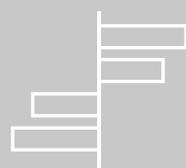
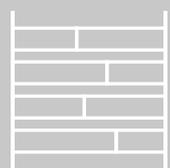
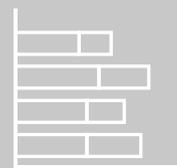


Sickness Absence in the Nordic Countries



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Summary

Studies show that long-term sickness absence is high in Norway and Sweden, low in Denmark and Iceland, and Finland is somewhere in between. Short-term sickness absence (i.e. sickness absence of less than 8 days) has an almost opposite pattern. Short-term sickness absence is high in Denmark, low in Norway, and Sweden and Finland are somewhere in between (no data was available from Iceland).

The sickness absence patterns between demographic groups are to a high degree similar in the Nordic countries. In general, women have more sickness absence than men. Older employees have more long-term sickness absence than younger employees. Younger employees have more short-term sickness absence than older employees. Municipality employees have more sickness absence than employees in the government and in the private sector. The sector 'Public administration, education and health' has a particularly high sickness absence rate.

The Nordic countries have used similar strategies to reduce sickness absence, e.g. close follow-up of long-term sick-listed, workability assessment and the possibility for partial sick leave for ill employees. The close follow-up of sick listed with workability assessment has shown mixed results; however, the possibility for partial sick leave appears to include more people with reduced workability at the labour market in all Nordic countries.

Introduction

The first study of the differences in sickness absence between the Nordic countries was published in the nineties. The report ‘Sickness Absence - A study of 11 LES countries’¹ from 1997 included the Nordic countries Norway, Sweden and Finland. After this report, several others followed: ‘The Swedish sickness’² from 2002, ‘Comparative data of absence due to sickness in the Nordic countries’³ from 2003, ‘Nordic initiatives to reduce sickness absence’⁴ from 2005, ‘Absence from work’⁵ from 2010, and ‘International comparison of sickness absence’⁶ from 2014. The sickness absence rates in the Nordic countries have fluctuated during the years, but the overall conclusion from all of these reports is that sickness absence in Norway and Sweden is high, whereas sickness absence in Iceland and Denmark is low, and Finland is somewhere in between.

However, the above-mentioned reports are not independent. They all use data from the same survey: The European Union Labour Force Survey. The Labour Force Survey measures sickness absence by using the same question in all countries and it is therefore possible to compare the answers to this sickness absence question across countries. It uses only one question and due to differences in legislations and job security in the countries the results may be biased.

Furthermore, the above-mentioned reports have focused only on long-term sickness absence or overall sickness absence. It would also be of great interest to examine short-term sickness absence. Short-term sickness absence is a part of the overall picture of sickness absence and it may have other causes and reduction possibilities than long-term sickness absence.

So far the sickness absence in the Nordic countries has not been compared by the means of registers, since comparable data regarding sickness absence in the Nordic countries have been sparse. The registers have primarily been based on data of different types of sickness absence benefits, and since rules and regulations in the countries differ, the registers have been almost impossible to compare.

In the following chapters, the report will give an overview of what is known about sickness absence in the Nordic countries. It addresses the differences in short-term sickness absence and it examines existing register data and the possibility of comparisons between the Nordic countries. Finally the report describes several Nordic initiatives to reduce sickness absence and examines what kind of interventions that may reduce sickness absence.

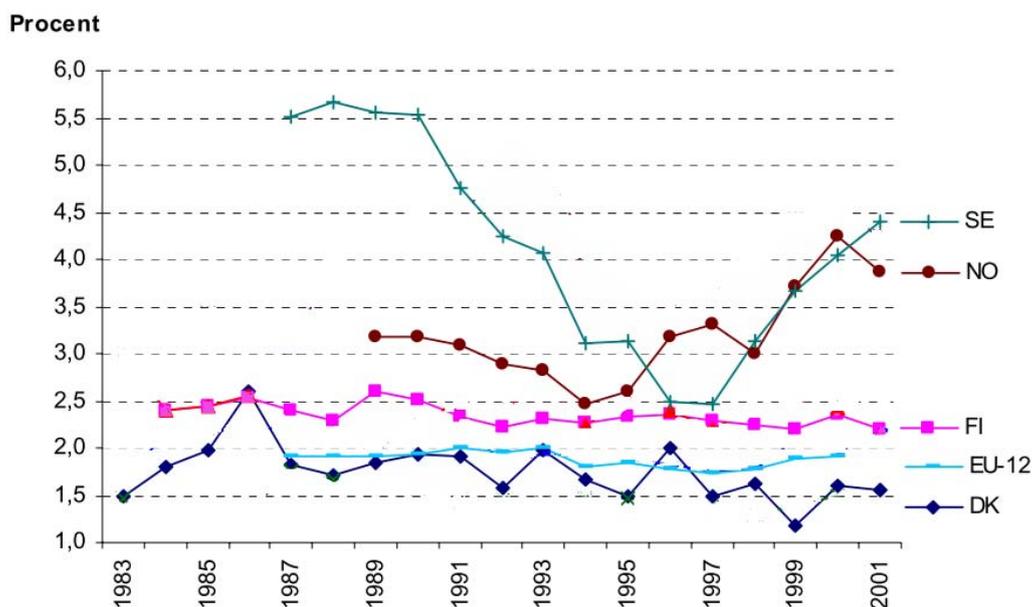
Chapter 1

The sickness absence in the Nordic countries

Introduction

The Nordic countries have used data from the European Union Labour Force survey to compare sickness absence rate through several years and in several reports. We illustrate the results from these reports with three figures from three different reports, all showing the overall sickness absence rate in the different Nordic countries. Figure 1.1 is adapted from the report of Nyman et al. 'The Swedish sickness'² (2002), Figure 1.2 is from 'Nordic initiatives to reduce sickness absence'⁴ (2005) and Figure 1.3 is adapted from the report 'International comparison of sickness absence'⁶ (2014).

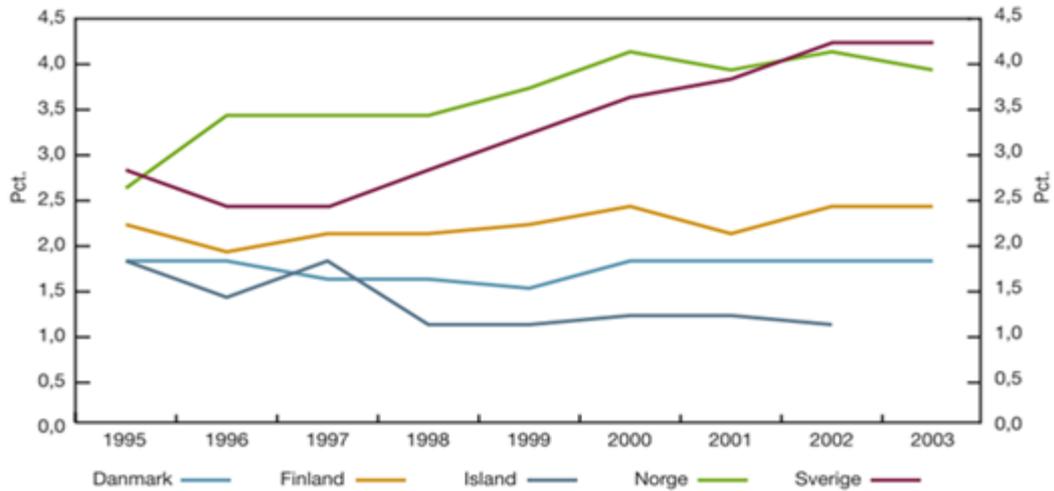
Figure 1.1 Percentage of employees that have been sickness absent from work a week or more at the time the survey was conducted¹



1 DK, Denmark, FI, Finland, NO, Norway, SE, Sweden, EU-12, average 12 European countries

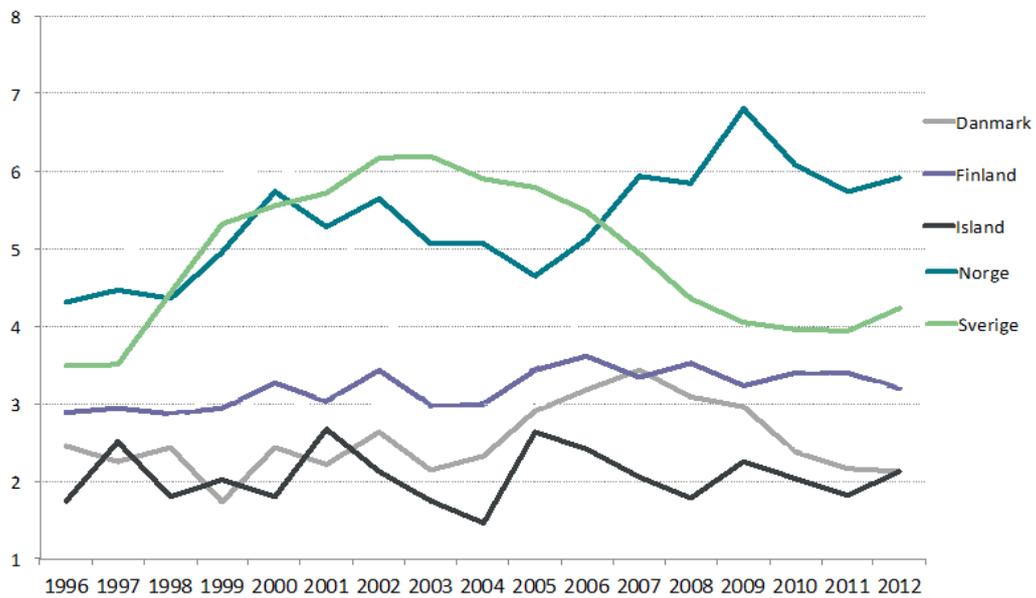
Source: The figure is adapted from "the Swedish sickness"²

Figure 1.2 Percentage of employees that have been sickness absent from work a week or more at the time the survey was conducted



Source: The figure is adapted from “Nordic initiatives to reduce sickness absence”⁴

Figure 1.3 Percentage of employees with sickness absence in the preceding week¹



1 In the calculation is included employees that was only sick part of the week

Source: The figure is adapted from the report “International comparison of sickness absence”⁶

The figures illustrate how sickness absence has varied through the years and that Norway and Sweden in general have a high sickness absence rate, whereas Denmark and Iceland have a low sickness absence rate, and Finland is somewhere in between.

These previous studies have used data from the Labour Force Survey, because these data were available and useable. However, the Labour Force Survey was not designed to measure sickness absence and the data from the study are not optimal. For instance, the study only uses one question that is similar in all countries to measure sickness absence and the respondent has to go through many questions before the interviewer finally gets to the question that measures sickness absence. The telephone interviewer first asks if the respondent has a job and if he/she worked last week, and only if the respondent did not work full time the previous week, the interviewer asks if it was due to sickness.

This line of questions may create a bias, since only people who have a job are asked if they have been sick. In some Nordic countries such as Norway, it is very difficult to lay off an employee due to sickness absence. In other countries it is easier such as in Denmark, where many employment contracts include a paragraph about the '120 days'-rule, i.e. if the employee is more than 120 days absent from work within a year, he/she may be laid off. The estimated sickness absence rate will therefore - all things being equal - be higher for Norway than for Denmark simply because people with long-term sickness absence have been laid off in Denmark.

A recent report⁷ evaluated how the sickness absence rate would have been if the maximum length of the sickness absence period was six months for all countries. The report concluded that the Norwegian sickness absence rate was still high compared to other countries, but there were considerable uncertainties in the evaluation, particularly with respect to the Danish sickness absence rate. Furthermore, the six months' cut off is not enough to adjust for Danish layoffs according to e.g. the '120 days'-rule.

Even if the Labour Force Survey had been optimal with respect to measuring sickness absence, it would still be of interest to compare it with results from other studies and other measures of sickness absence. Here, we will compare it with two other studies: the Swedish-Danish HAKNAK survey from 2000⁸ and the fifth European Working Condition Survey from 2010⁹. The HAKNAK study compared self-reported sickness absence of municipality employees in Sweden and Denmark. The result was that 30 % of the Swedish employees and 25 % of the Danish employees had more than seven sick days from work within the last year. Even though the Swedish sickness absence rate in the HAKNAK study is higher than the Danish sickness absence rate, the size of the difference appears less drastic than the difference seen in e.g. Figure 1.3 from the Labour Force Survey. The Labour Force Survey shows a sickness absence rate in Sweden at more than twice the sickness absence rate in Denmark in the year 2000. It may either be because the HAKNAK study only includes municipality employees or because of the different sickness absence measurement methods.

The fifth European Working Condition Survey from 2010 included a question regarding the number of sickness absence days within the last year. Norway and Fin-

land had the highest number of sickness absence days per year per employee (Norway: women = 9.5, men = 8.0; Finland: women = 9.5, men = 6.2). Denmark and Sweden had the lowest number of sickness absence days (Denmark: women = 6.8, men = 5.3; Sweden: women = 7.1, men = 4.8). If we make a comparison to the Labour Force Study from 2010, we can see that Finland and Sweden switch places with regard to which of the two countries has the highest sickness absence rate. Furthermore, in the Labour Force Study, Denmark has considerably lower sickness absence than Sweden, but in the Fifth European Working Condition Survey, Denmark and Sweden have approximately the same rate of sickness absence. The comparison above illustrates how the results may look considerably different when the survey uses different measurement methods.

We may also address how sickness absence differs between different demographic groups and then compare it between countries. The bias due to layoffs will presumably not be relevant for those differences, since the differences are within countries. We will give a short overview of demographic differences within sickness absence. A more thorough review of the subject can be found for example in 'Internasjonal sammenligning av sykefravær' from PROBA⁶ or in 'Risk factors for sick leave - general studies' from Allebeck and Mastekase¹⁰.

1.1 Gender

Women on average have more sickness absence than men^{2;4;6}, which has been shown in many surveys and in many countries. Health differences appear to be the best explanation for the gender difference in sickness absence¹¹. In questionnaires, women tend to report poorer health than men do¹², and they are more often diagnosed with e.g. illnesses related to mental health¹³. Another explanation for gender differences in sickness absence could be differences in work conditions or differences in responsibility for the home and small children. However, studies show very different results regarding the impact of these mechanisms^{6;10}. Another hypothesis is that women have more sickness absence because they seek medical help at less severe illnesses than men do¹², and maybe women have a different sickness absence 'culture' where it is more acceptable to take sickness absence. However, a recent Nordic study of attitudes to sickness absence showed that women had an equally strict or stricter view than men of when it is acceptable to be absent due to sickness¹⁴.

1.2 Age

In general, sickness absence increases with age^{2;4;10}. Some studies indicate, however, that this is only the case for long-term sickness absence and that short-term sickness absence may be more prevalent among the youngest age groups⁴. The higher long-term sickness absence rate among older age groups is due to deteriorated/poor health¹⁵. The possible higher short-term sickness absence among younger age groups may be due to culture. The above-mentioned study of attitudes to sickness absence in the Nordic countries found that older age groups have a stricter view than younger age groups of when it is acceptable to be absent due to sickness¹⁴. However, younger

age groups are more often exposed to strenuous physical work and more often have lower job control - i.e. poor working conditions could also be a part of the explanation.

1.3 Socio-economic status

Socio-economic class is strongly related to health and sickness absence - the lower the socio-economic class, the more sickness absence. A large part of the socio-economic association with sickness absence is explained by health behaviours such as smoking, physical exercise, alcohol intake and dietary habits and differences in physical and psychosocial working conditions^{16;17}.

1.4 Work environment

Research has shown that poor working conditions increase the risk of sickness absence. Both physical and psychosocial work conditions appear to have an effect. Risk factors in physical work are for instance unfavourable ergonomic postures and strenuous work^{6;10;18-20}. Studies have also found that vapour, gas, dust²¹ or noise²² can increase sickness absence. Among the psychosocial work environment, exposure to bullying is particularly serious^{10;23}. Other examples of risk factors in the psychosocial work environment are lack of influence and low job control^{10;24}. The psychosocial work environment may have an effect on both somatic symptoms²⁵ and mental health²⁶. However, not all studies and all psychosocial work conditions show an effect on sickness absence. For instance, several studies have failed to find an effect of quantitative demands on sickness absence. In some cases, the effect is even opposite, and high quantitative demands are associated with low sickness absence^{10;24;27}.

1.5 Unemployment rate

The sickness absence rate is correlated with the unemployment rate in several countries². When the unemployment rate goes up, sickness absence goes down. The correlation is particularly observed in Norway and Sweden, and less in Finland and Denmark. Two possible explanations could be that: 1. People are scared of being fired and will often go to work while still sick when the unemployment rate is high, and 2. Companies 'fire and don't hire' people with poor health when the unemployment rate is high, and when only the 'healthy' people have a job, the average sickness absence rate is low. One large Norwegian study found that the second hypothesis could not explain the correlation between unemployment and sickness absence and therefore pointed to the first explanation, i.e. that people changed sickness absence behaviour when the unemployment rate increased²⁸.

Chapter 2

Short-term sickness absence and long-term sickness absence

The above-mentioned Nordic comparisons of sickness absence only measure average or long-term sickness absence. Other sources of data can provide another view on the sickness absence rate and some of them can also provide insight into short-term sickness absence. This is of particular interest since the result below shows that short-term periods of sickness absence give a substantially different picture than long-term sickness absence. For instance Norway, which according to all Labour Force Surveys has the highest rate of sickness absence, appears to have the lowest rate of short-term sickness absence periods and the largest proportion of ‘chronically healthy’ employees who never has a sickness day.

Short-term sickness absence constitutes a substantial part of all sickness absence, i.e. according to the Danish Ministry of Employment, the Danish short-term sickness absence (defined as sickness absence periods under 2 weeks) represents approximately half of all Danish sickness absence^{29;30}. Results from Norway suggest that short-term sickness absence (defined as less than 31 days) represents more than a third of all Norwegian sickness absence³¹.

In the following we use ‘short-term sickness absence’ about sickness absence of 1 - 7 days and ‘long-term sickness absence’ about sickness absence of more than 90 days.

2.1 The Danish Work Environment Cohort Study 2010, the Finnish Health Study 2011 and the Norwegian/Swedish questionnaire survey 2011

The Eastern Norway Research Institute performed a Swedish/Norwegian questionnaire survey in 2011³², the Danish National Research Center for the Working Environment performed a survey in 2010, and the Finnish National Institute for Health and Welfare performed a survey in 2011³³. In all four countries, the surveys included a question about the number of sickness absence days in the past 12 months.

In the Danish study, the formulation was:

“In total, how many sick days have you taken in the last year” with the possibility to answer any number of days between 0 and 365 days

(in Danish: “Hvor mange arbejdsdage med sygdomsfravær har du i alt haft inden for det sidste år?” ___antal dage).

In the Finnish study, the formulation was:

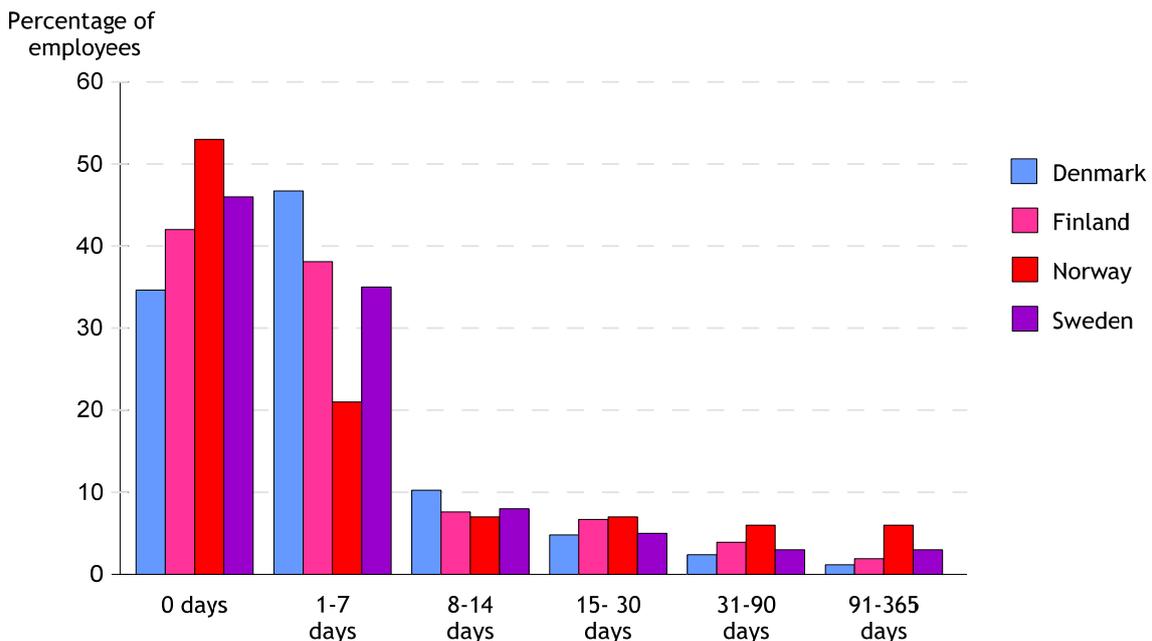
“How many full sickness absence days from work did you take in the last 12 months?” with the possibility to answer any number of days between 0 and 365 days. (in Finnish: “Kuinka monta kokonaista päivää olette ollut poissa työstä terveydentilanne vuoksi (sairauden tai terveyden hoito tai tutkiminen) viimeksi kuluneiden 12 kk aikana? _____). With the label: Poissa töistä terveydentilan vuoksi viimeisten 12 kk aikana (päivien lkm)”.

In the Swedish/Norwegian study, the formulation was:

“How many days did you take sick leave the last 12 months” with 6 answer categories: 0 days, 1-7 days, 8-14 days, 15 - 30 days, 31-90 days, 91-365 days (in Norwegian: “Hvor mange dager var du sykemeldt de siste 12 måneder?” 0 dager, 1-7 dager, 8-14 dager, 15 - 30 dager, 31-90 dager, 91-365 dager).

Figure 2.1 below shows the results of the surveys.

Figure 2.1 Proportion of employees with and without sickness absence¹



1 The bar plot shows the proportion of employees with different numbers of sickness absence days during a year

Source: Data are from a Norwegian/Swedish survey³² in 2011, a Finnish survey in 2011³³, and a Danish survey in 2010³⁴

Norway has the highest proportion of employees with no sickness absence days, hereafter comes Sweden, then Finland, and finally Denmark with the smallest amount of employees without any sickness absence days. If we look at the number of employees who were absent due to sickness between 1 to 14 days in the past year, Denmark has the highest rate of employees with short-term sickness absence, Norway the lowest,

and Sweden and Finland is in between. If we look at the number of employees with more than 91 sickness absence days within the past year, we get the 'usual' result where Norway has the highest rate of sickness absence, then Finland and Sweden, and finally Denmark has the lowest rate of sickness absence.

When we reported the results from the Labour Force Study, we noted that the results might be skewed, as it is easier to lay off employees in Denmark. The same bias is true for these surveys, i.e. only people who are employed are asked how many sick days they had during the last year, and the Danish long-term sickness absence will thus appear artificially low. It is, however, possible that short-term sickness absence represents a more true comparison.

One survey at one point in time is not enough to prove that Norway has a low rate of short-term sickness absence. If we want to claim that the above study shows a true picture of the short-term sickness absence, we need more than just one study and we need to evaluate which critique points there are in the above study and how we can address them. The first critique is that there may be a natural fluctuation, e.g. there could have been a flu epidemic in Denmark this particular year. A second critique is that the surveys have a low response rate (Norway and Sweden response rate = 33 %; Denmark response rate = 48 %), e.g. it may only be a certain type of people who chose to answer questionnaires such as people with an unusual sickness absence pattern? A third critique is that the question wording in Denmark, Finland and Sweden was different (even though the underlying question was the same). The responders' might answer the questions slightly differently, due to different wordings.

The first critique about a natural variation from year to year in short-term sickness absence can be addressed in the Danish survey. In the Danish Work Environment Cohort, the question about sickness absence is asked 4 times (in 1990, 2000, 2005, and 2010). Through the years, the proportion of short-term sickness absence (1-7 days) has only changed from 40 % to 47 %. It is therefore possible to rule out that 2010 was an extreme year.

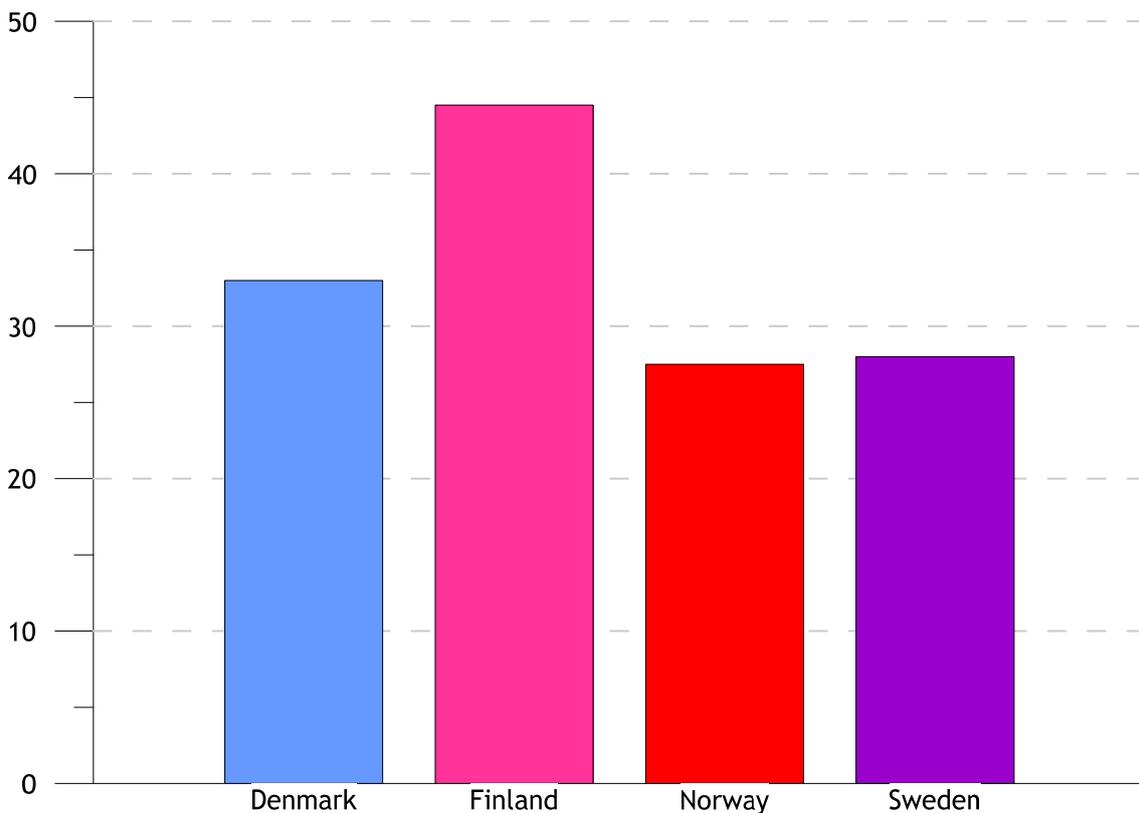
The second critique can also be addressed in the Danish survey. Through the years, the response rate changed from 90 % in 1990 to 48 % in 2010 in the Danish survey (it is a general problem that response rate to questionnaire surveys is falling). Since the Danish results did not change considerably when the response rate changed, it indicates that the difference in the response rate between the Swedish/Norwegian survey and the Danish survey cannot explain the large difference in the sickness absence rates.

Our third critique is that the question in the surveys was not worded in the exact same manner. This is a serious critique since it may bias the results in an unknown direction. To address this question, we will show the results from another study - The Fourth European Working Condition Survey.

The Fourth European Working Condition Survey is a questionnaire survey from 2005. A report³⁵ from 2007 showed the percentage of employees taking health-related leave in the previous 12 months. We present their results in Figure 2.2 for Nor-

way, Sweden, Denmark, and Finland, respectively. Norway has the smallest proportion of employees who has any sickness absence, then comes Sweden, then Denmark, and finally Finland. Denmark and Finland have switched places compared to figure 2.1, but Norway is still the Nordic country with fewest employees with sickness absence. However, the actual calculated percentages differ radically from the percentages in the surveys from figure 2.1.

Figure 2.2 Percentage of employees taking any health related leave during the last year

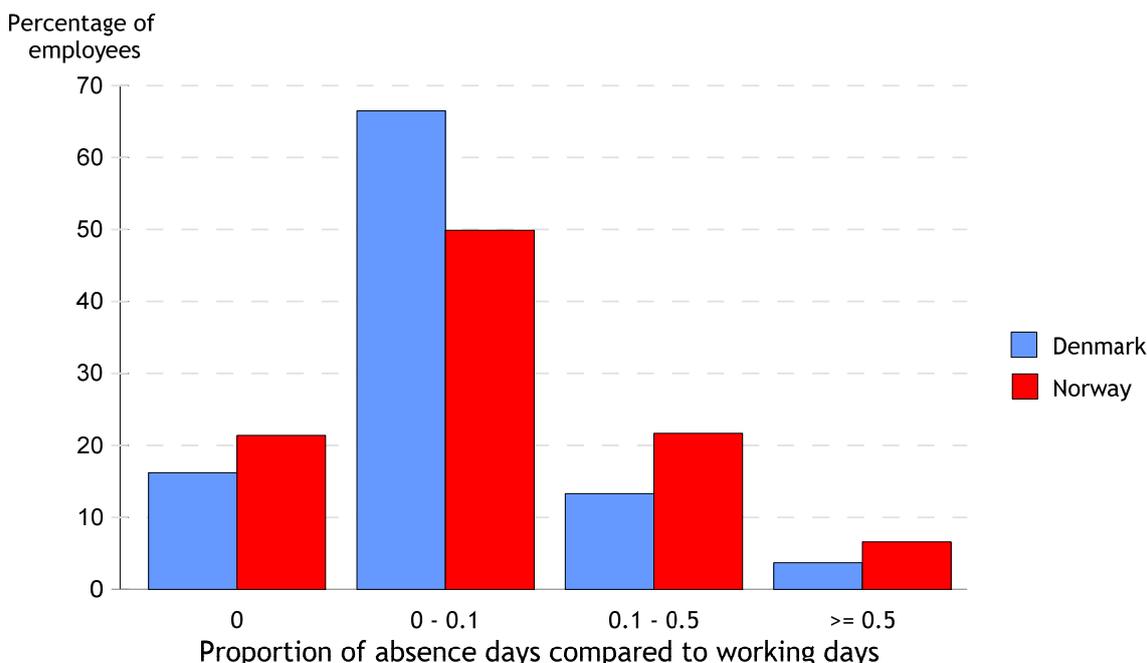


Source: Results from the Fourth European Working Condition Survey from 2005

In questionnaire surveys as those above, it is assumed that the recall bias is the same in all countries. When a respondent answers that she or he had zero sickness days from work during the last year, some of the respondents have forgotten about their sickness absence. As long as it is approximately the same amount of forgetfulness across countries, we can compare the results even though they do not represent a true percentage. However, it would be even better if the results could be confirmed by register data. We are not aware of any register surveys of the general population, but a Norwegian/Danish register study examined sickness absence among health care personnel in a Norwegian (Kristiansand) and in a Danish (Aarhus) municipality³⁶. The study confirmed the result from the Labour Force Survey, which was that the overall sickness absence rate was con-

siderably higher in Norway than in Denmark. However, it also confirmed the sickness absence rate for short-term sickness absence was higher in Denmark than in Norway (see Figure 2.3).

Figure 2.3 Sickness absence from registers¹



¹ Female employees (primarily health care personnel) in two municipalities from Norway and Denmark respectively

Source: Data are from the paper “Comparison of sick leave patterns between Norway and Denmark in the health care sector: A register study” by Krane et Al³⁶

The register survey therefore adds to the evidence from the questionnaire surveys by showing that Norway has the highest number of employees with no sickness days.

All the above results indicate that Norway has a low amount of short-term sickness absence. Different rules regarding absence due to own or child’s sickness absence may however bias the results. In Finland, you can take up to 4 days off when your child is sick (depending on the union/employer agreements). In Norway, you can take 10 to 12 days. In Denmark, you can only take 1 or 2 days leave (depending on union/employer agreements). It is possible that Danish employees will report a sickness day for themselves, even though it is their child who is ill. This would bias the result so it would appear as if the Danes have a higher rate of short-term sickness absence. In Sweden, you can take up to 7 days leave from work when your child is sick and if you get a medical notification even longer. When Swedish employees themselves are sick they have a waiting day before they may receive pay/benefit during sickness absence. It is possible that the Swedish employees will take a ‘child’s sickness day’ even though it is themselves who is ill. This would bias the result so it would appear as the Swedes have less short-term sickness absence. The amount of ‘cheating’/false reporting on

these subjects is unknown. However, in the register study of health care personnel in Norway and Denmark, the result was replicated in all age groups, i.e. also in older employees presumably without small children.

The result that Norway has the smallest proportion of short-term sickness absence challenges the interpretation of why we see the differences in sickness absence as we do. As mentioned before, several Nordic and international reports have reported that Norway and Sweden have a high sickness absence rate, Denmark and Iceland have a low sickness absence rate and Finland is somewhere in between. These reports cannot explain the differences in the sickness absence rate between the countries by differences in gender and age composition of the workforce or by differences in the general health or by differences in the work environment. The remaining explanation was differences in the sickness absence ‘culture’, differences in the inclusiveness of the labour markets, and that Norway has a generous sickness benefits system, whereas the Danish ‘flexicurity’ system makes the employees refrain from taking sick leave due to fear of losing their job. The Norwegian report “Internasjonal sammenligning av sykefravær”⁶ states that it is likely that the generous Norwegian sickness absence benefits cause the high rate of sickness absence in Norway. All these explanations may still be true (though unproven), but the theories do not explain why the Norwegians have the lowest rate of short-term sickness absence.

It would be of great interest to compare the results to other measurements of short-term sickness absence in the Nordic countries, and also to include Iceland and the Faroe Islands. To our knowledge, this is the first report that tries to put attention to this part of the sickness absence.

Chapter 3

Nordic register data of sickness absence

Why are register data not used to compare sickness absence? The Nordic countries have personal identification numbers for all citizens and most countries have register data on sickness absence. Still, all comparisons of the general sickness absence in the Nordic countries appear to be from questionnaire surveys (i.e. the Labour Force Survey). In the present study, we wanted to explore the possibility of using register data to compare the sickness absence from work in the Nordic countries. The task turned out to be quite difficult. Even though all countries have registers of sickness absence, there are important differences among the Nordic countries in how they register sickness absence.

In the present chapter, we show the distribution of sickness absence for the countries Finland, Sweden, Denmark and Norway. The Faroe Islands do not have sickness absence registers. We then compare the data from the various countries, but due to the differences in how sickness absence is registered, we cannot make any final conclusions. In appendix II, we describe the sickness absence registers used in the study and give details about how the calculation has been carried out. The main results of the comparison of register data are:

- Denmark has more short-term sickness absence than Norway (Sweden and Finland do not register short-term sickness absence)
- Women have more sickness absence than men (with the possible exception of long-term sickness absence in Finland)
- Younger employees have more short-term sickness absence than older employees (data from Denmark and Norway)
- Older employees have more long-term sickness absence than younger employees
- Employees in the municipalities have higher sickness absence than employees in the state and private sector (no data from Finland)
- The sector 'Public administration, education and health' has the highest sickness absence rate (no data from Finland)

Table 3.1 Overview of the register information available in the Danish, Finnish, Norwegian and Swedish registers, respectively¹

	Register data of sickness absence			
	Denmark	Finland	Norway	Sweden
Name of register	The Statistics of Absence (Fraværs-registret) from Statistics Denmark	The KELA sickness insurance register	The Sick Leave Register and Employee register from NAV	The statistics of sickness absence LISA from the Swedish Social Insurance Agency
Is all employees' sickness absence registered?	All sickness absence periods from the public sector (including a few hours). All sickness absence from a representative sample from the private sector - except small private enterprises (company size < 10 employees) and from agriculture, forestry and fishing	All compensated days, i.e. periods exceeding 10 workdays of sickness absence (employer period) are in the registers	All sickness absence above 8 workdays is registered. Some of the shorter sickness absence is also registered. It is not possible to know if a sickness absence of one day in the register is in fact 1 day or 1+8=9 days	All sickness absence periods above 14 calendar days
Employment status: employed, unemployed?	Only employed people are included in the register	From 2013, the employment status is known at the first day of sickness absence (before that it is difficult to distinguish between employed and unemployed)	Employment status known	Employment status is only known in November each year
Information about work hours. I.e. is information about part-time employees available?	The number of hours people have worked during the year is included	No information whether people are part-time employed	Yes, the percentage people work is included	No information whether people are part-time employed
How does the register handle partial sickness absence?	Partial sick listed are included. For each record is included the number of hours sick. The total hours of sickness are calculated to whole days of sickness	Data available regarding partial or full sickness benefit	Partial sick listed are included	Information about part-time absence is available, but not possible to match with working hours
In the register, how many days is a working week?	A "normal" week of work is 5 days. Easter and other holidays excluded	A "normal" week of work is 6 days	A "normal" week of work is 5 days. Easter and other holidays excluded	A "normal" week of work is 5 days. Easter and other holidays excluded
Data on age	Yes	Yes	Yes	Yes
Data of gender	Yes	Yes	Yes	Yes
Information about sector (according to NACE)	Yes	No	Yes	Yes

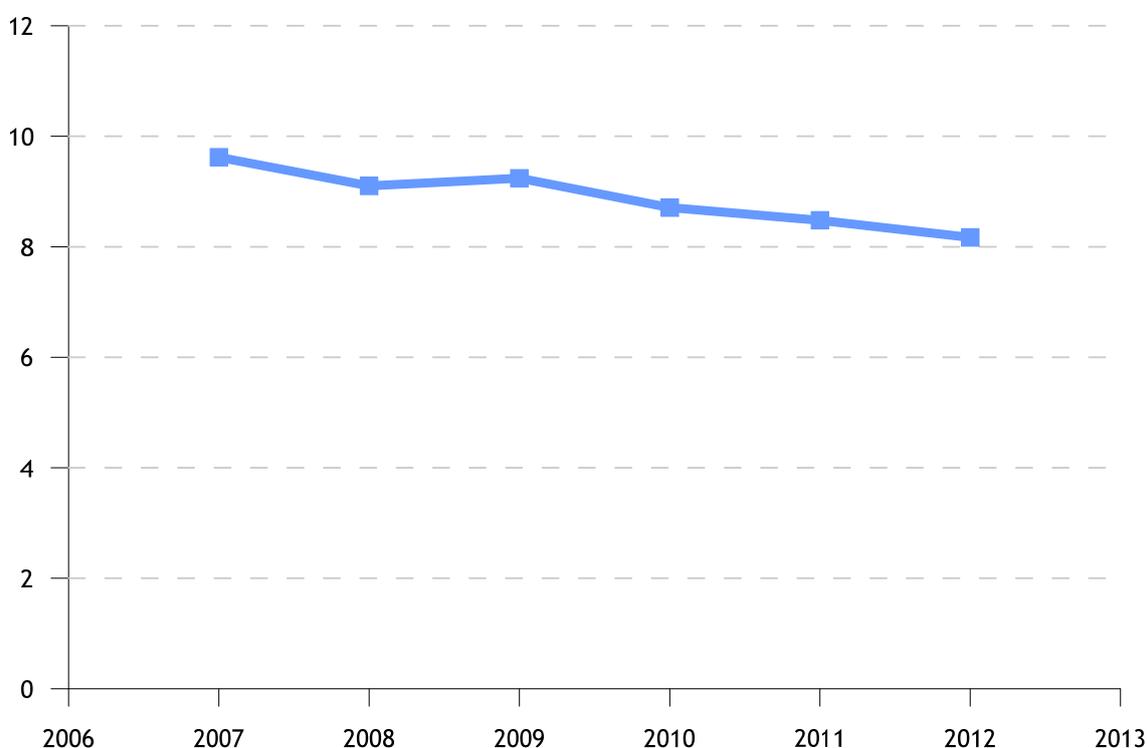
1 A more detailed description is in Appendix II

3.1 Denmark

The Danish results are from Statistics Denmark's register 'Statistics of Absence' (Fraværstatistikken). The register includes data from all public employees and from a sample of private employees. It does not include employees from private companies with less than 10 employees and it does not include self-employed persons or private farmers, fishermen and foresters.

The average number of sickness absence days per employee was 8.9 days per employee per year.

Figure 3.1.1 Average number of sickness absence days per employee per year in Denmark

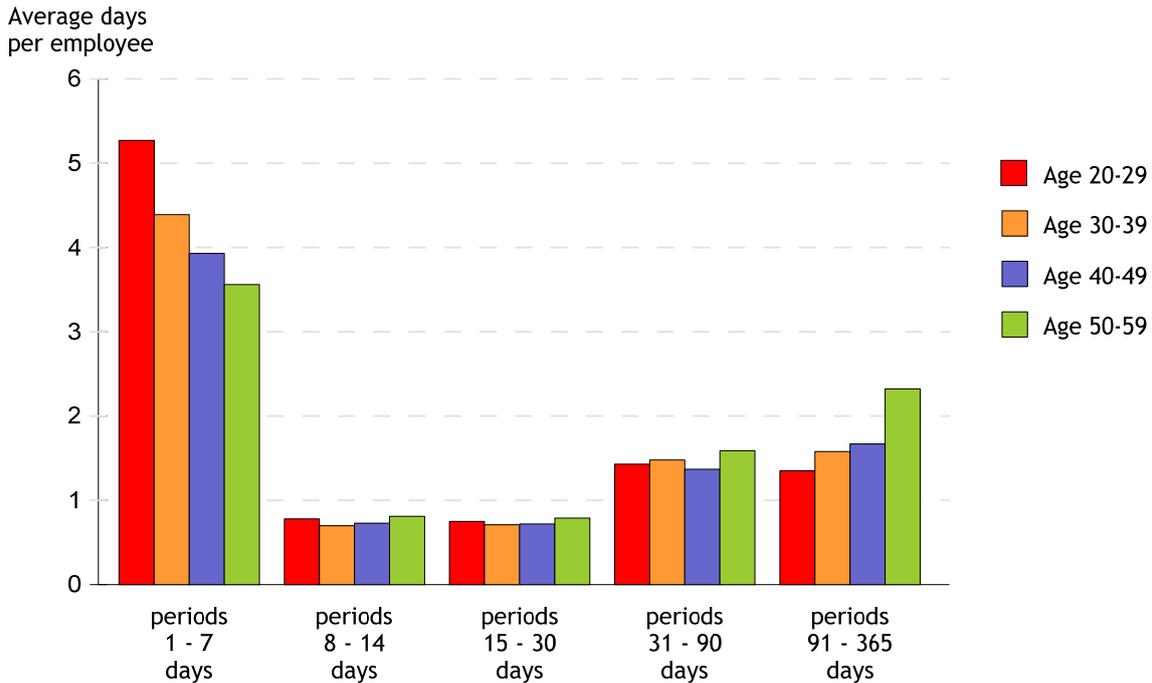


Short-term sickness absence of less than 8 days accounts for 47 % of the overall sickness absence. Long-term sickness absence of more than 90 days accounts for 20 % of the overall sickness absence. The decrease in sickness absence since 2007 is in short-, medium-, and long-term sickness absence from 2007 to 2012.

Younger and older employees have approximately the same overall rate of sickness absence. However, younger employees have more short-term sickness absence and older employees have more long-term sickness absence. Figure 3.1.2 shows that out of the average 9.6 sickness absence days the 20 - 29 years old have each year, approximately 5.2 days are due to short-term sickness absence. If we only look at long-

term sickness absence of more than 90 days duration, then this type of sickness absence accounts for 1.3 days per employee. The rest of the sickness absence comes from one of the three medium-length types of sickness absence.

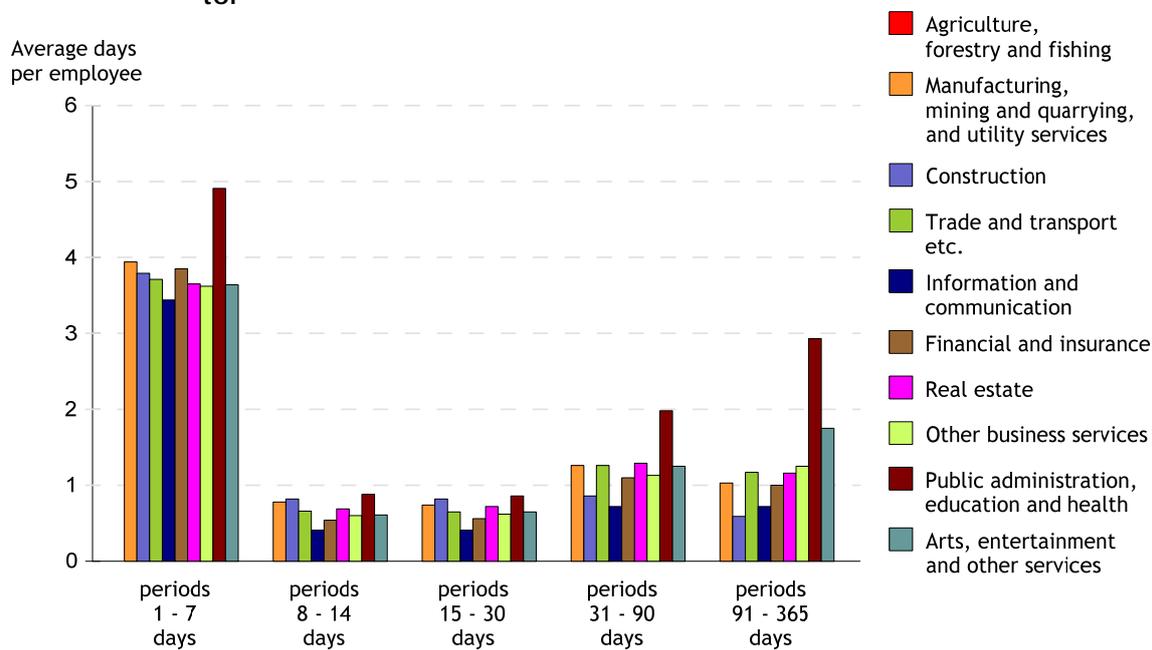
Figure 3.1.2 Denmark: Short-, medium-, and long-term sickness absence by age group



Employees in private companies and in the state have less sickness absence than employees in municipalities have (private company employees 7.3 days; state employees 7.9 days; municipality employees 12.8 days).

If we divide the employees into 10 sectors (international standard of industrial grouping (NACE)), the lowest number of sickness absence days per employee is found in the sector 'Information and communication' (5.7 days). The sector 'Public administration, education and health' has the highest number of sickness absence days per employee (11.6 days). These two sectors have the highest and the lowest rate of sickness absence in short-, medium-, and long-term sickness absence but with one exception. The sector with the lowest rate of long-term sickness absence (≥ 91 days) is the sector 'Construction'. Averaged over all employees in the sector, only 0.6 days of the sickness absence is due to employees on long-term sickness absence. However, this result is probably due to construction workers low job security during sickness absence, i.e. they are laid off if they have too many sickness absence days.

Figure 3.1.3 Denmark: Short-, medium-, and long-term sickness absence by sector¹



1 Sector "Agriculture, forestry and fishing" is not included in the figure

Finally, below is a detailed table of the distribution of sickness absence in Denmark.

Table 3.1.1 Distribution of sickness absence in Denmark¹

Sickness absence days per employee per year	Days per employee	Percentage of the sickness absence distributed on short-term, medium and long-term sickness absence				
		1-7 days	8-14 days	15-30 days	31-90 days	91-365 days
<i>Average 2007 - 2012</i>						
All	8.89	47	8	8	16	20
<i>Gender</i>						
Men	6.61	54	10	9	14	14
Women	11.23	43	8	8	18	23
<i>Age group</i>						
20-29	9.57	55	8	8	15	14
30-39	8.86	50	8	8	17	18
40-49	8.41	47	9	9	16	20
50-59	9.07	39	9	9	18	26
<i>Public/private sector</i>						
Private	7.32	52	9	9	16	15
Government	7.85	45	9	8	15	23
Municipality	12.75	41	8	8	17	26
<i>NACE sector</i>						
1. Agriculture, forestry and fishing
2. Manufacturing, mining and quarrying, and utility services	7.75	51	10	10	16	13
3. Construction	6.87	55	12	12	13	9
4. Trade and transport etc.	7.45	50	9	9	17	16
5. Information and communication	5.7	60	7	7	13	13
6. Financial and insurance	7.04	55	8	8	16	14
7. Real estate	7.51	49	9	10	17	15
8. Other business services	7.21	50	8	9	16	17
9. Public administration, education and health	11.56	42	8	7	17	25
10. Arts, entertainment and other services	7.89	46	8	8	16	22
11. (Activity not stated)	9.57	43	11	9	18	19

¹ The sickness absence rate is calculated as average number of sickness absence (full-)days per (full-time) employee in Denmark per year

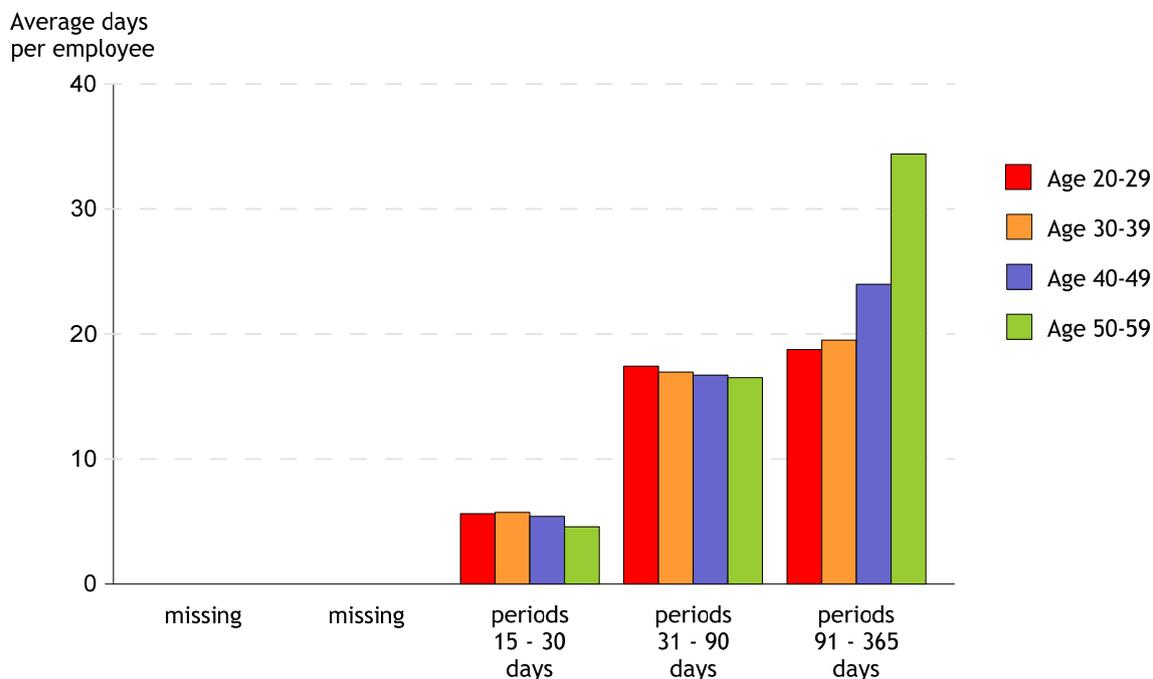
3.2 Finland

The Social Insurance Institution of Finland (KELA) maintains national sickness insurance registers in Finland. The register does not include sickness absence periods of less than 12 calendar days (10 work days). The main difference between the Finnish statistics and the other Nordic countries is that people who received no compensation are not included in the calculation of the statistics! Since people with no sickness absence are not included when the average number of sickness absence days is calculated, the sickness absence rate will be considerably higher than in the other Nordic countries. Therefore, we cannot compare the Finnish data with the other Nordic countries register data.

The average sickness absence rate is 48.2 days. In the Finnish statistics, women have more sickness absence of medium-length than men do, but men have more long-term sickness absence than women. In the statistics of the other Nordic countries, men have less long-term sickness absence than women. As noted, we cannot compare the Finnish statistics with the other Nordic countries due to the calculation method. However, other sources i.e. the Labour Force study⁷ and a Finnish register study of municipality employees in Helsinki¹¹ confirm the result that Finnish women do not have more long-term sickness absence than Finnish men (an unusual result compared to the other Nordic countries).

Older employees have more long-term sickness absence (91 to 365 days) than younger employees, but older employees have less medium-length sickness absence (15 to 90 days) than younger employees do. Again, the interpretation of this result has to take the calculation method into account. The interpretation is that if an employee has a sickness absent period of more than 14 days, it is more likely to be a medium-length sickness absence period if the employee is young.

Figure 3.2.1 Finland: Short-, medium-, and long-term sickness absence by age group



The table below lists the Finnish statistics.

Table 3.2.1 Distribution of sickness absence in Finland¹

Sickness absence days per registered employee per year	Days per registered employee	Percentage of sickness absence divided on medium and long-term sickness absence				
		1-7 days	8-14 days	15-30 days	31-90 days	91-365 days
<i>Average 2007 - 2012</i>						
All	48.23	.	.	11	35	54
<i>Gender</i>						
Men	51.14	.	.	10	32	58
Women	46.22	.	.	11	37	52
<i>Age group</i>						
20-29	41.80	.	.	13	42	45
30-39	42.19	.	.	14	40	46
40-49	46.10	.	.	12	36	52
50-59	55.48	.	.	8	30	62

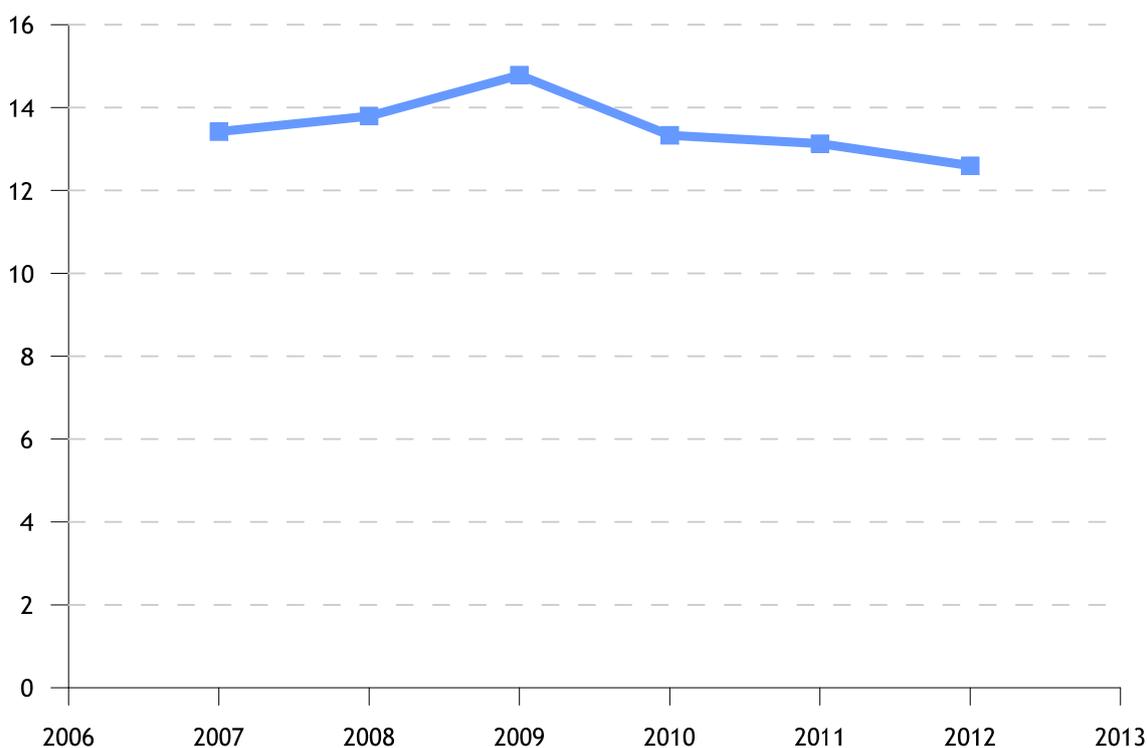
¹ The sickness absence rate is calculated as average number of sickness absence days per employee with sickness absence per year. Only sickness absence periods of more than 14 days are included

3.3 Norway

The Norwegian Labour and Welfare Administration produces and publishes the statistics of sickness absence in Norway. The register includes all Norwegian employees. In the Norwegian register, the exact period people have been sick is not listed. All registered sickness absence periods may be up to eight days longer than listed, and several sickness absence periods from one to eight days may be missing. Statistics Norway has estimated that the real sickness absence is approximately 17 % higher than what is found in the register, i.e. approximately 2.3 days per employee is missing.

The sickness absence was highest in 2009 with 14.8 days per employee and lowest in 2012 with 12.6 days per employee. The average sickness absence for the period was 13.5 days per employee per year (equal to 15.8 days, if we add the estimated missing days).

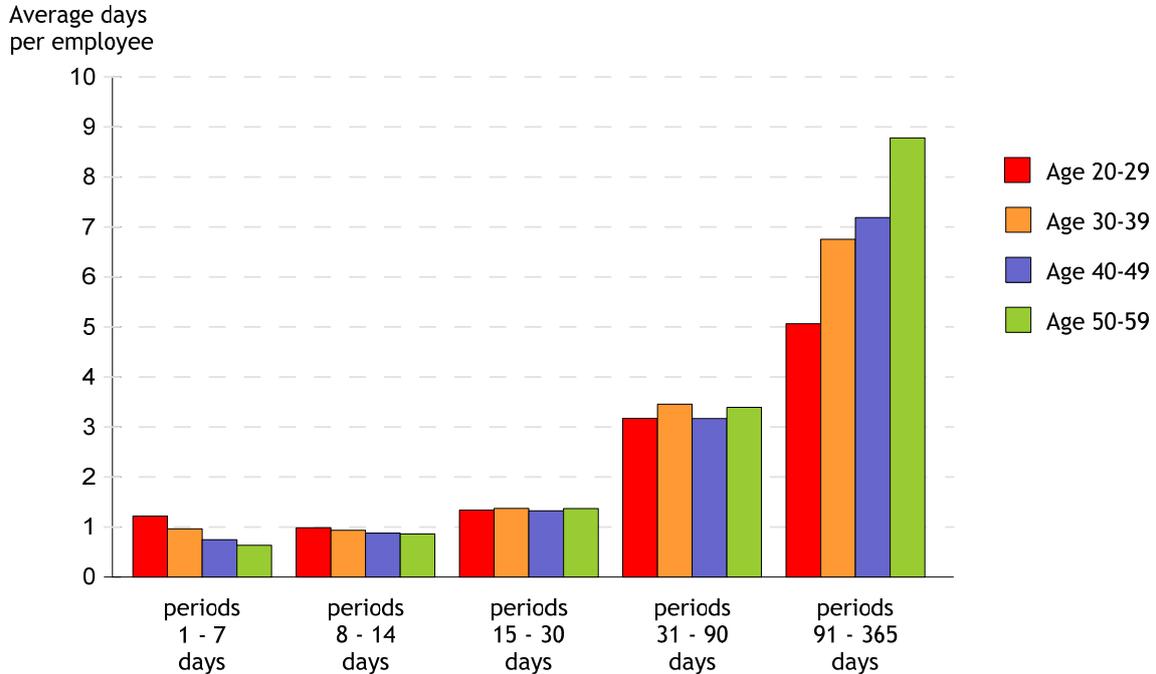
Figure 3.3.1 Average number of sickness absence days per employee per year in Norway



Approximately half of the registered sickness absence is long-term absence of more than 90 days. In the register only 6 % is due to short-term sickness absence. This is, however, an underestimation since many sickness absence periods below nine days are not registered.

Older employees have more sickness absence than younger employees do. This is only due to the long-term sickness absence. The short-term sickness absence is higher among younger employees.

Figure 3.3.2 Norway: Short-, medium-, and long-term sickness absence by age group¹

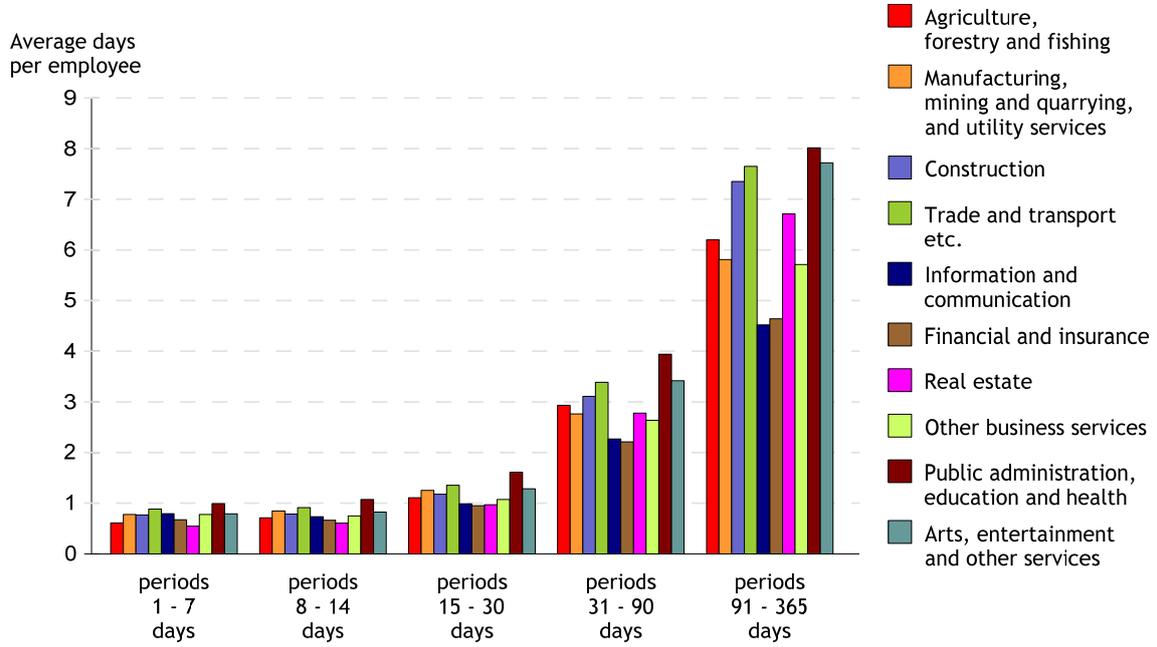


1 The short-term sickness absence is underestimated

Employees in the state have almost the same rate of sickness absence as employees in private companies (state = 12.2 days per employee, private = 12.8 days per employee). The employees in the municipalities have the highest rate of sickness absence (municipality=17.0 days per employee).

If we divide the employees into 10 sectors (international standard of industrial grouping (NACE)), the lowest number of sickness absence days per employee is found in the sector 'Financial and Insurance' (9.1 days) followed by the sector 'Information and communication' (9.3 days). The sector 'Public administration, education and health' have the highest number of sickness absence days per employee (15.6 days).

Figure 3.3.3 Norway: Short-, medium-, and long-term sickness absence by sector



Below we include a detailed table of the distribution of sickness absence in Norway.

Table 3.3.1 Distribution of sickness absence in Norway¹

Sickness absence days per employee per year	Days per employee	Percentage of the sickness absence distributed on short-term, medium and long-term sickness absence				
		1-7 days	8-14 days	15-30 days	31-90 days	91-365 days
<i>Average 2007 - 2012</i>						
All	13.50	6	7	10	24	52
<i>Gender</i>						
Men	10.32	7	7	11	24	51
Women	17.31	6	7	10	25	51
<i>Age group</i>						
20-29	11.78	10	8	11	27	43
30-39	13.48	7	7	10	26	50
40-49	13.31	6	7	10	24	54
50-59	15.04	4	6	9	23	58
<i>Public/private sector</i>						
Private	12.78	6	7	10	24	53
Government	12.20	7	7	11	26	49
Municipality	16.97	6	7	10	25	52
<i>NACE sector</i>						
1. Agriculture, forestry and fishing	11.56	5	6	10	25	54
2. Manufacturing, mining and quarrying, and utility services	11.45	7	7	11	24	51
3. Construction	13.19	6	6	9	24	56
4. Trade and transport etc.	14.19	6	6	10	24	54
5. Information and communication	9.30	9	8	11	24	49
6. Financial and insurance	9.14	7	7	10	24	51
7. Real estate	11.61	5	5	8	24	58
8. Other business services	10.95	7	7	10	24	52
9. Public administration, education and health	15.63	6	7	10	25	51
10. Arts, entertainment and other services	14.04	6	6	9	24	55
11. (Activity not stated)	12.45	4	4	9	26	56

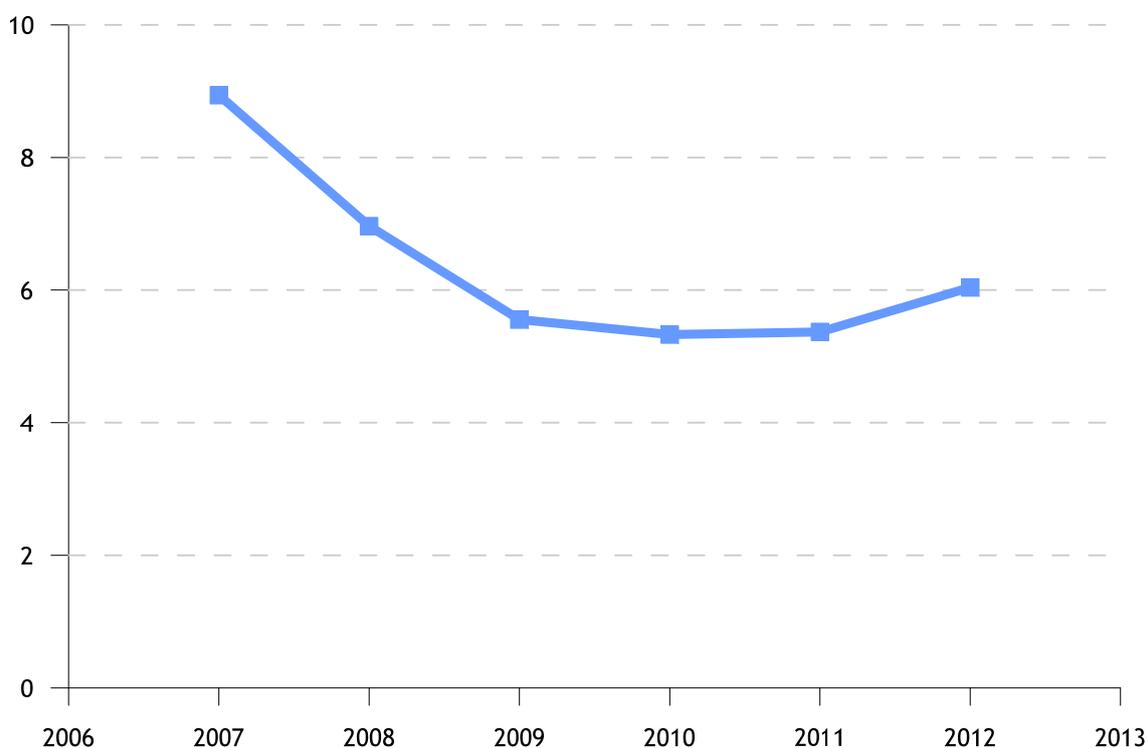
¹ The sickness absence rate is calculated as average number of sickness absence (full-)days per (full-time) employee in Norway per year

3.4 Sweden

The Swedish Social Insurance Agency produces and publishes the statistics of sickness absence in Sweden. The database is named LISA. The register does not include short-term sickness absence, i.e. it only includes periods of more than 15 days. Information about labour market status (employed/unemployed) is only available once a year.

The average sickness absence for the period was 6.4 days per employee per year.

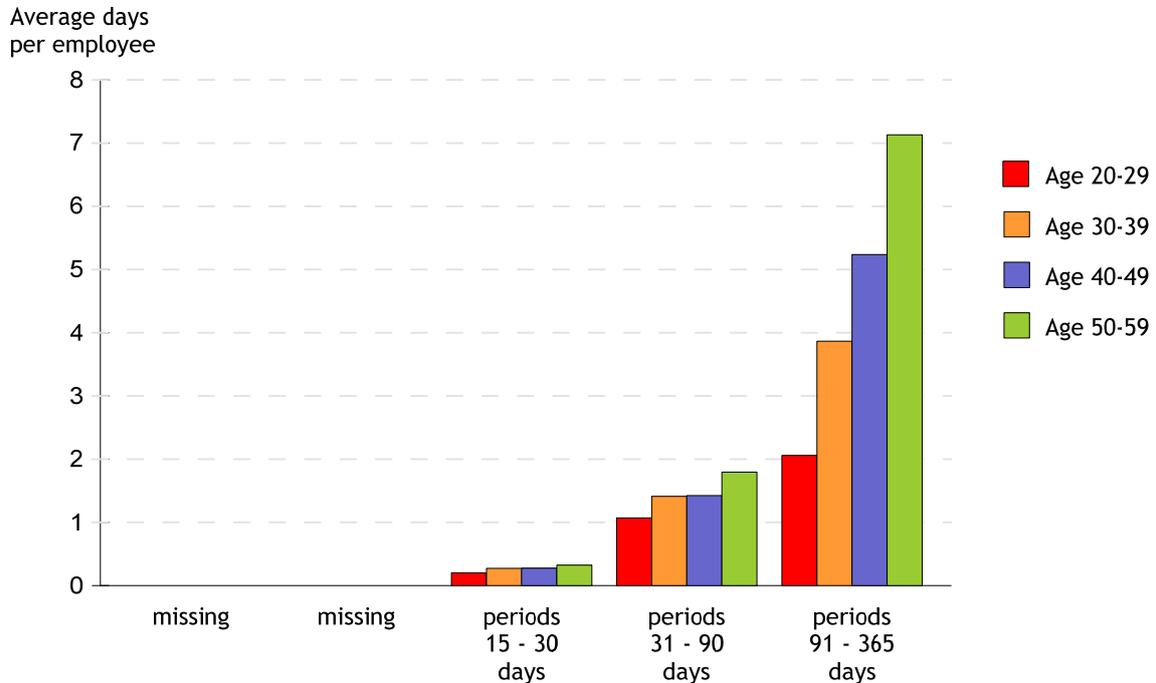
Figure 3.4.1 Average number of sickness absence days per employee per year in Sweden¹



¹ The statistics from Sweden does not include sickness absence periods of less than 15 days

Older employees have more sickness absence than younger employees do. This is the case for both medium-term (15 to 90 days) and long-term (91 to 365 days) sickness absence. As expected, the difference between younger and older employees is larger, if we look at the longer periods of sickness absence.

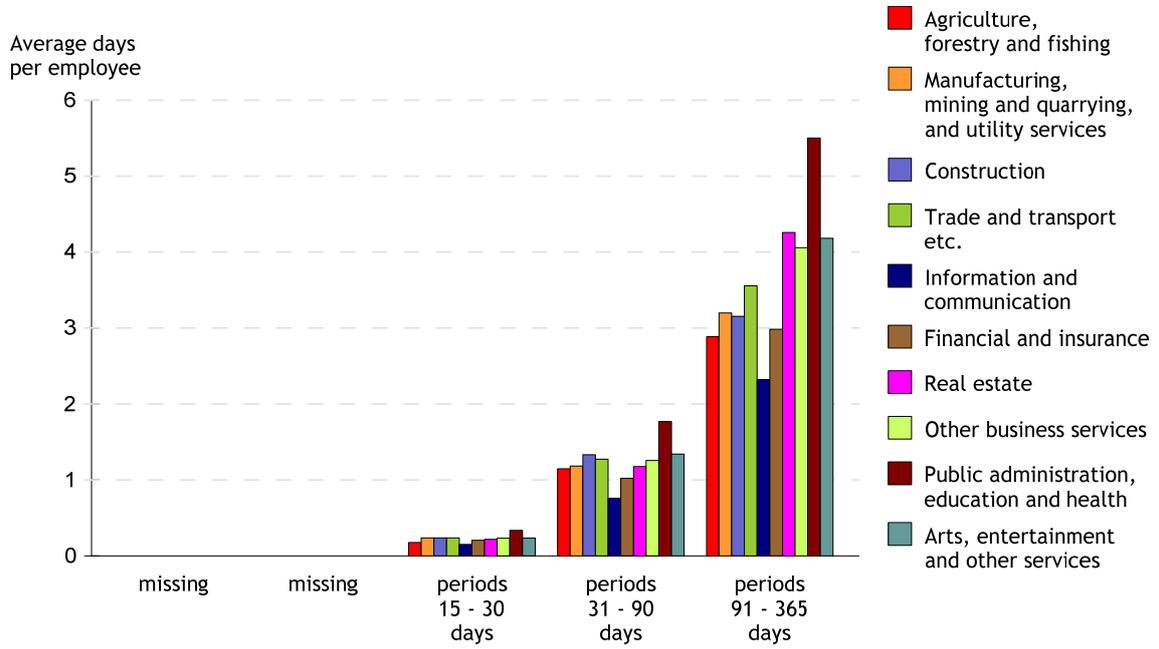
Figure 3.4.2 Sweden: Short-, medium-, and long-term sickness absence by age-group



Employees in private companies have less sickness absence than employees in the municipalities do (private = 5.5 days per employee; municipality = 9.1 days per employee). Employees of the state have the lowest rate of sickness absence (state = 5.2 days per employee).

When we divide the data into 10 sectors, we find the lowest number of sickness absence days per employee in the sector 'Information and communication'. The sector 'Public administration, education and health' has the highest number of sickness absence days per employee. These results resemble the results we see in Denmark and Norway.

Figure 3.4.3 Sweden: Short-, medium-, and long-term sickness absence by sector



Below is a detailed table of the distribution of sickness absence in Sweden.

Table 3.4.1 Distribution of sickness absence in Sweden¹

Sickness absence days per employee per year	Days per employee	Percentage of the sickness absence divided on medium and long-term sickness absence				
		1-7 days	8-14 days	15-30 days	31-90 days	91-365 days
<i>Average 2007 - 2012</i>						
All	6.37	.	.	4	23	73
<i>Gender</i>						
Men	4.27	.	.	4	23	72
Women	8.45	.	.	4	22	74
<i>Age group</i>						
20-29	3.33	.	.	6	32	62
30-39	5.55	.	.	5	25	70
40-49	6.94	.	.	4	21	76
50-59	9.25	.	.	3	19	77
<i>Public/private sector</i>						
Private	5.45	.	.	4	23	72
Government	5.20	.	.	4	22	74
Municipality	9.09	.	.	4	21	75
<i>NACE sector</i>						
1. Agriculture, forestry and fishing	4.21	.	.	4	27	69
2. Manufacturing, mining and quarrying, and utility services	4.62	.	.	5	26	69
3. Construction	4.72	.	.	5	28	67
4. Trade and transport etc.	5.07	.	.	5	25	70
5. Information and communication	3.23	.	.	5	23	72
6. Financial and insurance	4.21	.	.	5	24	71
7. Real estate	5.65	.	.	4	21	75
8. Other business services	5.54	.	.	4	23	73
9. Public administration, education and health	7.61	.	.	4	23	72
10. Arts, entertainment and other services	5.76	.	.	4	23	73
11. (Activity not stated)	9.65	.	.	3	15	82

¹ The sickness absence rate is calculated as average number of sickness absence days per employee in Sweden per year (only including sickness absence periods of more than 14 days)

3.5 Comparison of sickness absence in the Nordic countries using register data

Due to the differences in how the Nordic countries register sickness absence, we cannot draw any final conclusions about differences in sickness absence among countries. The statistics of Finland differ in particular from the other countries regarding the calculation method. However, we will make some descriptive comparisons for Norway, Sweden, and Denmark.

If we compare sickness absence in Denmark, Norway and Sweden, we can only compare sickness absence of more than 14 days, since Sweden does not register sickness absence periods below 15 days. For sickness absence above 14 days we find that Norway has on average 11.7 days per employee per year, Sweden has 6.4 days, and Denmark has 4.0 days. This comparison is probably strongly biased due to differences in registration method and differences in the limitations of the registers.

We can compare the Danish and the Norwegian data of overall sickness absence. Norway has 13.5 days per employee and Denmark has 8.2 days per employee. Statistics Norway has calculated that the Norwegian sickness absence is 17 % higher than listed in the register, since not all sickness absence is registered. Seventeen percent corresponds to approximately 2.3 days, i.e. if we include the non-registered sickness absence, then Norway has approximately 15.8 days of sickness absence per year per employee - almost twice as much as Denmark. The reason for this great difference is partly that long-term sickness absent employees can be laid off in Denmark, but (generally) not in Norway.

If we only include short-term sickness absence of less than eight days, then Denmark has more short-term sickness absence than Norway. If we add all of the non-registered Norwegian sickness absence to the short-term part of the Norwegian register data of sickness absence, Denmark still has more short-term sickness absence than Norway (Denmark = 4.2 days, Norway = $0.87 + 2.3 = 3.2$ days).

Women have considerably more sickness absence than men in Norway, Sweden and Denmark do. The pattern is seen in short-term, medium and long-term sickness absence. The relative difference between men and women is higher in long-term sickness absence than short-term sickness absence. Finland shows a different pattern, but since the Finnish statistics are calculated differently, we cannot compare it with the other countries.

The amount of long-term sickness absence increases with age in all the four countries. However, the amount of short-term sickness is highest among younger employees (data only available from Denmark and Norway).

The employees in the municipalities have higher sickness absence than the employees in the state and in the private sector in all four countries. The amount of sickness absence of state employees and private company employees is similar.

If we divide the employees into 10 sectors according to the international standard of industrial grouping (NACE), we find that the sector 'Public administration, education and health' has the highest rate of sickness absence. The sector 'Information and communication' has the lowest rate of sickness absence in Sweden and Denmark, and the second lowest sickness absence in Norway.

Chapter 4

Nordic interventions to reduce sickness absence and disability pension

The Nordic governments have introduced several interventions with the objective of reducing sickness absence and disability pension. A Danish report from 2005⁴ and a Swedish report from 2008³⁷ both summarize Nordic initiatives to reduce sickness absence, but they conclude that evidence is lacking regarding the effect of the initiatives. The Swedish report also concludes that many of these large interventions have never been properly evaluated. The state-of-the-art is a scientific review of several studies published in peer-reviewed journals. Nevertheless, evaluations may also be through official reports from e.g. government institutions or from those who implement the intervention. However, there may be difficulties in making good evaluations - the countries' labour market and economy change over time and it can be difficult to conclude if a change is due to the intervention or another reason, e.g. the market economy. Many interventions are also very complicated and it may therefore be difficult to distinguish between which part of the intervention that is effective and which part that fails.

In recent years, the Nordic countries have made some evaluations of the sickness absence interventions. We have for instance a positive result from the introduction of 'partial sickness absence' (see below). Partial sickness absence can increase the work participation of people with reduced workability. Another large evaluation is the Danish evaluation of the 'Return To Work'- intervention. One of the conclusions from this study is however that the intervention had significantly different effects in different municipalities, i.e. positive results in one municipality and negative results in another. In the following chapter, we list some of the Nordic countries' interventions to reduce sickness absence and the result of their evaluations - if they exist.

4.1 Close follow-up of long-term sick listed

In recent years, the Nordic countries have implemented several initiatives that are based on a close follow-up of sickness absence. In these initiatives, the sick listed person has regular evaluations of his/her workability. In discussion with the employer or social worker, it is evaluated if a reduction in work demands is possible, so that the

sick listed person can return to work. The sick listed may also discuss other job possibilities with a social worker, if returning to the same type of job seems unlikely. The idea behind these initiatives is that the sick listed person should maintain a connection to the labour market and thereby avoid being alienated and permanently excluded from the labour market. The involvement of the employer in the process should provide the employer with knowledge of how to include employees with poor health. There is also the possibility that the close follow-up pushes the sick listed person into a more active attempt to return to work, and an involvement of the employer pushes the employer into an active attempt to reduce job demands and have the sick listed returned to work.

An example of a close follow-up initiative is the Danish “Return To Work” program from 2010, which includes fixed dates with workability assessments and it focuses on a close cooperation between sick listed employees, employers, social authorities and health professionals. In Finland, the amendment of the sickness insurance law in 2012 introduced a procedure with cooperation between sick listed employees, employers and occupational health services in order to explore possibilities for the return to work of the sick listed. In Norway, a close follow-up of the sick listed is part of the ‘IA-agreement’ from 2001, which includes a close collaboration between employer, employees and union representatives at the individual workplaces. Another example is the Swedish “Rehabilitation chain” from 2008, which introduced fixed dates where the long-term sick listed person’s workability is evaluated. We describe each of these initiatives and their evaluations below. However, in general the conclusion from the evaluations has been weak with no clear evidence of the effect. This may partly be due to the complexity of the interventions and that the success of the intervention depends on the implementation.

4.2 The return to work program (Denmark)

In 2008, the Danish government launched an action plan to reduce sickness absence. The agreement encompassed 39 initiatives including a national ‘Return To Work’-program⁴².

The program was based on previous research, for example the Danish KIA-project (KIA - ‘Koordineret indsats for arbejdsfastholdelse’)⁴³. The KIA-project evaluated a coordinated and tailored work rehabilitation intervention among sickness absent workers with musculoskeletal disorders. The intervention consisted of a workability assessment, an identification of barriers for return to work, and a rehabilitation plan. The KIA-project had shown very positive results - reduced sickness absence, higher work participation, and an overall positive economic gain. The intervention had been evaluated in a randomized controlled trial, which is the gold standard of scientific tests. The randomized control trial was performed in Vejle municipality from 2004 to 2006 and it included 113 workers with musculoskeletal disorders⁴⁴.

The large Danish RTW-program was launched in 2010. The RTW-program included all long-term sickness absent persons in 21 municipalities who, at the time the study was conducted, belonged to category 2 in the Danish sickness benefit system, i.e.

persons who were unlikely to return to work within three months, but able to participate in RTW activities such as gradually returning to work. The program consisted of three core elements: (i) establishment of multidisciplinary RTW-teams in the municipalities, (ii) standardized workability assessments and sickness absence management procedures, (iii) training of the RTW teams.

The multidisciplinary RTW-teams consisted of two members from the social security system (municipal social insurance officers), a psychologist and a psychiatrist, a physician (e.g. a general practitioner), and a physical therapist. The integration of the interdisciplinary RTW teams was supposed to enable a close cooperation between the social authorities and the health professionals with regard to the handling of individual sickness absence cases.

According to the Danish sickness benefit regulations, the social insurance officers must conduct a systematic workability assessment of the sick listed person no later than 8 weeks after the first day of sickness absence. In the Danish RTW-program, the social insurance officer had the possibility of referring beneficiaries to RTW team members for further assessment and clarification of health-related questions. RTW coordinators could also involve RTW team members in RTW activities, e.g. in cooperation with the general practitioners and employers. All RTW teams should conduct weekly team meetings to discuss the situation and necessary activities for beneficiaries who had received or needed further assessment.

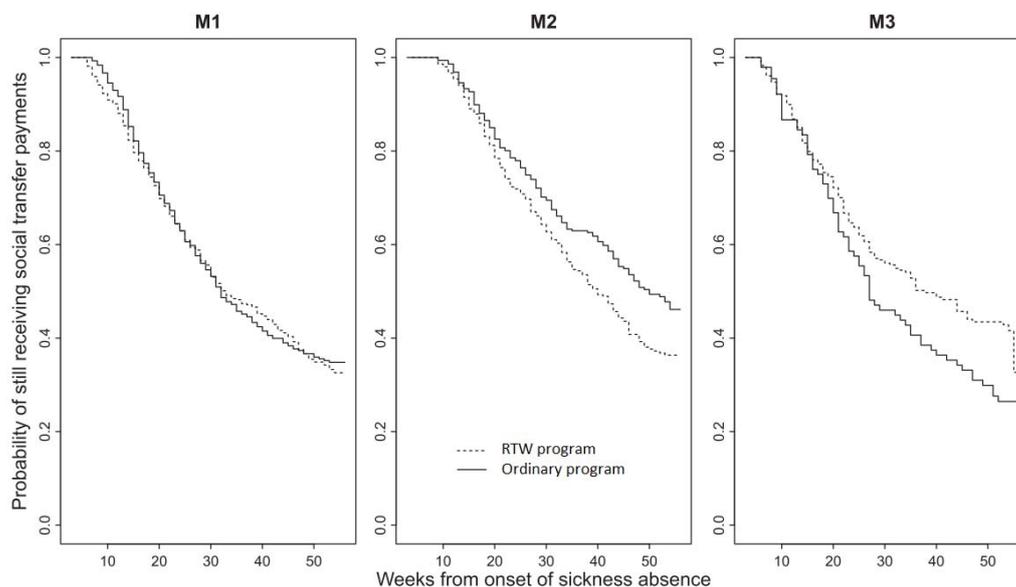
The social insurance officers were supposed to put special emphasis on developing a close collaboration with the employer of the sick listed employees. This could for instance involve discussion of possibilities for modifications of work tasks with the employer and/or partial sick listing with the aim of gradual return to work.

Prior to the start-up of the RTW-program, the RTW team participated in a training course about the program, in order to get to know the goals and procedures.

The Danish RTW program comprised a stratified cluster-controlled study in 21 municipalities and a randomized controlled trial (RCT) in three municipalities. We describe the result from the randomized controlled studies below.

In the three municipalities of the RCT, the sick listed employees were randomly assigned to (i) care as usual or to (ii) the RTW-program. Afterwards a scientific comparison evaluated if the RTW-program was superior to the 'ordinary' approach regarding getting the sick listed back to work. The results were significantly different in the three randomized controlled tests. One municipality had a significantly faster return to work of the sick listed. One showed no effect and one had a slower return to work in the RTW-program^{45;46} (See Figure 4.2.1). The authors concluded that contextual factors are of major importance for success or failure of this complex intervention.

Figure 4.2.1 Time until the sick listed return to work shown in Kaplan-Meier plots¹



1 M1, M2 and M3 are three municipalities. In the first municipality, the two programs perform equally well. In the second municipality people return to work quicker in the RTW program than in the ordinary program and the opposite is seen in the third municipality

Source: The plot is from a paper from Nielsen et al.⁴⁵

4.3 Intervention in case of long-term sickness absence (Finland)

The Finnish Sickness Insurance Act was amended in 2012 in order to enhance interventions in case of prolonged sickness absence. Employers, in co-operation with employees and occupational health services, were now obligated to chart the possibilities of the sick listed employees' return to work and the Social Insurance Institution should receive a medical statement from the occupational physician no later than after 90 days of sickness absence of the employee. The implementation of the amended law has been preliminarily evaluated through a qualitative approach⁴¹. The results indicate that attention should be paid to various structural and co-operational matters in order for the new practice to be efficient in the future. A register-based evaluation of the effects of this amendment of the law on work participation will be carried out in the near future.

Concurrently with the amendments to the Finnish Sickness Absence Act, an ongoing national pilot project educates work ability coordinators. The work ability coordinators must coordinate the individually tailored return to work plans for each employee or job seeker. The employer or the employment authority has the main responsibility for the entire process of return to work. There is no evaluation of the effectiveness of this approach so far.

4.4 The follow-up system of the IA-agreement (Norway)

Due to increasing sickness absence in the labour market, the Norwegian government and the labour market unions initiated the 'Letter of Intent regarding a more inclusive working life' - the IA-agreement in 2001. The agreement is based on voluntary participation from the companies that may or may not chose to sign the agreement and become a so-called 'IA-company'. The primary part of the agreement is the close cooperation between employer, employees and union representatives at each workplace. The agreement included several initiatives to reduce sickness absence and during the years, new obligations and rights have been added. For instance, the companies can sick list employees without having to contact the state authorities first, however the companies have an obligation to reorganize the work to include employees with reduced health, and the companies must initiate a close follow-up of the sick listed person and discuss possibilities for returning to work.

In 2005, Olsen et al.³⁸ evaluated the agreement. They concluded that the voluntary recruitment of companies was a success and 54 % of all Norwegian employees worked in an IA-company by 2004. They also showed a 1-3 percent point reduction in sickness absence in IA-companies compared to non-IA-companies. However, they suspected that the small difference was a normal fluctuation and their overall conclusion was that the IA-agreement had not lived up to expectations so far.

In 2009, a report from SINTEF³⁹ also evaluated the agreement. The report acknowledged that the Agreement had had significant effects on how the follow up obligations had been carried out by the companies. The companies regarded the follow-up as an appropriate approach to address sickness absence and many companies reported that the model contributed to a quicker return to work of the sick listed employees.

The follow-up system was changed in 2011. The changes included stricter follow-up obligations for the companies and it introduced a reporting system that would ensure that companies fulfilled these obligations. Companies that did not follow up on the sick listed persons in accordance with the agreement would face sanctions.

This new strict system was also evaluated by the SINTEF⁴⁰. The main conclusions from the second evaluation were that the follow-up system were too rigid and ineffective - both the reporting system and the sanctions. The effects of the follow-up system on sickness absence rates were evaluated to be marginal.

There have been several reports trying to ascertain how the 'IA-agreement' in Norway has affected the sickness absence rates. The comprehensive evaluation report (SINTEF 2009³⁹) concluded that the agreement had significant influence on working life in Norway, and that IA-companies have fulfilled their obligations within the agreement. The cooperation within the companies has improved as a result of the instruments in the agreement (assistance from working life centres, more focus on close follow-up of person on sick leave). However, it was difficult to detect the isolated effects of being an IA-enterprise on sickness absence. The evaluation calculated the effects on sick leave levels, when enterprises decided to be an IA-enterprise. The effects were small and there were several methodological problems to

consider. The main problem was to identify a control group. In other words, enterprises who decide to be an IA-enterprise may be a selected group of enterprises. Those who decide to join in may both experience a higher sickness absence rate and a readiness to do something about it. But it cannot be ruled out that the agreement has had no effect at all on sickness absence.

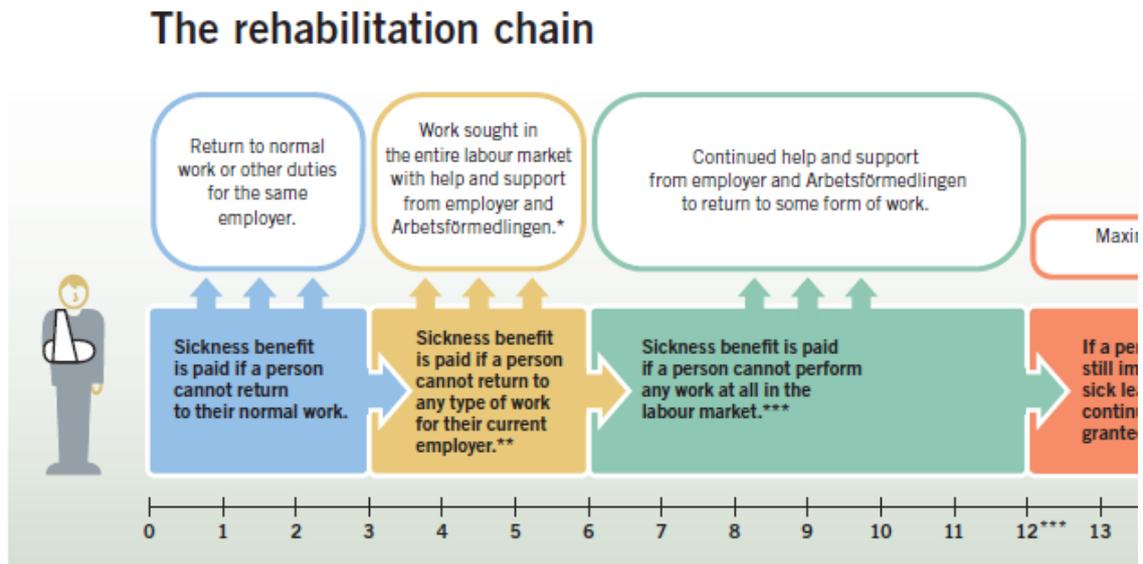
4.5 2008 reform - the rehabilitation chain (Sweden)

In 2002, the number of people on long-term sick leave or on disability pension peaked in Sweden. In 2006, the then newly formed Government took measures in the sickness insurance system to change the sick leave process so that fewer people would be given long-term sick leave and eventually end up receiving sickness or activity compensation.

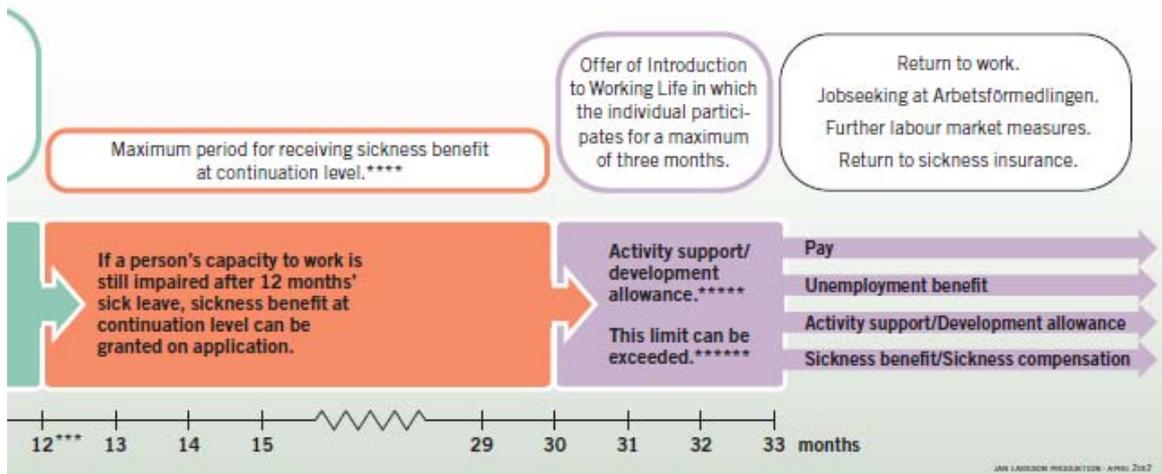
The 1 July 2008, the rehabilitation chain - a new sick leave process - was introduced, entailing fixed dates for work capacity assessment. During the first 3 months, the work capacity assessment evaluates whether the sick listed employee is able to return to his or her usual work. After 3 months of sick leave, the work capacity assessments also evaluates whether the person can perform any normal existing work. Figure 4.5.1 illustrates the rehabilitation chain.

The reform also made the criteria for giving sickness or activity compensation more difficult, and for people already receiving sickness compensation the reform made the return to working life simpler. The Public Employment Service designed a reintroduction program for those that could no longer receive any sickness benefits and the National Board of Health and Social Welfare introduced guidelines for doctor sick listing (for example how long you on average have to be on sick leave for a broken leg etc.).

Figure 4.5.1 The schematic illustration of the Swedish rehabilitation chain



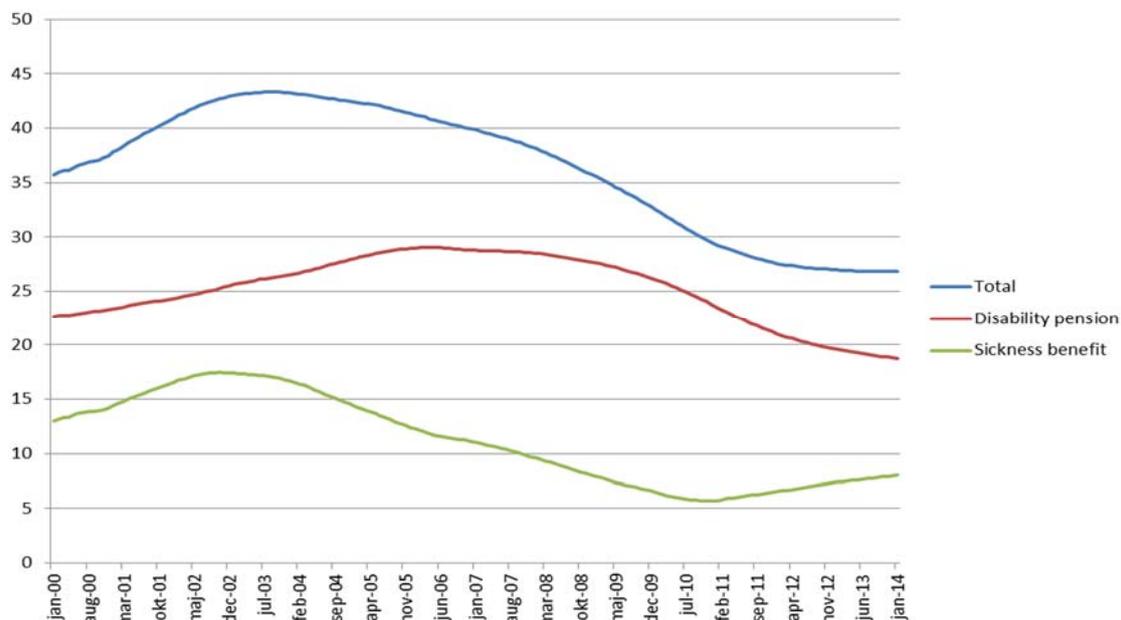
* The person on sick leave is entitled to a leave of absence to try out other work. Arbetsförmedlingen = The Swedish Public Employment Service. ***** F
 ** In certain cases this may apply for more than 6 months. ***** I
 *** In the event of serious illness, sickness benefit is paid for more than 12 months. F
 **** In certain cases, sickness benefit at continuation level is paid for more days.



***** Paid to people taking part in Arbetsförmedlingen's introduction to working life programme. Development allowance is paid to people up to the age of 25 years.
 ***** In the event of serious illness or after an individual assessment. For a person who reaches the maximum time limit after 2.5 years in the sickness insurance system.

Since the implementation of the reform, both the use of disability pension and the sickness absence rate has been reduced (see Figure 4.5.2).

Figure 4.5.2 Number of days with disability pension and sickness benefit per insured person in Sweden age 16-64



4.6 The 2008 Rehabilitation guarantee (Sweden)

The different countries implemented several initiatives together with the ‘close follow-up model’ of the sick listed employees. Some of these initiatives have been evaluated on their own. One of these is the Rehabilitation Guarantee from Sweden.

The rehabilitation guarantee provides cognitive behavioural therapy to patients with light or moderate mental and behavioural disorders, and multimodal rehabilitation for patients with musculoskeletal-related pain in the back, neck and shoulders. The program was introduced with the purpose of preventing sickness absence and of increasing return to work among patients with these diagnoses.

The Swedish Social Insurance Inspectorate evaluated the rehabilitation guarantee in a report of 2014⁴⁷. They found that the cognitive behavioural therapy appeared to work, but the multimodal rehabilitation appeared to make things worse. The cognitive behavioural therapy reduced sickness absence and the number of medical prescriptions for the patients who were not on sickness absence when the program started. The multimodal rehabilitation increased the sickness absence among the patients with musculoskeletal related pains, regardless of the patient’s status at the program start. For both cognitive behavioural therapy and multimodal rehabilitation patients, the number of health care visits in the following year increased, because of the rehabilitation itself.

4.7 Partial sick leave (All Nordic Countries)

Partial sick leave is currently possible in all the Nordic countries. In some countries, e.g. in Sweden, a graduated sickness benefit has been available for decades. In Finland, partial sickness benefit was introduced later than in the rest of the Nordic countries, in 2007, as a separate benefit.

Partial sick leave allows people with reduced workability to work part time. Thereby, a fulltime sick leave can be avoided and the partial sick listed person will maintain his or her connection to the labour market, which should make a fulltime return to work more likely at a later point.

A recent doctoral thesis by Johanna Kausto⁵⁰ evaluated the effect of partial sick leave on later work participation. The conclusion was that partial sick leave appears to be an effective method to include people with impaired health and reduced work ability on the labour market.

Currently available peer-reviewed studies applying proper methodology and their findings on the effects of partial sick leave on return to work and work retention in the Nordic countries are summarized in Table 4.7.1. Despite the differences in the societal contexts of the Nordic countries and variance in the study designs and outcomes, the findings and conclusions drawn in these studies are rather congruent.

Partial sick leave is found to be associated with return to work to regular duties and work retention (increased assignment to partial disability pension, higher future employment rate and decreased assignment to full disability pension). There are some studies that do not find a beneficial effect, i.e. a Norwegian study⁴⁸ and a Finnish study⁴⁹. However, these results may be explained by minor use and novelty of the benefits at the time of the studies.

To conclude, based on research evidence gathered in the Nordic countries so far, it appears that it is beneficial for the individual to utilize the remaining work capacity by combining partial sick leave with part-time work.

Table 4.7.1 Peer-reviewed studies reporting on the effects of partial sick leave in the Nordic countries (modified from ⁵⁰)

Authors	Country	Study population	Study design	Outcomes	Results
Høgelund, Holm and Falgaard Epløv 2012 ⁵¹	Denmark	A national sample of 233 employees on long-term sick leave with a mental disorder, 638 with other disorders	Survey- and register-based comparison of the two sick leave groups	Time until return to regular working hours	In contrast to other conditions, part-time sick leave had no effect on time until return to work in mental disorders
Høgelund, Holm and McIntosh 2010 ⁵²	Denmark	265 individuals participating in the graded-RTW-program, 669 non-participants, all sick listed > 8 weeks at base-line	Register- and survey-based comparison of two groups	Time until first return to regular working hours (termination of the payment of the sickness benefit)	The program increased significantly the probability of returning to regular working hours
Kausto et al. 2010 ⁴⁹	Finland	Representative population data on 1 047 individuals on partial sick leave and 28 380 individuals on full sick leave	Longitudinal register-based analysis	Time until the first recurrent sick leave, number of sickness absence periods, occurrence of disability pension	Compared to those initially on full sick leave, those on partial sick leave had an increased risk of a recurrent sick leave. The risks of full disability pension were 0.2-fold and risk of a partial disability pension two-fold
Viikari-Juntura et. al 2012 ⁵⁴	Finland	63 patients seeking medical care due to musculoskeletal pain were allocated to part-time (n=31) or full-time (n=32) sick leave	Randomized controlled trial. Follow up of 12 months	Time until return to regular work activities. Recurrence of sick leave (number of sickness absence days)	Time to return to work sustained for ≥ 4 weeks was shorter in the part-time sick leave group. Total sickness absence was about 20% lower in the part-time sick leave group than in the full-time sick leave group
Kausto et al. 2012 ⁵⁶	Finland	Analysed sample included 1 017 individuals on partial sick leave and 25 249 on full sick leave	Longitudinal register-based study	Occurrence of disability pension	The use of partial sickness benefit after a minimum of 60 days on full sick leave reduced the absolute risk of full disability pension by 6% and increased the risk of partial disability pension by 8% when compared with full sickness benefit. The effects were found both in mental and musculoskeletal disorders
Kausto et al. 2014 ⁵⁸	Finland	Nationwide data on the beneficiaries of partial (1 738 persons) or full sickness benefit (56 754)	Register-based quasi-experimental study	Work participation	Work participation declined in both groups, but the decline (absolute difference-in-differences) was smaller in the partial sick leave group

Table is continued

Table 4.7.1 Peer-reviewed studies reporting on the effects of partial sick leave in the Nordic countries, continued

Authors	Country	Study population	Study design	Outcomes	Results
Scheel et al. 2002 ⁴⁸	Norway	65 municipalities	Cluster-randomized controlled trial. Follow-up of 1 year	Average number of days on sick leave, long-term disability, quality of life	Increased use of active sick leave in municipalities had no effect on the average number of sick leave days, long-term disability or quality of life
Markussen, Mykletun and Røed 2012 ⁵⁵	Norway	A total sample of all citizens and their physicians, n = 339 251 sickness absence spells	Longitudinal register-based data	Mean absence duration, no of sick leave days, no of days with social security dependency, employment	Those on partial sick leave had shorter absences and higher subsequent employment rate than they would have had on regular sick leave.
Andrén and Svensson 2012 ⁵³	Sweden	133 individuals on part-time sick leave and 1 037 on full sick leave due to MSDs in 2001	Register-based study. Follow-up of 330 days	Full recovery (back at work with full recovery of the lost capacity)	Assigning individuals to part-time sick leave was associated with higher likelihood of full recovery
Andrén 2014 ⁵⁷	Sweden	A nationally representative sample of 629 individuals on sick leave due to mental disorders for at least 15 days	Longitudinal register-based study	Full recovery of the lost work capacity at one year	Partial sick leave was associated with a full recovery in mental disorders only if partial sick leave was assigned after 60 days of full-time sick leave

4.8 The VETO-program (Finland)

The VETO-program, 2003-2007, was one of the recent cross-administrational programs carried out at national level in Finland with the aim of enhancing the quality of work-life and extending work careers by means of social and health policy. The program was implemented in the national areas of pensions, occupational healthcare, health and safety and rehabilitation. The broad aims of the program included improvement of the national and regional networks of actors, directing and developing the national administrative sector, delineating the focus of research and development, improving implementation of research knowledge and assessing and developing legislation.

One of the specific aims of the program was to reduce the sickness absence by 15 % from 2002 to 2007. The projects that were aimed at this target concerned improvement of the quality and safety of the work-life and further development of occupational health services and rehabilitation. The aim of reducing sickness absence was not achieved. Instead, the sickness absence rate increased, especially in the municipal sector⁶².

However, as the aims, interventions and measures taken were many and the scope of the program was broad, the effects of the program cannot be easily disentangled from the effects of the other simultaneous actions of the social and health policy in the country. Results and feedback from various development projects were rather encouraging. Best practices and guidelines were launched. It was also argued that the program had a positive impact on general attitudes and practices concerning e.g. ageing workers.

4.9 The effect of a self-reporting system when being sick - The Mandal initiative (Norway)

In Finland, Norway and Sweden, the sick listed person must obtain a medical statement after maximum one week of sickness absence in order to receive sickness absence benefit. In Denmark, the requirements are less strict and the use of medical statements is usually only relevant in connection with long-term sickness absence.

The medical statement is a control instrument supposed to ensure that a sick listed person really is sick. However, the system has been criticized. It puts an extra burden on the sick listed person, on the doctor, and the administrative system, and it may be difficult for a family doctor to serve as a “gate keeper” and determine whether the sick listed person is or is not sick.

In Norway in 2008, the municipality in Mandal introduced a trial where the obligatory Medical Statement and self-report declaration were equalized. At the same time, the municipality implemented close follow-up procedures that line leaders in the municipality were obligated to follow. To ease the obligations of line leaders, electronic support schemes were implemented in the municipality. An evaluation report⁵⁹ compared the sickness absence in the municipality of Mandal with sickness absence rates in 29 reference municipalities at approximately the same size and the same level of budgetary complexity. The report concludes that the rate of sickness absence in the period after the reform (2008-2012) were 1.6 percentage points lower than before the reform (2003-2007). The effect was strongest immediately after the implementation in 2008, but the rate of sickness absence did not return to pre-reform levels in the period 2009-2012. The analysis was not able to detect whether the effect was due to the reform (self-reporting sick leave) or to the strict follow-up routines. Interviews suggested that the follow-up routines have had a significant effect on the observed reduction in sickness absence rates.

4.10 Workplace-based support (Sweden)

In April 2014, the government in Sweden introduced a grant possibility for workplace-based support. The purpose of workplace-based support is to prevent sickness or in the event of sickness to increase the employee's possibilities of returning to work, by helping employers to take early and adapted measures. This is achieved by means of financial grants to employers who buy workplace-based support from providers of such measures. In more specific terms, it may be a matter of considering assistive devices, part-time sick leave, and adaptation of the employee's duties/working hours etc. The grant is paid for half of the cost paid by the employer to the provider of a workplace-based support measure to a maximum of SEK 7 000 per measure. A grant application can be made for an employee at risk of being on sick leave or employees who are already on sick leave. Since the reform came into force on 1 April 2014, no evaluations of the reform have been possible yet.

4.11 The 2006 Sick Leave Billion (Sweden)

The Swedish Sick Leave Billion was not intended to reduce sickness absence directly, but was intended to provide Sweden's county councils and regions with financial incentives to prioritize and improve the quality and efficiency of the sickness certification process. In 2006, the Swedish state and the Swedish Association of Local Authorities and Regions (SALAR) signed their first agreement for the Sick Leave Billion (Sjuk-skrivningsmiljarden), and the agreement has since been renewed on an annual basis.

Organized in two parts, the Sick Leave Billion is made up of one thousand million Swedish kronor (SEK) per year, to be distributed among the county councils and on. The first part of the agreement is linked to changes in sickness absence in each county council or region (referred to as the variable part), while the second part is subject to specific requirements that each county council should meet in order to receive disbursement (referred to as the conditional part).

In a series of studies, Institutet för arbetsmarknadspolitisk utvärdering (IFAU) has evaluated the Sick Leave Billion. In Hartman et al. (2009)⁶⁰ these studies are summarized. One conclusion is that the construction of the Sick Leave Billion makes it impossible to evaluate the effects on sick leave at a national level. A study by Karolinska institutet⁶¹ concludes that the Sick Leave Billion has led to higher awareness of the sick leave process on all management levels in the public health care system and is starting to be seen as an integrated part of health care.

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APPENDIX I

Rules and regulations for sickness absence

All the Nordic countries have a social safety net for people who become ill and are not able to work. The compensation degree is in general high, but there are some differences between the countries. In this chapter, we try to give an overview of the rules and regulations in the different countries as a background for understanding the results about sickness absence. In many cases, the actual legal acts or regulations will be more complex than what is described in this appendix.

Table APP.1 Quick overview of rules and regulations in the Nordic countries¹

	Denmark	Faroe Islands	Finland	Norway	Sweden
<i>Who is entitled to sickness benefit?</i>					
Employed	Yes	Yes	Yes	Yes	Yes
Self-employed	Yes	Yes	Yes	Yes	Yes
Unemployed	Yes	No	Yes	Yes (if you get unemployed during sickness)	Yes
Students	No	No	Yes	Yes	No
Non-residents	Yes		Yes	Yes	
Age range	None	16 - 66 years	16 - 67 years	0 - 70 years	16-70 years
Do you need a medical statement for benefit to be granted?	No - though it may be requested by the employer	Yes - from the 1 st day	Yes - mostly within 1-3 days	Yes - from 3 rd or 8 th day	Yes - from the 8 th day
Do you have a waiting day? (Karensdag)	No	No	No	No	Yes - the 1 st day
How long is the period paid by the employer? (After this period the state pays)	From the 1 st to the 30 th day	1 st and 2 nd day	From the 1 st to the 10 th working day	From the 1 st to the 16 th day	from the 2 nd to the 14 th day
How long can you receive sickness benefit?	Approx. 1 year (reduced to 22 weeks from the 1 st of July 2014)	40 weeks within a year	Approx. 1 year (300 days)	1 year	Approx. 2 ½ year

¹ For more details and exceptions, see the section for the individual countries

APP 1.1 Denmark

In Denmark, the rules and regulations of sickness absence changed in July 2014 and January 2015. Since we compare sickness absence data from before July 2014, our main interest is the old rules. However, we have included information about the new rules in brackets.

Who is entitled to sickness benefits

Almost all are entitled to sickness benefit, i.e. the following groups are entitled to receive sickness benefit if they become ill:

1. Employees with a period of work of at least 240 hours in 26 weeks immediately preceding illness. (*This has changed to 200 hours in January 2015*)
2. Self-employed persons with professional activity on a certain scale for at least 6 months within a period of 12 months of which one month immediately precedes the illness
3. Unemployed entitled to benefits from unemployment insurance (in general up to 104 weeks after they are laid off)
4. Persons who within the last month have completed a vocational education for a period of at least 18 months
5. Students in a vocational training course regulated by law
6. Persons with reduced workability in a government subsidy job (Flexjob) at a private or public workplace
7. People subjected to an industrial injury (§ 34) can obtain sickness benefit even if none of the above rules apply

The need for a medical statement

There is no general requirement for a medical statement for sickness benefit to be paid. However, employers may require a fit-for-work certificate, which they may ask for already from the first day of absence. The fit-for-work certificate focuses on what duties the employee is to perform in spite of the illness. In general, the fit-for-work certificate is only used in connection with long-term sickness absences, and even at long-term sickness absences, the employer and employee may come to an agreement without the doctor's certification.

The local authority may also require a medical certificate if deemed necessary.

Waiting day (karensdag)

There is no waiting day in Denmark.

The length of the employer period

The employer pays sickness benefits for the first 30 calendar days of the sick leave. There is no difference between the length of the employer period for full and partial sickness benefits.

The maximum length of payment

The payment of benefits from the local authority ceases once they have been paid for more than 52 weeks during the last 18 months (since the employer usually pay for the first 4 weeks, this corresponds to 56 weeks of sickness absence). However, there are several ways of obtaining an extension to this 52-week period. *(From the 1st of July 2014 the payment of benefits ceases after 22 weeks sickness absence during the last 9 months. However, extensions are possible as before. If it is not possible to extend the period with sickness benefit using the extension rules, the person who is incapacitated due to illness is entitled to a preparatory program "jobafklaringsforløb", with a lower benefit).*

Compensation

Sickness benefit is calculated based on the earnings to which the employee had been entitled, had he/she not fallen ill.

The benefit amounts to a maximum of DKK 4 075 per week (2014). The maximum hourly rate for benefit is equal to the maximum divided by the standard number of working hours per week as laid down in the collective agreements (37 hours).

People who are partially incapacitated due to illness may be granted reduced daily sickness benefit.

Job security during sickness absence

Job security for employees absent due to illness is covered under either a law or a collective agreement or an individual employment contract. White-collar workers are usually covered by the Salaried Employees' Act, while blue-collar workers on hourly payment are covered by collective agreements.

The Salaried Employees' Act states that sickness absence is lawful absence unless the employee has become ill by intent or gross negligence in the period of employment, or if the employee at recruitment fraudulently failed to inform the employer that he or she was suffering from the disease. The employment contract can incorporate a provision that the employment can be terminated with one month's notice if the employee has received sick pay in a total of 120 days within a period of 12 consecutive months.

APP 1.2 The Faroe Islands

Who is entitled to sickness benefits?

In the Faroe Islands, all employees are entitled to compensation in case of loss of income due to illness. Public employees and the majority of salaried employees in the private sector must be paid in full by their employer during absence due to illness according to collective agreements. Approximately 2/3 of the workforce is covered by these collective agreements. Employees who are not paid through collective agreements are eligible for statutory sickness benefit and self-employed persons are eligible for sickness benefit provided annual insurance has been taken out.

The need for medical statement

For those who are covered by the sickness benefit scheme, a medical statement is required from the first day of absence. For employees covered by collective agreements, there is no general requirement for a medical statement. However, according to the Employers and Salaried Employees' Act, an employee can be required to provide a medical statement after 15 days of absence.

Waiting day

There is no waiting day in the Faroe Islands.

The length of the employer period

For those who are covered by the sickness benefit scheme, the Social Office pay benefits for the entire sickness period, but the employer reimburses the 1st and 2nd day of absence.

For employees paid according to collective agreements, the employer pays for the entire sickness period.

The maximum length of payment

Sickness benefits can be granted for a maximum of 40 weeks within a year.

Compensation

Statutory sickness benefit is based on previous earnings, which means that employees receive full compensation for the loss of income with a maximum of DKK 4 223 per week (2014). For employees paid according to collective agreements, there is no maximum, but when the employment is terminated, they will be paid according to the statutory sickness benefit scheme with the maximum of DKK 4 223 per week.

Job security during sickness absence

Sickness is not a fair reason for dismissal, but an employer has the right to dismiss a person, who has been absent from work due to illness in 120 days during a period of 12 months.

APP 1.3 Finland

Who is entitled to sickness benefits?

In Finland, there are two separate types of sickness benefits - a full benefit and a partial benefit⁶⁴.

Full sickness benefit

All non-retired permanent residents (employees, self-employed persons, students, unemployed but looking for a job, and residents on sabbatical or alternation leave) and non-resident people who are working in Finland for at least four months are eligible for the statutory sickness benefits in case of work incapacity due to illness. Residents must be between 16 and 67 years of age.

Partial sickness benefit

Employees or self-employed persons from 16 to 67 years of age returning to work part-time (40 %-60 % of the regular work time) after a minimum of 1+9 days of full-time sickness absence from work are eligible for sickness benefit. Eligibility for the benefit is based on medical assessment according to which partial return to work is possible without risking the recovery. The use of the benefit is always voluntary and requires an approval from both the employee and the employer. The employee and employer sign a fixed term work contract for the part-time work.

The need for a medical statement

In most cases, employers require a medical certificate - some from day 1 and some after a week sickness absence.

Full sickness benefit

A medical certificate is an unconditional precondition for sickness benefits to be granted by the Social Insurance Institution of Finland.

Partial sickness benefit

The use of the benefit is always based on a medical assessment and certificate.

Waiting day (karensdag)

There is no waiting day in Finland.

The length of the employer period

Full sickness benefit:

The employer period covers the day the individual was taken ill plus the nine following working days. In case of a recurrence of the same compensated illness within 30 days, the employer period lasts for one day. Full salary is paid in case the employment has lasted for at least a month. Otherwise, half of the salary is compensated.

In case the employer continues paying the employee full salary for 1-3 months (according to collective or local agreements) after the obligatory 1+9 days, the Social Insurance sickness benefits are paid to the employer.

Partial sickness benefit:

There is no employer period if the partial sickness benefit follows immediately after a full sickness benefit or rehabilitation allowance. Otherwise, the employer period lasts for 1+9 days. During this time, the employee is not allowed to work.

The maximum length of payment

Full sickness benefit:

The full benefit can be granted for a maximum of 300 working days (including Saturdays) per illness within 2 years. After this, a person has the right to the benefit on the basis of the same illness only after he/she has been capable of working for an uninterrupted period of 12 months (e.g. as unemployed job seeker). However, if an employee returns to work and the same illness reoccurs after a minimum of 30 consecutive working days, he/she is entitled to the benefit again.

Partial sickness benefit:

The benefit is payable if part-time work is planned to last for at least 12 days and a maximum of 120 working days (including Saturdays). All days on benefit are counted towards the maximum within a period of two years.

Compensation

Full sickness benefit:

The compensation degree can be based on previous earnings (earnings-related benefit) or previous benefits, or else the minimum allowance may be granted. In order to be eligible for the earnings-related occupational sickness benefits, the individual must have worked for at least three preceding months.

Statutory minimum benefit is granted in case the individual has no earned income or the earnings are under EUR 1 385 (13.6.2014). The size of the compensation can also be based on previous allowances.

The earnings-related benefit is calculated from the taxed earnings of the previous tax period. In contrast to some other Nordic countries, the sickness benefit has no income ceiling in Finland. The compensation rate is 70 % up to an annual earned income of EUR 36 071 (13.6.2014) and decreases progressively thereafter.

Partial sickness benefit:

The amount of the partial sickness benefit is half of the full benefit.

Job security during sickness absence

According to the Finnish Employment Contracts Act⁶³ employees cannot be dismissed in case of illness, disability or accident, unless they result in a substantial and long-term reduction of working capacity. In practice, absence from work lasting a year has been regarded as a sufficient indication of meeting these conditions. However, the decision is always based on medical assessment. In the assessment, focus has to be

on the employee's prerequisites for managing his or her own work tasks or other conceivable tasks at the workplace based on his/her education, knowledge, professional skills and experience. It is advisable that the employer investigates whether the dismissal could be avoided by modifying or changing work tasks.

APP 1.4 Norway

Who is entitled to sickness benefits?

Almost all residents are entitled to sickness benefit through the National Insurance Scheme. The National Insurance Scheme grants sickness benefits for members who are employed. An insured person who has an annual income of at least 0,5 G¹ (NOK 44 185) is entitled to daily cash benefits in case of sickness, if the person is incapable of working due to sickness.

It is a requirement that the occupational activity has lasted for at least 4 weeks.

The need for a medical statement

Personal declaration: to use a personal declaration, the employee must have worked for at least two months. The personal declaration can be used 4 times in a period of 12 months.

If the company is an "IA" (inclusive labour market) company, the personal declaration can be used for up to eight calendar days. In total, the personal declaration can be used for 24 calendar days during a period of 12 months.

Sick leave certificate: In the event of sick leave lasting more than three calendar days, the employer can require a sick leave certificate.

Waiting day (karensdag)

No waiting day in Norway.

The length of the employer period

The employer pays the sickness benefits for the first 16 calendar days of the sick leave. There is no difference between full and partial sickness benefits.

The maximum length of payment

Sickness benefits: The National Insurance Scheme pays from day 17. Sickness benefits can be granted for a maximum of one year, i.e. 260 days.

Compensation

The sickness benefits equal 100 % of the pensionable income, and are paid from the first day in the sickness period of 260 days (52 weeks). Income exceeding 6 G (NOK 530 220) is not taken into account. During the period in which daily cash benefits are paid by the employer, no minimum income level is required. Self-employed persons

¹ G (*Grunnbeløpet*) is a basic reference for the calculation of pensions in Norway.

receive sickness benefits corresponding to 65 % of the pensionable income from day 17 of sickness for a period of 248 days.

Job security during sickness absence

In Norway, you cannot be fired from your job while you are sick. An employment may only be terminated, if an agreement between the employer and the employee is reached.

APP 1.5 Sweden²

Who is entitled to sickness benefit?

To be entitled to sickness absence benefit, a person can be either employed or unemployed, but to receive sickness absence benefit as an unemployed, he/she must have a job before. The working capacity has to be reduced with at least 25 %.

The need for a medical statement

A doctor's certificate is required from the day 8 of sickness. In certain cases, employers or the Swedish Social Insurance Agency may require a doctor's certificate from an employee from the first day of sickness absence.

Waiting day

The first day is a qualifying day for which no compensation is paid.

The length of employer period

The employer pays sick pay from day 2 until day 14. After day 15, sickness benefit is paid by the Swedish Social Insurance Agency. This Agency is also responsible for compensation during the first two weeks of the sickness period for those who are not entitled to sick pay, e.g. unemployed.

Compensation and the maximum length of payment

The sickness benefit qualifying income corresponds to the earned income that the insured person is expected to have during the coming year. At most, the sickness benefit qualifying income can amount to seven and a half times the price base amount (1 base amount = SEK 44 400, 2014).

² This part describes the public insurance scheme. Besides this, 90 % of the employed have supplementary schemes that are negotiated between the employers and the trade unions. There are four major groups of such schemes depending of what sector you work in, Central government, Municipality and County council, White-collar workers in the private sector, blue-collar workers in the private sector. The typical supplementary benefit is 10 % of earned income and is paid out at least for one year. In addition to that all but blue-collar workers in the private sector have supplementary benefit between 65 and 90 on earned income above the 'income ceiling' of seven and a half base amount.

The size of sickness benefit depends on the sickness benefit qualifying income, multiplied by the factor 0.97. In general, sickness benefit amounting to a compensation level of 80 % is paid for 364 days within a timeframe of 450 days.

Those who have received sickness benefit at a compensation level of 80 % for the maximum number of days can receive sickness benefit at a level of 75 %, usually for a maximum of 550 days. In total, it is possible to receive sickness benefit for a continuous period of 914 days, or about two and a half years.

People suffering from serious illness receive sickness benefit at a compensation level of 80 % with no time limitation.

Sickness benefit is payable as full, three-quarters, half or one-quarter benefit, depending on the extent of the reduction in work capacity. The highest compensation for sickness benefit is SEK 682 per day.

Those, who no longer can receive any sickness benefit, are invited to participate in a work reintroduction program designed for this group by the Public Employment Service.

Job security during sickness absence

According to the Swedish Employment Protection Act (1982:80), notice of termination by the employer must be based on objective grounds. During the preparation of the Employment Act and based on the Swedish labour court case law, it follows that illness and following impaired capacity not in itself constitutes grounds for dismissal of an employee. Objective grounds, however, exist if the impaired capacity is permanent and so substantial that the employee can no longer perform any work of significance to the employer. For a termination to occur it is required that the employer has fulfilled his/her responsibility for rehabilitation and made what could reasonably be required of him/her, such as in the case of workplace accommodation, relocation, etc. Case laws on how an employment may be terminated after a certain period of sick leave do not exist.

APPENDIX II

Description of sickness absence registers

APP 2.1 Description of the Statistics of Absence from Denmark

Statistics Denmark produces and publishes the Statistics of Absence. The purpose of the statistics is to describe the amount of work lost due to absence. The statistics cover the governmental sector, the municipal sector and the private sector.

In the government and municipal sector, all employees are included, while the private sector is described by a representative sample of enterprises with 10 or more employees.

For all employees included in the statistics all periods of absence over the year are reported to Statistics Denmark. For each period of absence Statistics Denmark gets the identification number of the enterprise, the identification number of the employee (cpr), a starting date of the period, an ending date of the period, the number of hours that the employee has been absent in the period and the cause of absence. The causes of absence that are included in the statistics are Own sickness, Children's sickness, Occupational injury and Maternity and adoption leave. We only include the statistics of own sickness in this report.

The absence periods are matched with the job from which the person has been absent. The data from the earnings statistics are used to create the jobs. From the earnings statistics we get information on the extent of the employment/the number of hours worked.

All measures can be grouped by e.g. occupation, industry, education, region, age, gender and sector.

Detailed information can be found in the Declaration of Contents:

www.dst.dk/kvalitetsdeklaration/107268 (Danish version)

www.dst.dk/en/Statistik/dokumentation/Declarations/absence (English version)

APP 2.2 Description of the Statistics of Absence from Finland

The Social Insurance Institution of Finland (Kela) maintains national sickness insurance registers in Finland. These registers are used mainly for administrative purposes. They include information on e.g. all medically certified and compensated sickness benefit periods in Finland. Thus, all sickness absence periods for which compen-

sation has been paid after the employer period of 10 days are included in the register. Benefits are payable for six workdays a week. Sickness absence periods that last less than 10 work days are not systematically registered in Finland.

The registers include information on gender and age of the recipient and main diagnostic codes for all benefit periods. The employment status at the beginning of a benefit period is available only from year 2013 and onwards. Data on work contracts or characteristics of the jobs or companies are not included in the sickness insurance register in Finland.

Detailed information on the statistics on sickness benefits is available from: http://www.kela.fi/web/en/statistics-by-topic_statistics-on-sickness-allowance
For the purposes of this report

- all individuals who received salary-based full sickness benefits during 2007-2012 and were aged from 20 to 59 at the end of the year in question, were drawn to the sample
- Thus, the data were restricted to employees, excluding e.g. self-employed persons, the unemployed and students from calculations
- The employer period (10 days) was added to the number of compensated sickness benefit days in each incipient period
- The six-day workweek was transformed to five-day workweek in calculations

APP 2.3 Description of the Statistics of Sickness Absence (sick leave) in Norway

The Norwegian Labour and Welfare Administration produces and publishes the statistics of sickness absence in Norway.

Doctor-certified sickness absence

The Sick leave Register and the Employee Register are the main sources of information for doctor-certified sickness absence. The Norwegian Labour and Welfare Administration (NAV) is responsible for both registers.

The Sick leave Register is based on the local NAV offices' registrations of medical certificates as part of its sickness benefits routine. These registrations cover all doctor-certified absences due to a person's illness. A medical certificate is issued to the Norwegians on the first day of sickness absence or (in some companies) they may wait for eight days. The register therefore misses some sickness absence periods of less than eight days. When a sickness absence period is registered, it is not possible to see if the sickness absence was registered before the eight days. Statistics Norway has estimated how much of the sickness absence the register misses (see <http://www.ssb.no/sykefratot>). In our data, the missed sickness absence corresponds to approximately 17%.

The Employee Register contains all employees between 16 and 69 having a job relation scheduled to more than four hours a week and lasting more than six days. The

date for start and stop of the job relation and position percentage are the most important variables for the sickness statistics. The data are used to create contractual days and work.

Self-certified sickness absence

The statistics on self-certified sickness absence are based on data reported by a sample of establishments.

All measures can be grouped by e.g. the variables occupation, industry, region, age, gender and sector.

For doctor-certified sickness absence The Labour and Welfare Administration also has diagnosis, partial sick leave and duration on terminated sickness absence.

Children's sickness, adoption leave and maternity leave are not included in the Norwegian absence data.

APP 2.4 Description of the Statistics of Sickness Absence from Sweden

The Swedish Social Insurance Agency produces and publishes the statistics of sickness absence in Sweden. The statistics is based on the administrative registers from the agency. It includes all people who are 16 years or older and who has worked in Sweden and received sick pay from the agency. For most people in Sweden the first period of sick leave is paid by the employer. Statistics Sweden is doing a survey to collect data regarding the employer paid period, but it is not possible to match the data with the data from the Social Insurance Agency for the purpose of this study. The employer period is not included in the statistics from the Social Insurance Agency.

This study uses a database called LISA, which is a longitudinal integrated database for health insurance and labour market statistics. The database includes all individuals registered in Sweden on 31 December for a given year and who are 16 years or older (15 years and older since 2010). The data regarding sick leave is collected from the Swedish Social Insurance Agency.

LISA includes information of standard demographic variables as well as information of occupation, sector, income etc. For detailed information about the database <http://www.scb.se/lisa/>

Method used in this study

When doing the calculation in this study there are some limitations of the information in the database that makes the data not fully comparable to the data in the other Nordic countries. Below is the most important assumptions done when calculating sick leave in Sweden.

- In Sweden, the waiting period (karensdag) or the employer paid period is different for different groups. For example, the unemployed do not have any employer paid period. To make the calculation of the length of the sickness period as exact as possible, we have to exclude self-employed and unemployed people. Still it will not be a perfect selection, since we only have this information in November,

which of course means that an individual may have had a different status while on sick leave.

- In the data, we only have the total number of days with paid sick leave and the number of periods. We do not know how long each period has been, if a person has had more than one period. When looking at the data it shows that 85 % has had only one period and only 2.5 % has had more than two periods. We decided not to do any corrections for people with more than one period, since we believe it will not alter the result significantly. Still it will be an overestimation of the length of the period.

We have treated people that have a period that passes one year to another as a new case. Therefore, January 1st will be their first day of a new case. This will underestimate the true length of their period.

Publications by Nososco after 2000

Recurrent Publications

Every year, Nososco publishes *Social tryghed i de nordiske lande* (English version *Social Protection in the Nordic Countries*). In addition, the theme publications below have been published.

Nordic/Baltic Social Protection Statistics 2000

Nordic Social-Statistical Committee no 19:03. Copenhagen 2003

Sustainable Social and Health Development in the Nordic Countries. Seminar 27th May 2003, Stockholm. Nordic Social-Statistical Committee no. 22:03. Copenhagen 2003

Sustainable Social and Health Development in the Nordic Countries. Seminar 6th April 2006, Oslo. Nordic Social-Statistical Committee no. 29:06. Copenhagen 2006

Ålderspensionssystem i Norden. Nordisk Socialstatistisk Komité nr. 34:08. København 2008

Old-age Pension Systems in the Nordic Countries. Nordic Social-Statistical Committee no. 35:09. Copenhagen 2009

Opmuntrer de nordiske systemer 60-74-årige til at arbejde? Nordisk Socialstatistisk Komité nr. 38:09. København 2009

Do the Nordic Welfare Systems Encourage the 60-74-Year-Olds to Work? Nordic Social-Statistical Committee no. 39:10. Copenhagen 2010

Udfordringer for den nordiske velferdsstaten. Sammenlignbare indikatorer Nordisk Socialstatistisk Komité nr. 41:10. København 2009

Challenges to the Nordic Welfare State. Comparable Indicators. Nordic Social-Statistical Committee no. 42:10. Copenhagen 2010

'Ungdomsarbejdsledighed i Norden - En studie av rettigheter og tiltak for unge arbeidssøkere'. Nordisk Socialstatistisk Komité nr. 47:11. København 2011

'Youth Unemployment in the Nordic Countries - A Study on the Rights of and Measures for Young Jobseekers'. Nordic Social-Statistical Committee no. 50:11. Copenhagen 2011

Udfordringer for den nordiske velferdsstaten. Comparable indicators. 2nd edition Nordisk Socialstatistisk Komité nr. 52:13. København 2013

Challenges to the Nordic Welfare State. Comparable Indicators. Nordic Social-Statistical Committee no. 54:13. Copenhagen 2013