1 547
Finland	Primary education	58.2	41.9	2 588
	Secondary education	38.2	61.8	3 897
	Tertiary education	33.8	66.2	2 771
Iceland	Primary education	28.4	71.6	1 113
	Secondary education	23.9	76.1	1 176
	Tertiary education	15.2	84.8	546
Norway	Primary education	42.2	57.8	1 467
	Secondary education	33.7	66.4	2 525
	Tertiary education	24.7	75.3	1 664
Sweden	Primary education	38.5	61.5	1 320
	Secondary education	33.5	66.5	3 097
	Tertiary education	27.9	72.1	1 715

		Strongly			
		limited	Limited	Not limited	n
Finland	Primary education	20.1	29.4	50.5	2 587
	Secondary education	9.6	25.8	64.6	3 899
	Tertiary education	6.6	22.5	70.9	2 770
Iceland	Primary education	8.0	13.5	78.5	1 113
	Secondary education	5.0	13.7	81.4	1 176
	Tertiary education	1.4	9.4	89.2	546
Norway	Primary education	13.7	16.2	70.2	1 467
	Secondary education	8.6	13.0	78.4	2 525
	Tertiary education	3.3	9.5	87.2	1 664
Sweden	Primary education	10.8	12.7	76.6	1 321
	Secondary education	7.6	10.8	81.6	3 105
	Tertiary education	4.2	8.8	87.0	1 716

### Table for figure 8.2.15 Limitation in activities by education and country, people aged 16 years or more, in per cent, 2006

Source: Eurostat (EU-SILC)

### Table for figure 8.2.16 Employment by general health and gender, people aged 20-64 years, 2006

		Men		Women	
		Employed	n	Employed	n
Denmark	Good health	70.2	2194	60.2	2 220
	Fair health	50.8	410	35.8	509
	Bad health	24.8	152	15.2	223
Finland	Good health	73.5	3 079	65.8	3 426
	Fair health	53.0	1 001	39.2	957
	Bad health	19.4	395	14.7	454
Iceland	Good health	79.2	1 182	69.1	1 107
	Fair health	66.7	221	44.3	198
	Bad health	30.6	47	13.1	88
Norway	Good health	75.0	2 271	66.1	2 142
	Fair health	53.4	429	40.7	437
	Bad health	34.3	208	16.4	268
Sweden	Good health	73.8	2 542	67.3	2 486
	Fair health	45.7	527	39.9	649
	Bad health	36.9	148	25.1	229

		Full time	Part time	п
Denmark	Good health	70.6	10.7	4 414
	Fair health	53.9	11.7	919
	Bad health	20.7	9.9	375
Finland	Good health	72.9	9.0	6 505
	Fair health	65.0	8.1	1 958
	Bad health	28.9	8.0	849
Iceland	Good health	74.5	9.5	2 289
	Fair health	64.1	12.3	419
	Bad health	19.1	12.8	135
Norway	Good health	76.0	10.3	4 413
	Fair health	56.4	14.3	866
	Bad health	27.6	7.5	476
Sweden	Good health	71.5	17.1	5 028
	Fair health	46.5	23.8	1 176
	Bad health	24.6	21.7	377

### Table for figure 8.2.17 General health and employment, people aged 20-64 years, in per cent, 2006

Source: Eurostat (EU-SILC)

#### Table for figure 8.2.18 Chronic illness or condition by country and employment, persons 20-64 years, in per cent, 2006

		Employed	Not employed	п
Denmark	Chronic	60.5	39.5	1 590
	Not chronic	81.4	18.6	4 118
Finland	Chronic	65.7	34.3	3 837
	Not chronic	84.1	15.9	5 478
Iceland	Chronic	73.2	26.9	702
	Not chronic	83.9	16.1	2 138
Norway	Chronic	63.7	36.3	1 816
	Not chronic	86.8	13.2	3 939
Sweden	Chronic	72.4	27.7	2 350
	Not chronic	88.4	11.6	4 436

		Employed	Not employed	n
Finland	Strongly limited	46.5	53.5	1 038
	Limited	74.9	25.1	2 397
	Not limited	82.7	17.3	5 880
Iceland	Strongly limited	34.6	65.4	162
	Limited	81.2	18.8	371
	Not limited	84.0	16.0	2 307
Norway	Strongly limited	30.8	69.2	444
	Limited	65.3	34.7	698
	Not limited	86.3	13.7	4 613
Sweden	Strongly limited	48.1	51.9	542
	Limited	72.0	28.1	768
	Not limited	87.8	12.2	5 487

### Table for figure 8.2.19 Limitations in activity by country and employment, people aged 20- 64 years, in per cent 2006

Source: Eurostat (EU-SILC)

## Table for figure 8.2.20 General health and full-time work by gender, people aged 20-65 years, 2006

			Full time work		
		Men	n	Women	n
Denmark	Good health	67.2	2 194	45.7	2 220
	Fair health	48.1	410	23.8	509
	Bad health	18.9	152	8.9	223
Finland	Good health	69.4	3 079	54.3	3 426
	Fair health	48.2	1 001	33.0	957
	Bad health	15.4	395	10.8	454
Iceland	Good health	76.0	1 182	53.4	1 107
	Fair health	61.4	221	30.5	198
	Bad health	17.9	47	8.5	88
Norway	Good health	72.4	2 271	51.0	2 142
	Fair health	49.4	429	25.7	437
	Bad health	30.5	208	10.6	268
Sweden	Good health	67.8	2 542	44.8	2 486
	Fair health	37.5	527	20.5	649
	Bad health	23.2	148	10.8	229

			Part time w	ork	
		Men	n	Women	n
Denmark	Good health	3.1	2194	14.5	2 220
	Fair health	2.6	410	12.0	509
	Bad health	6.0	152	6.3	223
Finland	Good health	4.1	3 079	11.5	3 426
	Fair health	4.8	1 001	6.2	957
	Bad health	4.0	395	3.9	454
Iceland	Good health	3.2	1 182	15.7	1 107
	Fair health	5.3	221	13.9	198
	Bad health	12.7	47	4.6	88
Norway	Good health	2.5	2 271	15.1	2 142
	Fair health	3.9	429	15.0	437
	Bad health	3.9	208	5.9	268
Sweden	Good health	6.1	2 542	22.5	2 486
	Fair health	8.2	527	19.5	649
	Bad health	13.7	148	14.3	229

### Table for figure 8.2.21 General health and part-time work by gender, people aged 20-64 years, 2006

		Employed	Not employed	n
Denmark	Reduced health, high education	69.2	30.8	170
	Reduced health, low education	52.3	47.7	620
Finland	Reduced health, high education	81.3	18.7	417
	Reduced health, low education	58.1	41.9	1 182
Iceland	Reduced health, high education	83.9	16.2	34
	Reduced health, low education	65.0	35.0	291
Norway	Reduced health, high education	77.4	22.6	191
	Reduced health, low education	53.0	47.0	712
Sweden	Reduced health, high education	78.4	21.6	193
	Reduced health, low education	60.9	39.1	710
		Employed	Not employed	n
Denmark	Good health, high education	87.5	12.5	1 158
	Good health, low education	79.5	20.5	2 254
Finland	Good health, high education	88.8	11.2	1 948
	Good health, low education	77.7	22.3	3 247
Iceland	Good health, high education	91.5	8.5	471
	Good health, low education	81.4	18.7	1 383
Norway	Good health, high education	88.1	11.9	1 287
	Good health, low education	85.7	14.1	2 168
Sweden	Good health, high education	88.7	11.3	1 287
	Good health, low education	88.9	11.1	2 448
		Employed	Not employed	
Denmark	High education	18	-18.3	
	Low education	27	-27.2	
Finland	High education	8	-7.5	
	Low education	20	-19.6	
Iceland	High education	8	-7.6	
	Low education	16	-16.4	
Norway	High education	11	-10.7	
	Low education	33	-32.9	
Sweden	High education	10	-10.3	
	Low education	28	-28.0	

# Table for figure 8.2.22 Reduction in employment in percentagepoints due to general health by education, people aged 20-64 years

			-	
		Retired	Disabled	п
Denmark	Reduced health, high education	2.2	16.7	170
	Reduced health, low education	11.8	27.3	620
Finland	Reduced health, high education	3.0	12.1	417
	Reduced health, low education	5.9	28.7	1 182
Iceland	Reduced health, high education	0.0	9.5	34
	Reduced health, low education	0.3	19.6	291
Norway	Reduced health, high education	1.1	13.0	191
	Reduced health, low education	3.1	31.9	712
Sweden	Reduced health, high education	2.7	12.4	193
	Reduced health, low education	5.8	27.6	710
		Retired	Disabled	n
Denmark	Good health, high education	2.1	0.8	1 158
	Good health, low education	5.1	1.3	2 254
Finland	Good health, high education	1.9	1.1	1 948
	Good health, low education	3.0	3.6	3 247
Iceland	Good health, high education	0.0	0.0	471
	Good health, low education	0.1	0.3	1 383
Norway	Good health, high education	0.6	1.2	1 287
	Good health, low education	1.1	2.5	2 168
Sweden	Good health, high education	1.3	0.3	1 287
	Good health, low education	2.0	1.7	2 448
		Retired	Disabled	
Denmark	High education	0.1	16	
	Low education	6.7	26	
Finland	High education	1.1	11	
	Low education	2.8	25	
Iceland	High education	0.0	10	
	Low education	0.1	19	
Norway	High education	0.5	12	
	Low education	2.0	29	
Sweden	High education	1.4	12	
	Low education	3.9	26	

# Table for figure 8.2.23 Increase in disability in percentagepoints due to reduced general health, by education, people aged 20-64 years

Country	Good health	Fair health	Bad health	n
Denmark	75.1	17.2	7.8	5 708
Finland	68.7	21.4	9.9	9 312
Iceland	81.8	13.8	4.5	2 843
Norway	74.4	16.2	9.4	5 755
Sweden	76.0	18.2	5.8	6 581
France	69.4	21.1	9.5	19 237
United Kingdom	76.6	16.9	6.5	17 006
Belgium	74.3	17.4	8.4	11 218
Netherlands	76.9	79.2	5.2	8 984
Austria	71.9	20.2	7.9	12 000
Luxembourg	74.2	18.5	7.3	7 814
Ireland	83.2	13.7	3.2	11 476
Spain	67.9	19.8	12.2	28 131
Italy	56.9	32.6	10.6	45 975
Greece	76.8	14.0	9.2	12 606
Portugal	48.1	31.9	20.0	10 148
Cyprus	76.2	14.5	9.4	8 739
Hungary	48.3	31.5	20.3	16 501
Czech Republic	59.3	27.4	13.4	13 620
Poland	54.7	28.1	17.3	34 839
Estonia	53.4	31.5	15.1	13 007
Litaunia	43.5	38.4	18.1	10 214
Latvia	41.2	39.4	19.4	9 071
Slovakia	52.2	29.8	18.0	12 623

# Table for figure 8.3.1 Good general health by country, people aged 16 years or more, in per cent, 2006

			5	
Country	Good health	Fair health	Bad health	n
Denmark	75.1	17.2	7.8	5 708
Finland	68.7	21.4	9.9	9 312
Iceland	81.8	13.8	4.5	2 843
Norway	74.4	16.2	9.4	5 755
Sweden	76.0	18.2	5.8	6 581
France	69.4	21.1	9.5	19 237
United Kingdom	76.6	16.9	6.5	17 006
Belgium	74.3	17.4	8.4	11 218
Netherlands	76.9	79.2	5.2	8 984
Austria	71.9	20.2	7.9	12 000
Luxembourg	74.2	18.5	7.3	7 814
Ireland	83.2	13.7	3.2	11 476
Spain	67.9	19.8	12.2	28 131
Italy	56.9	32.6	10.6	45 975
Greece	76.8	14.0	9.2	12 606
Portugal	48.1	31.9	20.0	10 148
Cyprus	76.2	14.5	9.4	8 739
Hungary	48.3	31.5	20.3	16 501
Czech Republic	59.3	27.4	13.4	13 620
Poland	54.7	28.1	17.3	34 839
Estonia	53.4	31.5	15.1	13 007
Litaunia	43.5	38.4	18.1	10 214
Latvia	41.2	39.4	19.4	9 071
Slovakia	52.2	29.8	18.0	12 623

## Table for figure 8.3.2 Bad general health by country, people aged 16 years or more, in per cent, 2006
Country	Chronic	Not chronic	n
Denmark	29.6	70.4	5 708
Finland	43.1	56.9	9 312
Iceland	23.9	76.1	2 843
Norway	33.7	66.3	5 755
Sweden	35.0	65.0	6 581
France	34.3	65.7	19 237
United Kingdom	38.1	61.9	17 006
Belgium	24.7	75.3	11 218
Netherlands	32.0	68.0	8 984
Austria	21.9	78.1	12 000
Luxembourg	23.6	76.4	7 814
Ireland	25.4	74.6	11 476
Spain	23.8	76.2	28 131
Italy	21.5	78.5	45 975
Greece	20.2	79.8	12 606
Portugal	30.9	69.2	10 148
Cyprus	29.0	71.0	8 739
Hungary	35.6	64.4	16 501
Czech Republic	29.8	70.2	13 620
Poland	32.4	67.6	34 839
Estonia	38.5	61.5	13 007
Litaunia	33.4	66.6	10 214
Latvia	35.1	64.9	9 071
Slovakia	27.4	72.6	12 623

### Table for figure 8.3.3 Chronic illness or condition by country, people aged 16 years or more, in per cent, 2006

	Strongly limited or limited	Not limited	n
Denmark	16.3	83.7	5 708
Finland	38.0	62.0	9 312
Iceland	18.2	81.8	2 843
Norway	21.7	78.3	5 755
Sweden	19.6	80.4	6 581
France	22.6	77.4	19 237
United Kingdom	20.5	79.6	17 006
Belgium	23.0	77.0	11 218
Netherlands	21.7	78.3	8 984
Austria	27.7	72.3	12 000
Luxembourg	23.6	76.4	7 814
Ireland	19.4	80.6	11 476
Spain	22.7	77.3	28 131
Italy	23.0	77.0	45 975
Greece	17.2	82.8	12 606
Portugal	28.7	71.3	10 148
Cyprus	19.3	80.7	8 739
Hungary	29.5	70.5	16 501
Czech Republic	26.3	73.7	13 620
Poland	21.2	78.8	34 839
Estonia	34.9	65.1	13 007
Litaunia	28.5	71.5	10 214
Latvia	33.8	66.2	9 071
Slovakia	29.4	70.6	12 623

# Table for figure 8.3.4 Strong limitations in activities by country, people aged 16 years or more, in per cent, 2006

	High Education	Low education
Denmark	18	27
Finland	8	20
Iceland	8	16
Norway	11	33
Sweden	10	28
France	11	17
United Kingdom	20	32
Belgium	15	25
Netherlands	25	28
Austria	19	17
Luxembourg	5	15
Ireland	26	37
Spain	7	19
Italy	4	16
Greece	22	30
Portugal	17	13
Cyprus	17	15
Hungary	13	25
Czech Republic	15	23
Poland	18	26
Estonia	11	13
Litaunia	6	7
Latvia	8	11
Slovakia	13	17

### Table for figure 8.3.5 Reduction in employment in percentage points due to reduced general health, by education, people aged 20-64 years

	High Education	Low education
Denmark	16	26
Finland	11	25
Iceland	10	19
Norway	12	29
Sweden	12	26
France	5	9
United Kingdom	14	29
Belgium	7	20
Netherlands	23	23
Austria	0	2
Luxembourg	2	14
Ireland	12	29
Spain	5	9
Italy	1	3
Greece	10	12
Portugal	3	3
Cyprus	2	5
Hungary	11	25
Czech Republic	8	15
Poland	6	23
Estonia	8	15
Litaunia	5	14
Latvia	1	6
Slovakia	2	6

### Table for figure 8.3.6 Increase in disability in percentagepoints due to reduced general health, by education, people aged 20-64 years

# Supplementary Tables – Chapter 9

Table for figure 9.2.1 Tenure status for households in the Nordic countries, per cent, 2006

	Owner	Tenant or other	n
Denmark	57.8	42.2	5 647
Finland	67.2	32.8	10 793
Iceland	82.2	17.8	2 803
Norway	78.0	22.0	5 151
Sweden	61.2	38.8	6 723

Source: Eurostat (EU-SILC)

# Table for figure 9.2.2 Dwelling type for households in the Nordic countries, per cent, 2006

	Detached house	Semi-detached house	Apartment or flat	n
Denmark	48.8	13.5	37.7	5 647
Finland	37.9	19.0	43.1	10 793
Iceland	31.8	16.2	52.0	2 803
Norway	68.6	21.8	9.7	5 151
Sweden	42.5	8.1	49.4	6 723
n	17 154	4 781	9 182	

	Owner	Tenant or other	n
Denmark	57.8	42.2	5 647
Finland	67.2	32.8	10 793
Iceland	82.2	17.8	2 803
Norway	78.0	22.0	5 151
Sweden	61.2	38.8	6 723
France	59.0	41.0	10 009
United Kingdom	69.5	30.5	9874
Belgium	67.7	32.3	5 805
Netherlands	55.5	44.5	8 645
Austria	51.5	48.5	5 967
Luxembourg	70.4	29.6	3 766
Ireland	77.3	22.7	5 816
Spain	82.5	17.5	12 185
Italy	71.9	28.1	20 465
Greece	72.5	27.5	5 695
Portugal	74.2	25.8	4 347
Cyprus	66.5	33.6	3 532
Hungary	85.9	14.1	7 687
Czech Republic	71.5	28.5	7 426
Poland	55.7	44.3	14 869
Estonia	84.9	15.1	5 599
Litaunia	90.9	9.1	4 635
Latvia	80.8	19.2	4 300
Slovakia	89.3	10.7	5 102

#### Table for figure 9.2.3 Tenure status for households, Europe, per cent, 2006

		Semi-detached		
	Detached house	house	Apartment or flat	n
Denmark	48.8	13.5	37.7	5 647
Finland	37.9	19.0	43.1	10 793
Iceland	31.8	16.2	52.0	2 803
Norway	68.6	21.8	9.7	5 151
Sweden	42.5	8.1	49.4	6 723
France	40.9	19.1	40.0	10 009
United Kingdom	23.1	58.4	18.5	9 874
Belgium	35.7	38.7	25.6	5 805
Netherlands	14.5	58.1	27.4	8 645
Austria	38.9	12.9	48.2	5 967
Luxembourg	36.3	31.0	32.7	3 766
Ireland	40.3	55.5	4.2	5 816
Spain	18.9	17.9	63.2	12 185
Italy	25.0	20.4	54.6	20 465
Greece	35.2	10.0	54.8	5 695
Portugal	40.9	24.5	34.6	4 347
Cyprus	47.6	28.1	24.4	3 532
Hungary	56.7	10.1	33.2	7 687
Czech Republic	34.2	9.2	56.6	7 426
Poland	39.3	4.6	56.1	14 869
Estonia	26.5	3.5	70.0	5 599
Litaunia	30.1	8.9	60.9	4 635
Latvia	23.3	5.6	71.0	4 300
Slovakia	49.8	1.7	48.6	5 102

Table for figure 9.2.4 Dwelling types for households, Europe, per cent, 200	)6
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Source: Eurostat (EU-SILC)

### Table for figure 9.2.5 Households in overcrowded or spacious dwellings in the Nordic countries, per cent, 2006

	Overcrowded	Somewhat spacious	Very spacious	n
Denmark	8.3	66.5	25.2	5 711
Finland	9.9	65.9	24.2	10 868
Iceland	10.3	72.7	16.9	2 845
Norway	7.1	62.8	30.1	5 765
Sweden	12.9	65.0	22.1	6 803
n	2 851	21 295	7 846	

		Somewhat			
		Overcrowded	spacious	Very spacious	n
Denmark	Single person under 65 years	13.8	60.0	26.2	699
	Single person, 65 years or more	1.4	63.2	35.4	409
	Couple without children	2.4	62.0	35.6	2 109
	Couple with children	14.1	79.6	6.3	1 856
	Single parent	5.9	88.6	5.4	117
	Other	7.6	74.4	18.0	521
Finland	Single person under 65 years	23.2	57.9	19.0	1 723
	Single person, 65 years or more	11.1	58.4	30.5	670
	Couple without children	1.7	60.8	37.5	3 807
	Couple with children	8.0	82.4	9.7	3 359
	Single parent	7.5	82.3	10.3	190
	Other	4.1	77.8	18.1	1 119
Iceland	Single person under 65 years	8.8	65.0	26.2	248
	Single person, 65 years or more	4.4	65.4	30.2	139
	Couple without children	2.7	67.2	30.2	743
	Couple with children	16.8	78.5	4.7	1 078
	Single parent	8.3	86.2	5.6	65
	Other	11.9	77.2	11.0	572
Norway	Single person under 65 years	11.5	59.3	29.2	910
	Single person, 65 years or more	0.9	52.3	46.8	325
	Couple without children	0.9	55.0	44.1	1 735
	Couple with children	10.9	80.1	9.0	1 788
	Single parent	9.0	71.4	19.6	115
	Other	11.4	69.6	19.0	<i>892</i>
Sweden	Single person under 65 years	27.1	54.1	18.7	1 064
	Single person, 65 years or more	5.5	63.4	31.1	609
	Couple without children	2.3	62.1	35.6	2 233
	Couple with children	15.1	78.2	6.7	2 078
	Single parent	18.3	73.8	7.9	194
	Other	9.3	76.6	14.2	625

### Table for figure 9.2.6 Households in overcrowded dwellings by type of household in the Nordic countries, per cent, 2006

			Somewhat		
	Income quartile	Overcrowded	spacious	Very spacious	n
Denmark	1	18.1	61.9	20.1	972
	2	6.8	76.6	16.6	1 299
	3	5.7	71.1	23.2	1 663
	4	3.3	57.0	39.7	1 756
Finland	1	19.9	63.8	16.3	2 436
	2	9.8	73.2	16.9	2 539
	3	6.1	71.1	22.8	2 720
	4	4.0	55.4	40.6	3 167
Iceland	1	16.6	70.0	13.4	626
	2	14.2	74.7	11.1	706
	3	8.0	78.5	13.6	749
	4	2.6	67.7	29.7	751
Norway	1	14.1	61.7	24.3	1 181
	2	7.0	70.6	22.4	1 453
	3	4.5	65.3	30.2	1 528
	4	2.8	54.1	43.1	1 586
Sweden	1	25.8	59.3	14.9	1 509
	2	12.2	73.0	14.8	1 685
	3	9.3	68.2	22.6	1 795
	4	4.6	60.0	35.4	1 787

### Table for figure 9.2.7 Households in overcrowded dwellings by income quartiles in the Nordic countries, per cent, 2006

Source: Eurostat (EU-SILC)

### Table for figure 9.2.8 Households with heavy or very heavy housing cost strain, Nordic countries, 2006

	Low	Medium	High	Very high	n
Denmark	3.8	36.6	43.8	15.8	5 711
Finland	35.0	39.7	20.6	4.8	10 868
Iceland	16.2	50.9	23.2	9.7	2 846
Norway	29.0	42.0	22.1	6.9	5 765
Sweden	23.8	40.9	26.2	9.2	6 803
n	9 590	13 887	6 658	1 857	

		A heavy burden	Somewhat a burden	No burden	п
Denmark	Low	1.2	9.3	89.5	269
	Medium	2.7	14.9	82.4	2 866
	High	5.7	21.8	72.6	2 081
	Very high	13.6	25.9	60.5	461
Finland	Low	8.3	54.4	37.4	4 977
	Medium	17.8	56.8	25.4	3 819
	High	30.5	52.0	17.4	1 591
	Very high	41.9	43.4	14.7	431
Iceland	Low	4.4	32.5	63.2	501
	Medium	8.8	49.9	41.3	1 424
	High	14.7	51.1	34.2	609
	Very high	15.3	55.5	29.2	235
Norway	Low	3.4	24.7	71.9	2 017
	Medium	4.9	37.6	57.6	2 454
	High	14.1	44.6	41.4	<i>953</i>
	Very high	16.3	46.1	37.7	306
Sweden	Low	5.2	28.9	65.9	1 709
	Medium	6.4	33.1	60.5	3 189
	High	19.6	35.4	45.1	1 365
	Very high	21.2	38.1	40.8	403

#### Table for figure 9.2.9 Households perceiving housing cost as a somewhat or heavy burden by housing cost strain, Nordic countries, 2006

Source: Eurostat (EU-SILC)

### Table for figure 9.2.10 Households with high or very high housing cost strain and overcrowding, Nordic countries, per cent, 2006

	Very high strain			
	and	High strain and	No strain and	
	overcrowded	overcrowded	overcrowding	n
Denmark	2.0	3.3	94.8	5 711
Finland	1.1	4.0	94.9	10 868
Iceland	0.7	1.7	97.7	2 845
Norway	1.0	1.9	97.1	5 765
Sweden	2.2	4.3	93.5	6 803
n	318	754	30 920	

		Very high	High strain		
		strain and	and	No strain and	
		overcrowded	overcrowded	overcrowding	n
Denmark	Single person under 65 years	5.9	6.2	87.9	699
	Single person, 65 years or more	0.0	1.0	99.0	409
	Couple without children	0.5	0.4	99.1	2 109
	Couple with children	0.2	5.2	94.6	1 856
	Single parent	1.4	4.1	94.5	117
	Other	0.1	1.4	98.5	521
Finland	Single person under 65 years	3.9	11.0	85.2	1 723
	Single person, 65 years or more	0.4	4.6	95.0	670
	Couple without children	0.1	0.2	99.7	3 807
	Couple with children	0.2	2.2	97.7	3 359
	Single parent	0.0	4.2	95.8	190
	Other	0.1	0.5	99.4	1 119
Iceland	Single person under 65 years	0.6	1.4	98.1	248
	Single person, 65 years or more	0.0	0.0	100.0	139
	Couple without children	0.0	0.0	100.0	743
	Couple with children	1.3	3.0	95.6	1 078
	Single parent	0.0	1.4	98.6	65
	Other	0.7	2.1	97.2	572
Norway	Single person under 65 years	3.0	4.8	92.1	910
	Single person, 65 years or more	0.3	0.0	99.7	325
	Couple without children	0.0	0.2	99.8	1 735
	Couple with children	0.5	1.6	97.9	1 788
	Single parent	0.0	6.4	93.6	115
	Other	0.3	0.6	99.2	892
Sweden	Single person under 65 years	6.5	11.2	82.4	1 064
	Single person, 65 years or more	1.4	1.9	96.6	609
	Couple without children	0.1	0.6	99.3	2 233
	Couple with children	0.4	2.7	96.9	2 078
	Single parent	3.7	9.0	87.3	194
	Other	1.0	1.4	97.5	625

#### Table for figure 9.2.11a Households with high or very high housing cost strain and overcrowding by household type, students excluded, the Nordic countries, per cent, 2006

		Very high	High strain		
		strain and	and	No strain and	
		overcrowded	overcrowded	overcrowding	п
Denmark	Single person under 65 years	3.0	4.7	92.3	619
	Single person, 65 years or more	0.0	1.0	99.0	409
	Couple without children	0.4	0.3	99.3	2 044
	Couple with children	0.1	4.6	95.3	1 744
	Single parent	1.7	2.0	96.2	89
	Other	0.0	1.5	98.5	476
Finland	Single person under 65 years	2.2	9.6	88.2	1 455
	Single person, 65 years or more	0.4	4.6	95.0	669
	Couple without children	0.1	0.1	99.9	3 686
	Couple with children	0.2	2.2	97.6	2 886
	Single parent	0.0	5.1	94.9	144
	Other	0.0	0.5	99.5	1 010
Iceland	Single person under 65 years	0.6	0.9	98.5	229
	Single person, 65 years or more	0.0	0.0	100.0	139
	Couple without children	0.0	0.0	100.0	697
	Couple with children	1.3	2.8	96.0	878
	Single parent	0.0	1.8	98.2	46
	Other	0.7	1.9	97.4	487
Norway	Single person under 65 years	0.9	3.3	95.8	781
	Single person, 65 years or more	0.3	0.0	99.7	325
	Couple without children	0.0	0.2	99.8	1 659
	Couple with children	0.5	1.7	97.9	1 557
	Single parent	0.0	8.0	92.0	85
	Other	0.2	0.4	99.4	744
Sweden	Single person under 65 years	2.8	8.2	89.0	920
	Single person, 65 years or more	1.4	1.9	96.6	609
	Couple without children	0.0	0.5	99.5	2 163
	Couple with children	0.5	2.6	96.9	1 797
	Single parent	4.4	9.9	85.8	147
	Other	0.0	1.3	98.7	521

# Table for figure 9.2.11b Households with high or very high housing cost strain and overcrowding by household type, the Nordic countries, per cent, 2006

		<b>T</b> 7 1 1	TT' 1 . '		
		Very high	High strain		
	т ."	strain and	and	No strain and	
	Income quartile	overcrowded	overcrowded	overcrowding	n
Denmark	1	7.7	8.2	84.1	972
	2	0.2	2.2	97.6	1 299
	3	0.0	2.5	97.5	1 663
	4	0.1	0.4	99.5	1 756
Finland	1	4.2	9.0	86.9	2 436
	2	0.3	4.3	95.4	2 539
	3	0.0	2.3	97.8	2 720
	4	0.0	0.4	99.6	3 167
Iceland	1	2.4	3.4	94.2	626
	2	0.2	1.9	98.0	706
	3	0.1	1.0	99.0	749
	4	0.1	0.4	99.5	751
Norway	1	3.8	4.8	91.5	1 181
	2	0.2	2.3	97.5	1 453
	3	0.0	0.5	99.6	1 528
	4	0.1	0.1	99.8	1 586
Sweden	1	8.5	10.4	81.1	1 509
	2	0.3	4.9	94.8	1 685
	3	0.2	1.9	97.9	1 795
	4	0.0	0.3	99.7	1 787

# Table for figure 9.2.12 Households with high or very high housing cost strain and overcrowding by income quartiles, the Nordic countries, per cent, 2006

Somewhat				
	Overcrowded	spacious	Very spacious	n
Denmark	8.3	66.5	25.2	5 711
Finland	9.9	65.9	24.2	10 868
Iceland	10.3	72.7	16.9	2 845
Norway	7.1	62.8	30.1	5 765
Sweden	12.9	65.0	22.1	6 803
France	9.3	66.1	24.7	10 036
United Kingdom	5.1	64.8	30.1	9 902
Belgium	4.0	49.7	46.3	5 860
Netherlands	3.2	54.9	42.0	8 986
Austria	13.8	68.6	17.7	6 028
Luxembourg	9.1	61.3	29.6	3 836
Ireland	4.5	48.2	47.3	5 836
Spain	3.2	57.3	39.5	12 205
Italy	18.1	69.0	13.0	21 499
Greece	25.3	70.2	4.6	5 700
Portugal	11.5	70.6	17.9	4 367
Cyprus	2.1	58.7	39.2	3 621
Hungary	38.7	59.5	1.8	7 722
Czech Republic	27.4	67.1	5.6	7 483
Poland	43.4	52.3	4.4	14 914
Estonia	35.1	60.1	4.8	5 631
Litaunia	42.7	53.7	3.6	4 660
Latvia	45.6	52.1	2.3	4 315
Slovakia	40.3	56.6	3.1	5 105

#### Table for figure 9.2.13 Households in overcrowded dwellings, Europe, per cent, 2006

	Low	Medium	High	Very high	n
Denmark	3.8	36.6	43.8	15.8	5 711
Finland	35.0	39.7	20.6	4.8	10 868
Iceland	16.2	50.9	23.2	9.7	2 845
Norway	29.0	42.0	22.1	6.9	5 765
Sweden	23.8	40.9	26.2	9.2	6 803
France	37.6	33.3	22.9	6.2	10 036
United Kingdom	12.5	38.5	33.3	15.7	<i>9 902</i>
Belgium	21.6	45.1	25.9	7.4	5 860
Netherlands	4.8	30.6	51.5	13.0	8 986
Austria	28.6	48.7	18.4	4.3	6 028
Luxembourg	52.3	30.5	14.1	3.2	3 836
Ireland	42.2	44.4	10.2	3.2	5 836
Spain	49.0	35.9	10.6	4.5	12 205
Italy	27.9	41.3	20.0	10.8	21 499
Greece	4.8	45.8	38.0	11.4	5 700
Portugal	46.1	40.2	10.7	3.0	4 367
Cyprus	38.5	35.2	19.1	7.2	3 621
Hungary	11.0	52.5	28.5	8.1	7 722
Czech Republic	7.3	50.6	34.2	8.0	7 483
Poland	12.5	46.5	32.8	8.3	14 914
Estonia	28.4	45.5	20.1	6.0	5 631
Litaunia	23.7	49.3	20.9	6.1	4 660
Latvia	26.4	41.2	24.3	8.1	4 315
Slovakia	6.7	41.6	34.9	16.8	5 105

Table for figure 9.2.14 Households w	vith heavy	or very hea	vy housing	cost strain,	Europe,
2006					

	Very high strain	High strain and	No strain and	
	and overcrowded	overcrowded	overcrowding	n
Denmark	2.0	3.3	94.8	5 711
Finland	1.1	4.0	94.9	10 868
Iceland	0.7	1.7	97.7	2 845
Norway	1.0	1.9	97.1	5 765
Sweden	2.2	4.3	93.5	6 803
France	1.1	3.5	95.4	10 036
United Kingdom	0.7	2.2	97.1	9 902
Belgium	0.5	1.3	98.2	5 860
Netherlands	0.7	1.6	97.8	8 986
Austria	0.7	2.9	96.4	6 028
Luxembourg	0.9	3.0	96.1	3 836
Ireland	0.1	0.5	99.4	5 836
Spain	0.2	0.6	99.2	12 205
Italy	1.7	3.9	94.5	21 499
Greece	2.6	8.7	88.7	5 700
Portugal	0.3	1.1	98.7	4 367
Cyprus	0.0	0.4	99.6	3 621
Hungary	2.7	9.9	87.4	7 722
Czech Republic	1.6	8.5	89.9	7 483
Poland	3.0	12.8	84.2	14 914
Estonia	1.8	5.8	92.4	5 631
Litaunia	1.7	7.3	91.0	4 660
Latvia	2.9	9.3	87.8	4 315
Slovakia	6.6	11.5	81.9	5 105

### Table for figure 9.2.15 Households with high or very high housing cost strain and overcrowding, Europe, per cent, 2006

Source: Eurostat (EU-SILC)

### Table for figure 9.2.16 Households in arrears on housing costs at least once last year, the Nordic countries, 2006

	In arrears	Not in arrears	n
Denmark	3.7	96.3	5 711
Finland	8.2	91.8	10 868
Iceland	7.8	92.2	2 845
Norway	9.2	90.9	5 765
Sweden	5.9	94.1	6 803
n	1 949	30 043	

		In arrears	Not in arrears	n
Denmark	Single person under 65 years	7.5	92.5	699
	Single person, 65 years or more	0.6	99.4	409
	Couple without children	1.5	98.5	2 109
	Couple with children	2.3	97.7	1 856
	Single parent	17.7	82.3	117
	Other	3.2	96.8	521
Finland	Single person under 65 years	13.5	86.5	1 723
	Single person, 65 years or more	1.6	98.4	670
	Couple without children	4.5	95.5	3 807
	Couple with children	9.6	90.4	3 359
	Single parent	26.9	73.1	190
	Other	10.4	89.6	1 119
Iceland	Single person under 65 years	8.8	91.3	248
	Single person, 65 years or more	0.6	99.4	139
	Couple without children	4.2	95.8	743
	Couple with children	8.3	91.7	1 078
	Single parent	22.6	77.4	65
	Other	11.3	88.7	572
Norway	Single person under 65 years	16.3	83.7	910
	Single person, 65 years or more	2.2	97.8	325
	Couple without children	3.7	96.3	1 735
	Couple with children	8.5	91.5	1 788
	Single parent	27.0	73.0	115
	Other	11.2	88.8	<i>892</i>
Sweden	Single person under 65 years	8.6	91.4	1 064
	Single person, 65 years or more	2.3	97.7	609
	Couple without children	2.5	97.5	2 233
	Couple with children	6.6	93.4	2 078
	Single parent	21.4	78.6	194
	Other	8.7	91.3	625

#### Table for figure 9.2.17 Households in arrears on mortgage or rent payments at least once last year by household type, the Nordic countries, 2006

	In arrears	Not in arrears	n	
Denmark	3.7	96.3	5 711	
Finland	8.2	91.8	10 868	
Iceland	7.8	92.2	2 845	
Norway	9.2	90.9	5 765	
Sweden	5.9	94.1	6 803	
France	8.2	91.8	10 036	
United Kingdom	4.1	95.9	9 902	
Belgium	5.7	94.3	5 860	
Netherlands	4.3	95.7	8 986	
Austria	2.2	97.8	6 028	
Luxembourg	2.1	97.9	3 836	
Ireland	6.9	93.1	5 836	
Spain	4.1	95.9	12 205	
Italy	10.6	89.4	21 499	
Greece	27.2	72.8	5 700	
Portugal	5.5	94.5	4 367	
Cyprus	13.9	86.1	3 621	
Hungary	13.5	86.5	7 722	
Czech Republic	6.4	93.6	7 483	
Poland	18.0	82.0	14 914	
Estonia	6.0	94.0	5 631	
Litaunia	12.9	87.1	4 660	
Latvia	13.2	86.9	4 315	
Slovakia	8.1	91.9	5 105	

### Table for figure 9.2.18 Households in arrears on mortgage or rent payments at least once last year, Europe, 2006

Source: Eurostat (EU-SILC)

### Table for figure 9.2.19 Households reporting from 1 to 3 housing environment problems, the Nordic countries, 2006

	0	1	2	3	n
Denmark	69.5	20.6	8.2	1.8	5 711
Finland	66.1	22.3	9.2	2.5	10 868
Iceland	79.5	16.9	3.5	0.2	2 845
Norway	81.0	12.9	5.0	1.1	5 765
Sweden	73.4	19.7	5.9	1.0	6 803
n	24 015	5 639	1 934	404	

		0	1	2	3	n
Denmark	Single person under 65 years	60.4	23.9	12.9	2.8	699
	Single person, 65 years or more	78.3	16.9	4.3	0.5	409
	Couple without children	72.5	19.6	6.9	1.0	2 109
	Couple with children	73.9	18.8	6.1	1.2	1 856
	Single parent	50.8	28.6	14.4	6.2	117
	Other	70.5	20.4	5.4	3.7	521
Finland	Single person under 65 years	57.2	26.8	11.3	4.7	1 723
	Single person, 65 years or more	66.6	24.5	8.1	0.8	670
	Couple without children	69.4	20.1	8.4	2.1	3 807
	Couple with children	70.3	20.0	8.1	1.6	3 359
	Single parent	52.5	24.9	18.0	4.6	190
	Other	72.3	17.7	8.3	1.7	1 119
Iceland	Single person under 65 years	71.4	25.0	3.6	0.0	248
	Single person, 65 years or more	86.6	9.5	2.9	1.0	139
	Couple without children	78.6	17.2	3.9	0.3	743
	Couple with children	83.1	14.0	2.7	0.1	1 078
	Single parent	73.7	20.1	6.3	0.0	65
	Other	78.9	17.2	4.0	0.0	572
Norway	Single person under 65 years	73.4	16.5	7.9	2.3	910
	Single person, 65 years or more	82.9	12.1	4.1	0.8	325
	Couple without children	82.6	11.8	4.9	0.7	1 735
	Couple with children	85.7	10.7	2.9	0.7	1 788
	Single parent	87.8	10.7	1.6	0.0	115
	Other	83.8	11.8	4.1	0.4	<i>892</i>
Sweden	Single person under 65 years	66.0	24.9	7.7	1.4	1 064
	Single person, 65 years or more	79.6	16.7	3.2	0.5	609
	Couple without children	75.9	17.7	5.7	0.7	2 233
	Couple with children	77.0	16.9	5.3	0.9	2 078
	Single parent	65.0	21.6	10.7	2.7	194
	Other	69.8	23.0	5.8	1.4	625

Table for figure 9.2.20 Households reporting from 1 to 3 housing environment problems by household type, the Nordic countries, 2006

	- 5					
		0	1	2	3	п
Denmark	Low	83.1	10.6	5.5	0.8	273
	Medium	73.0	19.5	6.5	1.0	2 878
	High	69.0	20.6	8.1	2.3	2 097
	Very high	59.3	25.2	13.0	2.5	463
Finland	Low	73.4	19.5	5.5	1.7	5 000
	Medium	66.6	21.7	9.4	2.3	3 833
	High	54.7	27.6	13.9	3.9	1 600
	Very high	57.8	24.8	13.9	3.5	435
Iceland	Low	79.4	17.9	2.5	0.2	533
	Medium	79.2	17.0	3.6	0.2	1 460
	High	80.4	15.6	3.9	0.2	615
	Very high	79.2	17.8	3.0	0.0	237
Norway	Low	84.4	10.9	3.9	0.8	2 048
	Medium	82.4	11.7	5.1	0.8	2 456
	High	76.0	15.7	6.7	1.6	953
	Very high	74.7	18.7	3.9	2.7	308
Sweden	Low	75.9	17.9	5.7	0.4	1 736
	Medium	76.6	17.6	5.0	0.8	3 260
	High	68.1	23.0	7.4	1.5	1 393
	Very high	68.1	23.9	6.1	1.9	414

Table for figure 9.2.21 Households reporting from 1 to 3 housing environ	nment problems
by housing cost strain, the Nordic countries, 2006	

Source: Eurostat (EU-SILC)

Table for figure 9.2.22 Households reporting from 1 to 3 housing environment problems
by income quartiles, the Nordic countries, 2006

	Income quartile	0	1	2	3	n
Denmark	1	64.8	21.6	11.5	2.1	972
	2	69.7	20.3	8.0	2.0	1 299
	3	69.4	21.1	7.5	2.0	1 663
	4	73.4	19.7	5.8	1.2	1 756
Finland	1	64.9	23.3	9.3	2.5	2 436
	2	65.4	21.9	10.0	2.7	2 539
	3	66.4	22.5	8.8	2.3	2 720
	4	67.7	21.4	8.5	2.5	3 167
Iceland	1	76.3	18.6	4.8	0.3	626
	2	81.5	15.4	3.1	0.0	706
	3	78.7	17.3	3.9	0.2	749
	4	82.2	15.4	2.2	0.3	751
Norway	1	78.5	14.6	5.2	1.7	1 181
	2	80.3	14.0	4.4	1.3	1 453
	3	83.3	11.7	4.5	0.5	1 528
	4	81.7	11.3	6.1	0.9	1 586
Sweden	1	69.9	22.9	6.0	1.2	1 509
	2	73.2	18.7	6.9	1.2	1 685
	3	77.0	17.4	4.7	1.0	1 795
	4	73.9	19.5	6.1	0.6	1 787

	0	1	2	3	n
Denmark	69.5	20.6	8.2	1.8	5 711
Finland	66.1	22.3	9.2	2.5	10 868
Iceland	79.5	16.9	3.5	0.2	2 845
Norway	81.0	12.9	5.0	1.1	5 765
Sweden	73.4	19.7	5.9	1.0	6 803
France	64.8	21.3	10.5	3.3	10 036
United Kingdom	57.3	27.1	11.7	3.9	9 902
Belgium	61.5	24.1	10.6	3.8	5 860
Netherlands	55.2	29.3	12.1	3.4	8 986
Austria	70.4	20.0	7.3	2.3	6 028
Luxembourg	67.4	17.1	10.2	5.3	3 836
Ireland	73.0	17.0	7.5	2.5	5 836
Spain	59.5	23.4	12.4	4.8	12 205
Italy	62.7	19.3	11.8	6.3	21 499
Greece	70.7	16.0	9.0	4.4	5 700
Portugal	62.0	22.5	11.0	4.6	4 367
Cyprus	55.0	22.4	18.3	4.3	3 621
Hungary	72.2	17.4	7.6	2.9	7 722
Czech Republic	67.9	17.2	10.2	4.7	7 483
Poland	72.2	15.3	9.3	3.3	14 914
Estonia	57.9	24.0	14.4	3.7	5 631
Litaunia	73.1	14.3	10.2	2.4	4 660
Latvia	54.0	21.5	16.8	7.7	4 315
Slovakia	70.0	15.7	10.8	3.5	5 105

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