



Report on the social inclusion and social protection of disabled people in European countries

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Background:

The [Academic Network of European Disability experts](#) (ANED) was established by the European Commission in 2008 to provide scientific support and advice for its disability policy Unit. In particular, the activities of the Network will support the future development of the EU Disability Action Plan and practical implementation of the United Nations Convention on the Rights of Disabled People.

This country report has been prepared as input for the *Thematic report on the implementation of EU Social Inclusion and Social Protection Strategies in European countries with reference to equality for disabled people*.

The purpose of the report ([Terms of Reference](#)) is to review national implementation of the open method of coordination in Social inclusion and social protection, and in particular the National Strategic Reports of member states from a disability equality perspective, and to provide the Commission with useful evidence in supporting disability policy mainstreaming.



PART ONE: SOCIAL INCLUSION PLANS (GENERAL)

1.1 Please describe how and where disabled people are included in your country's published plans for social inclusion and protection?

- Where is disability being 'mainstreamed' or treated separately?

As to mainstreaming: This principle has been advocated since the 1940's by Niels Erik Bank-Mikkelsen, and since 1980 been institutionalised in the Central Disability Council. 1993 it was made official policy by parliamentary declaration.

- What is missing from these plans?

Disability is mentioned several times in the National Report:

- 2.3 Education: research shall be made on the result of education of children and young people with disabilities. The effects of special education shall be elucidated. In addition there are some general remarks on bettering the conditions of disabled people.
- 2.4 Employment. A section on disabled people (including initiatives that develop from "protected employment" to "protected work", and a section on persons with mental diseases.
- 2.5 Housing. 4 lines on housing for people with disabilities.
- 2.8 Abuse. A short section on disabled people with abuse problems.
- 2.8 e-Inclusion. Mentions development of Danish speech recognition and other ICT tools for disabled people.
- 4.3.4 Free choice. Mentions that disabled can choose between providers of home services and employ their own assistants.
- Annex 2. Mentions employment initiatives for people with mental diseases.

1.2 In reality, what major actions has your country taken and what are the positive or negative effects on disabled people? (policy or practical examples)

- on equal access to resources, rights and services for disabled people

Since 1993 there has been such a policy, encompassing physical and informational accessibility, possibility to take part in education (accessibility, provisions for blind and deaf, etc), opening of the job market (see request 2).

The main instrument of this policy has been the Central Disability Council, which was established in 1980. In the first period it was mainly concerned with replacing earlier special schemes with more common ones, following the philosophy of mainstreaming. In 1993, however, it was strengthened with a secretariat with a staff of 12 persons, now 18. These people make analyses, conferences, address directly to departments and public agencies, and inspire to legislation. In 2006 the secretariat strengthened its research profile as one of the employees obtained a Ph.D. degree on the topic of disabled people as political actors. From 1998 the government has had a cross-departmental group on disability policy and a minister with responsibility for this field. Reforms has been made on education encompassing e.g. double study support for disabled students and support for necessary adjustments, translation (to sign language, and Braille), etc. The legal rights of disabled people have been strengthened with the social legislation of 1998 (Act on Legal Rights). One effect of this structure is that a lot of details in relation to conditions of disabled people and the working of laws and administration are taken care of.



- on fighting discrimination and increasing integration

There has been a research in 2000 on attitudes to persons with disabilities (SFI00:14; SFI02:14), but not much policy explicitly concerned with attitudes and discrimination.

- how are disabled people and their organisations being involved in co-ordination of these policies?

Disabled people's organisations occupy half of the places in the Central Disability Council, and so are deeply involved in the planning and evaluation of this policy.

1.3 What is the most recent research about disabled people's equality and social inclusion in your country?

- What are the most important research publications of the past two years?

Apart from employment not much research has been made on disabled people's equality and social inclusion in the latest decade. A comprehensive one is however just made. The employment part has newly been published (SFI08:10), and the social part will be published August 2008 (SFI08:18).

- What are the key findings?

SFI08:18 confirms a number of results from an earlier study (SFI97:1). Of the population in age groups 16-64, 25 % say they have a disability, and 15 % have one or more concrete functional limitations concerning legs, arms, hands, sight, hearing, behaviour or intellect. Just 11 % of all persons with disabilities have been born with them, whereas 89 % have acquired them. The risk of acquiring disability is growing with age, from 0.1 % a year for children to 2 % a year when they are 60. So many people who acquire a disability are well integrated in society before and so have some social capital.

When disabled people are compared to non-disabled with the means of logistic regression we see that all seven types of functional limitation cause limitation in activity. This includes social activity. Relations to parents and children, other family and friends are less frequent. Meaningfulness and happiness are less. Societal activities as frequenting association meetings or making voluntary work are less too. And disabled persons less often are in job.

These findings are perhaps not so unexpected. The most interesting is, of course, if the research can be repeated after some years and the results compared in order to evaluate the effect of the disability policy in the period. The 1995 research (SFI97:1), unfortunately, did not succeed so well in measuring disability, whereas the new research seems much more reasonable in that respect. Some things may however be compared, and among them is the opinions on the municipal casework. So the percentage that says that the municipality was not willing to pay has sunken from 56 % to 34 %, and the percentage that say that the agencies were not coordinated good enough has sunken from 57 % to 47 %. So it seems that disabled people have noticed that the expenses in the period have increased with 150 %.

- What is the evidence about inequalities between different groups of disabled people? (e.g. disabled women, young people, older people, people with different kinds of impairments, migrants or ethnic minorities, etc.)

SFI08:18 makes a number of logistic regressions in order to isolate the "effect" of seven types of functional limitations from other factors, such as gender, age, co-habitation, and education. The general result is that there are very seldom any interaction terms between the individual dimensions of functional limitation and the other factors.



So there are not special problems for groups like women, young people, older people, but the effects of life situation and functional limitation most often are additive.

It seems however that a number of women appraise their disability as more serious as it is, whereas a number of men do the opposite. It seems also that women with a given functional limitation have greater needs than the men with same functional limitation. There shall be researched more in these matters, which are in accordance with some, but not all earlier results.

- What new research is needed on equality and social inclusion in your country?

We have a general knowledge of connection between income and disability, and social conditions and disability. So we know that parents with children with disabilities more often than other parents have other social cases as well, but we do not know much about the reason for that. Both when it concerns children and when it concerns adults we do not know exactly how much poverty is the cause of disability and how much disability is the cause of poverty. So a lot of research is needed here.



PART TWO: INCOMES, PENSIONS AND BENEFITS

2.1 Research publications (key points)

Please tell us about recent research on poverty, income or pensions/benefits for disabled people in your country (e.g. including the poverty or income of different groups of disabled people, disabled women, older people, ethnic minorities etc.)

- What are the most important publications?
- What are the key findings?
- What are the lessons for good policy and practice?
- What new research is needed in your country?

There is no awareness of any problem of poverty among people with disabilities. There may be a problem, but I guess it is more a problem of poor people acquiring disabilities than of disabled people becoming poor. In any case, we have no research from the later years, but we are planning to make some in the future.

2.2 Type and level of benefits (key points and examples)

It is important for us to understand the pensions and benefits available to disabled people in each country. Please provide summary details of the main income pensions or benefits available for disabled people in your country. Please include:

- name of the pension or benefit (what is it called?)

Førtidspension

- amount of money paid (how much?)

DKK 141.720 for married / cohabitating, DKK 166.740 for single,
corresponding to € 19.151 for married / cohabitating and € 22.532 for single.

These amounts are reduced if pension + other incomes become greater than 34.000 € for married or 33.000 € for single. The pension is reduced to 0 if the income is 80.000 € for married or 88.000 for single. If the person gets an income from work which corresponds to a normal income, the authorities may reevaluate the case and terminate the pension. There is no automatic in it, they have to notice it and take an initiative.

For persons that have been awarded førtidspension before 2003 under the old law, the situation is a little different. There were three types, high, middle and low, combined from elements, of which some were taxed and other not. The new amount corresponds to the old middle pension, whereas the old high is a little higher. The old low pension was also given to some people from merely social reasons.

- criteria for eligibility (who can receive this?)

Førtidspension is part of the rehabilitation system. If a person has a reduced working capability, and has a need for an income, and applies at the municipality, they will try to improve his or her working ability by means of activation, rehabilitation or other means. The goal is that the person should be able to maintain himself or herself with a job on ordinary conditions, or if that is not possible with a job according to the social chapters of the labour agreement, or if that is not possible by a flexjob.



If self-maintenance cannot be obtained in any of these ways, and after all possibilities have been tried, the working ability is considered to be durably reduced.

The criterion for førtidspension is not disability or any medical diagnosis, but just “working ability”. Working ability is defined as the ability to fulfil the demands that a job involves in order to do the concrete job tasks so as to obtain an income for full or partial maintenance.

The municipal caseworker evaluates the working ability on the basis of a description of the resources of the citizen and the barriers that may be for using or developing these resources. There is a comprehensive method that must be used for making the resource profile.

Only when it has been realised that the working ability is durably reduced, a case of førtidspension can be initiated. Until that point it is a case of activation or rehabilitation, or perhaps some kind of treatment (e.g. psychiatric or psychological) is initiated.

There is not yet done any systematic effort with the purpose of getting førtidspensioners back to work. But it has been discussed a little, and the Labour Market Commission (which is working for the time being) probably will have some thoughts on that.

- approximate number of recipients (how many people?)

The actual law on førtidspension is from 2003, but it replaced an earlier law from 1984, and the original scheme was from 1921.

The number of recipients of the new førtidspension is 40.414.

The earlier law was more complicated, as there were three levels of pension corresponding to: 100 % invalidity, 67 % invalidity and 50 % invalidity. The number of recipients of these old schemes are 60.897 (100%), 97.313 (67%) and 47.261 (50%). The last-mentioned number includes however also a fraction that has got the pension on social indication. It is not possible to divide the recipients of the low pension in disability and social indication.

So, the total number of recipients of førtidspension that have been granted the pension on the basis of 67 % invalidity is 198.624.

- Where can we find more detailed information? (e.g. government website)

Statistics on recipients of førtidspension can be found on www.statistikbanken.dk, whereas statistics and analyses on the award of førtidspension can be found on www.ast.dk. Details on the scheme (and other social schemes) can be found in “Sociale ydelser”.

2.3 Policy and practice (summary)

Please tell us about the current state of laws or policies that affect the poverty and financial income of disabled people in your country.

- Is the financial income of disabled people an important political question at this time? Why? If not, what are the reasons?

No, there is political consensus about this. You can hear OECD economists and members of the (very) liberal think tank CEPOS plea for a reduction of benefits, but no political parties dare to do so.

- Have there been any important changes or modernization of policies in your country?

Yes, 1988 a so-called active policy on førtidspension was initiated.



The first years it was mostly something that concerned the administrative structure, moving the financial burden from purely state to shared state and municipality. The authority to award the pensions was also gradually moved, but From 1995 it began to be reflected in a lesser number of persons being awarded førtidspension. The reduction in the years 1996-2002 amounted to 80 %. The legal change in 2003 has not changed much.

- To what extent are disabled people included in the mainstream policies for poverty and income protection, or treated as a separate group (e.g. are there different income policies for disabled and non-disabled people)?

Førtidspension, which is a sort of disability pension, represents a deviation from the ordinary policy of mainstreaming in disability. Strict mainstreaming would mean that every disabled person, even the most disabled one, should have offered a job that matches his or her abilities and get a normal wage for that.

But the limitation of førtidspension in the late nineties was surely a step in the direction of mainstreaming. It has been accompanied by endeavours to bring more disabled people in job, as described in request 2.

- Do pensions and benefits in your country encourage younger disabled people to work in paid employment?

Disability does not give any right to pension, only reduced working ability. So yes.

- Do pensions and benefits in your country encourage older disabled people to stay in paid employment?

The flex job scheme contributes to that.

On the other hand, the efterløøn (a scheme of voluntary early pensioning that was introduced 1979 in order to reduce unemployment) contributes to that older people – both disabled and not disabled - retire.

- Are there sustainable incomes for disabled people who cannot work?

Yes førtidspension. And for the group elder than 62, efterløøn. (Efterløøn may be obtained already from 60, but to a reduced rate).

- Could the financial system cope with increases in the number of disabled people or the level of pensions?

The increase that is most probable to come is an increase in førtidspension with psychiatric reasons. The fraction of these has increased to 47 % in the latest statistics from around 30 earlier. Psychiatrists hold that the great majority of these cases could have been cured, if they had been treated in time.

The latest 7 years there has been a policy of tax stop, which nearly all political parties support. For this reason, all social expenses are under pressure, førtidspension included.

Are there any measures or policy debate concerning the increase in disability due to psychiatric reasons?

In regards as to whether or not there are any measures or policy debate concerning the increase in disability due to psychiatric reasons, this theme is taken up in the press nearly every time where the new statistics on førtidspension is published.



The debate has however not yet been taken up in political connection. It is possible that the Labour Market Commission, which is working for the time being, will have some proposals on this point.

The problem is however complicated. First it has to be noted that there has always been many førtidspensioners with psychic diagnoses. Second it is obvious that the use of drugs no doubt has part of the responsibility for the increasing numbers. Nevertheless, psychiatrists hold that the numbers of førtidspensioners with psychic diagnoses could be reduced considerably if we found and treated the cases before they got serious.



SECTION THREE: CARE AND SUPPORT

3.1 Recent research publications (key points)

Please tell us about recent research on long term care and independent living in your country (e.g. including access for different groups of disabled people, disabled women, older people, migrants etc.)

- What are the most important publications in the past two years?

CLH 2006

- What are the key findings and recommendations?

That persons with disabilities, who in theory have the same rights to free choice e.g. of hospital, in reality will be limited for different reasons because of their functional limitations.

- What new research is needed in your country?

There has been much debate in relation to the exposure of unacceptable circumstances in some “institutions” for intellectually disabled people. Some cases, where staff members have used an unacceptable language and behaviour have got a lot of mention in the press.

In that connection I hold that there is a need of research in the functioning of such organisations of long term care, and the relations between staff and users that are built up here.

Another interesting topic is the diagnoses like ADHD, tourettes, autism, asperger. What is the effect of giving a child a diagnosis early in the life? Does it lock the child in development, or does it open up for the right support? We need research to enlighten that.

3.2 Types of care and support (key points and examples)

Please tell us more about the state-of-the-art in care and support for disabled people in your country. What is available? What are the big changes in policy and practice? For example, in:

- care provided in institutions vs. care provided at home

In 1998 all types of institutions were abolished. That did not mean that all inhabitants were thrown on the street and encouraged to find an apartment on their own. But the individual dwellings were made greater and furnished with a cooking place, and the inhabitants now got their individual førtidspension, and should in return pay for rent and for services like meals and hairdressing, but not for cleaning because home help is free. They have all things considered become normal citizens.

But in most respects the old “institutions” are like themselves. Naturally, it has not been easy to make any dramatic change in the way the disabled inhabitants are treated. Even if the cleaning staff in many places has changed, so that it is now the ordinary home help that comes also in the former institutions, most of the other personnel has remained the same. They have to go through a long process before they have got a praxis that is dramatically different from the institutional.

An evaluation of the experience with the abolishment of the concept of institution for the first four years (Socialministeriet 2002) states that this reform has had some effect, but that much is not yet functioning as it ought to.



Another question is about housing for disabled people. If you acquire a disability, there is a good possibility to get the necessary house modifications free. Elderly people have good chances to get an elderly dwelling, which is an apartment on ordinary conditions but accessible for disabled. For children with disabilities who grow up the situation is a little more difficult. In principle they have a right to an accessible own apartment, but the municipalities have not been too eager to construct these, as they know that this will give them expenses many years ahead

As to care, disabled people have the right to free home care just as elderly. Disabled people have the right to free choice of home care as the elderly. In addition they have a right to find a carer, who is then paid by the municipality.

- personal assistance schemes

There are a number of personal assistance schemes. Personal assistance may be given to disabled people in job, max 20 hours a week for a 37 hours employment, and relatively for part time. Personal and secretarial assistance is also given to disabled persons who follow a vocational education. This scheme belongs to the legislation of the Employment Ministry, who finance the schemes out of their budget (so it is tax financed). The persons that are employed as personal assistants often will be some of the staff in the working place or education, or they may be other persons who have the necessary knowledge of the work. They may be relatives to the disabled person like all colleagues may, but it is not very likely.

Furthermore, a disabled person may apply for up to 15 hours helper per month for coming out. Young, active persons with comprehensive physical disablement can get assistance they employ themselves for up to 24 hours a day. These schemes belong to the legislation of the Welfare Ministry, and are financed by the municipalities (so they are tax financed). They have nothing to do with work, people without work can have them as well as people in work. But the last mentioned presupposes that it is an active person that can use the scheme to something. The disabled persons may employ some relatives, but it is not often that this happens.

- availability of temporary care services (e.g. 'respite care')

Temporary care services are used in some cases to disabled children in the home, where the parents take care of the child. If that is a great burden, they may have another family to take care of the child e.g. a weekend every month or every second month, which is paid by the municipality.

Respite care may also be used to relieve a spouse, parents or near relatives who are caring for a person with reduced physical or psychical functional ability, most often by the means of a stay in a nursing home or an institution.

- help with housing (e.g. accessible housing, supported housing, adaptations)

For people with disabilities all adaptations of the housing are paid by the municipality, if it appreciates they are necessary. If it is an owner-occupied residence, there are detailed rules concerning adaptation and the possible added value to the house.

Moreover, if a person with disabilities or parents with a disabled child have to move to a more accessible place, there are rules about support to the extra rent that this involves.

There is accessible housing, but not enough, with the consequence that many young disabled persons have to stay with their parents for some years after they become 18 years old.

Earlier we had supported housing for disabled and elderly people with some need of support, and nursing homes or institutions for disabled and elderly with greater need.



Now the possibilities of yielding support are the same in all types of housing, and the disabled person can choose more freely where to live.

For intellectually disabled and mentally ill people there are also the so-called flat shares (bofællesskaber). This is a great flat or a house which is modified so that a number of persons can live there with their own room and some common rooms and kitchen. It may be a little place with 4-8 persons, or a greater one with 10-30. (There has been some critics the later years because originally the little size was the norm, but for staff reasons the authorities for some years have preferred the greater size, holding that it was possible to give a better support there. The critics hold that this trend is against the principle of integration).

The former institutions which today formally are considered the person's own home but in reality run more or less as before may be considered a type of supported housing, even if they formally do not differ from all other housing.

- work rehabilitation services

Until the municipal reform 2007 work rehabilitation services were a responsibility of the counties. Now they are laid down it is a little unsure what will happen. Some rehabilitation centres are taken over by the new regions, which are just enterprises with no own tax pay (but nevertheless they have an elected council!). Most of them are taken over by the larger municipalities, and in that connection they are often modified to better suit the needs of this administrative unit. There is not yet any appreciation of what that means, but one could suspect that the governmental goal of "the shortest possible way to the labour market" (which means less education, more job training) would prevail.

Protected work places are encouraged to place their employees on ordinary workplaces (without formally changing employer), that is called "supported employment".

- help with transport

There are different schemes. CLH 2001 distinguishes between forms of and purposes with support. Support may be accompaniment in public transport, support to own car, or general cash support from the municipality for transportation purpose. The regional bus enterprises have different services for disabled people, most of them limited to mobility disabled. As to purposes, CLH 2001 distinguishes between transportation to work, to education, to treatment and for leisure purposes. Own car is mostly given to work purpose, in some cases also to further and higher education, but it is also possible – although seldom – to give it without such purpose. There are detailed rules for covering most of the expenses to transportation for treatment. As to leisure purposes the coverage is least. Disabled persons can have 104 trips a year, which means they can come somewhere and go back once a week. This scheme may be combined with some of the other forms of help with transport.

Not surprisingly, CLH 2001 concludes that there are uncovered needs under each of the four purposes.

Does the current system of care and support limit disabled people's choices about where they live? (e.g. because they can only receive support if they live in institutions)

As the concept of institution is abolished, and disabled persons receive the same sort of help according to the same rules and by the same personnel in disability dwellings as in other housing, there is no such limitation.



Can disabled people choose to manage their own finance for care and support? (e.g. using personal assistance budgets, direct payments, allowances to individuals or their carers, etc)

Home help may be chosen freely by the disabled person, so that the disabled person is not obliged to have the municipal home help. For elderly the home help is from the municipal staff. Disabled people (that is home help receivers under 65 years) may also have the municipal person, but they may as well propose a person themselves, who then will be employed by the municipality. This person may or may not be a relative.

Most necessary care and support is free, things like rent and payment for meals should in principle be on the same amount as corresponding expenses for not disabled persons. The principle is, that the disability should not make anything more expensive for the person.



PART FOUR: SUMMARY INFORMATION

4.1 Conclusions and recommendations (summary)

- Do current policies work? (i.e. do they ensure social inclusion and social protection to disabled people?)

In Denmark as well as in European other countries, there is a growing interest for evidence and documentation of methods in social policy. This means that it is necessary to set goals, but politicians are reluctant to do so.

My personal opinion is that equality is impossible. Equal treatment is a possibility understood in the way that disabled people should have all possibilities to make use of their capabilities and take part in social contexts. There is a wide degree of equal treatment as to material conditions. What misses first and foremost are conditions so that disabled people can find a meaning with their life. That is too much a problem of the individual, for disabled as well as for not disabled people.

- Is the situation for disabled people improving in your country?

If you think of legislation and expenses the answer must be a clear yes. Since 1995 the expenses to disability minus disability pension has risen by a factor 2.5 in constant prices. Great steps have been taken in the direction of equal opportunities in education and jobs, driven by the activities of the Central Disability Council and the Equal Opportunities Centre. This development seems to continue, even if the tax stop policy in the long run should be a challenge.

- Are there major issues for different groups (young/old, women/men, low/high skilled, people with multiple or complex impairments, etc)?

There are always issues for special groups. The recent analysis (SFI 08:18) shows, however, that disability generally considered has the same effect on all groups defined by life situation and school and professional background. So the differences between the groups have nothing to do with disability, they exist in the same amount for not disabled people.

Please provide one (or more) recommendations for positive change in the social inclusion / social protection of disabled people in your country.

- What could be changed?

We need more places like the Egmont High School (see best case example) or Hans Knudsen institute or Videnscenter for Handicapidræt. Endeavours whose primary goal is to develop the self-confidence and self-reliance of people with disabilities, through studies, through work and through self development.

- Is action required for priority groups of disabled people? (e.g. disabled women, migrants, older workers, people with specific kinds of impairment/disability)

SFI 08:18 seems to show that it is not.

- Is more research also needed?

Yes, first and foremost research.



4.2 One example of best practice (brief details)

Please tell us about one example of good practice in the practical implementation of social inclusion or social protection of disabled people from your country (e.g. a policy, programme, pilot study, project, or case study). Is there something that other countries might learn from?

- Briefly describe the aims and content of your example.
- Why is it a good example (e.g. with reference to the objectives of the Open Method of Coordination, the aims of EU Disability Action Plan or the UN Convention)?
- Which groups have benefited from the scheme? How many?
- What do we know about the costs and benefits of the scheme?
- How could this example be expanded within your country, or transferred to other countries?

Egmont High School

This is a folk high school where about half of the students have disabilities. They have ordinary folk high school courses that last for some months, and shorter courses. Many disabled young people participate in their summer courses for one or two weeks. It integrates young people with disabilities and ordinary young people, it gives interesting and meaningful things to engage in, it gives many young disabled persons good friends, and fulfils in that way the same function as ordinary folk high schools do for not disabled youth. It functions on the same conditions as other folk high schools in Denmark.

Hans Knudsen Institute

Is a protected workshop originally founded by rev. Hans Knudsen in 1872. His idea was that Christians had to help disabled people provide for themselves. So he organised treatment, invented a lot of adapted tools, and established workshops. The idea is to have a high production standard and make good craftsmanship, not just simple things as protected workshops often do. They stress that the workers feel proud of their work. During the latest decade they have been pioneers in developing into a workplace for people with mental diseases.

Videnscenter for Handicapidræt (Knowledge Centre of Disability Sports)

It was established as one of about 20 knowledge centres in the 1990ies. As they discovered that activation in sports often gave the disabled person a motivation to have a job, they also began to assist disabled people in establishing jobs with wage support for disability pensioners (an option for persons that have førtidspension). For that reason they have today the best expertise in the country for establishing such jobs.



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<https://www.retsinformation.dk/forms/R0710.aspx?id=20938>

The Social Service Law, an unofficial translation to English:

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