INNOSERV
SOCIAL SERVICES INNOVATION

Theoretically informed case study accompanying the film

Changing focus for a healthier old age - Denmark

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This report is part of the research project „Social Platform on innovative Social Services“ (INNOSERV). INNOSERV investigates innovative approaches in three fields of social services: health, education and welfare. The INNOSERV Consortium covers nine European countries and aims to establish a social platform that fosters a europeanwide discussion about innovation in social services between practitioners, policy-makers, researchers and service users. This project is funded by the European Union under the 7th Framework Programme (grant agreement nr. 290542).

1. Changing focus for a healthier old age - Elderly care in Denmark

The target group includes older people in need of care. Care is provided in their own homes by paid care workers according to a new principle of service delivery to address old needs: *help-to-self-help.* This is not always easy to implement due to resistance of the person and time contraints on the care workers.In this case *ambassadors* within the service organisation ensure the realisation of this principle.

Specific innovative elements of Changing focus

Help to self help

This idea concerns the content of the service i.e. what is being done. It's not a new service but a new way of doing it. Providing the person with enabling help (help to self-help) rather than compensatory help in their own home aims to improve or maintain the person's independence and life quality as well as reducing demands for services in the short and long term.

Ambassadors

The change is implemented through the use of ambassadors, who promote the philosophy and practices of help to self-help among their co-workers during their work. The aim: to implement help to self-help throughout the organisation, to make it at lasting change

Key characteristics of the service

Organisation:

The municipality of Høje -Taastrup is responsible for the provision of home care and nursing homes. Elderly care is provided by the health and care centre ('Sundheds- og Omsorgscentret') which is responsible for delivering services to approximately 1600 elderly citizens.

User groups:

The users are primarily elderly people both living at home and in nursing homes. They are typically over 70 years of age.

Employees:

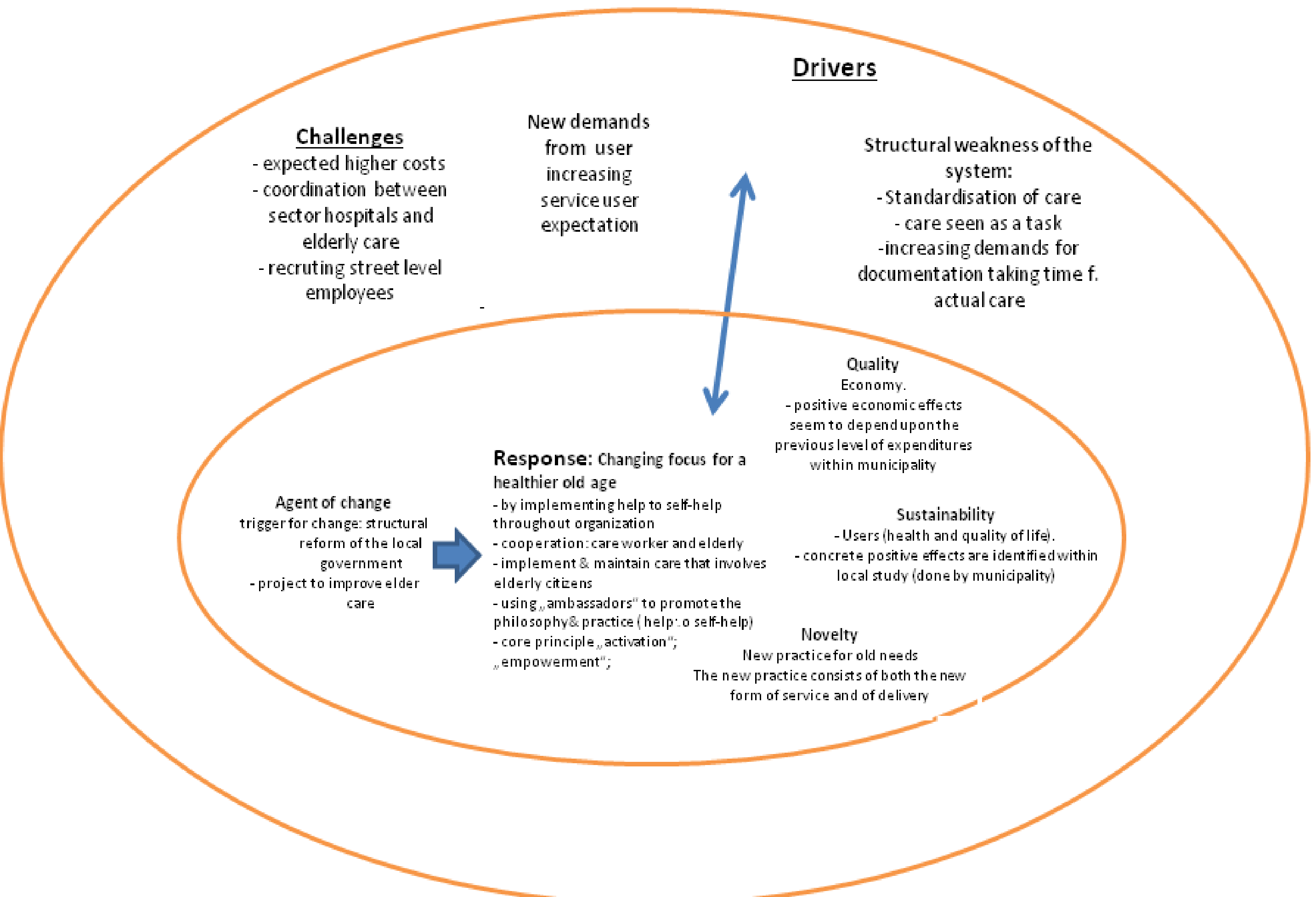
The majority (more than 90 per cent) of the employees are trained as social and health care professionals, as well as social and health care assistants, for which training is one and half year and three years respectively.

Principle: Re-ablement / help to self-help

The core principle is to implement and maintain a care that involves the elderly citizen in the work, rather than being a passive recipient. This thereby helps in maintaining or improving the citizen's functional capacity. The citizen either does a task together with the care worker or there is a division of labour between them. The care worker and the elderly person either do the dishes together or alternatively, the care worker vacuum cleans the home and the elderly dusts.

Driver(s): Economic challenges and users' expectations

The particular form of service was introduced by the Municipality in 2007. The immediate drivers to implement the help to self-help were the need to address economic challenges due to the expected demographic changes and the increased service user's expectations .Thirdly, the Municipality reacted to evidence indicating that physical activity has a positive effect on the quality of life of elderly people (Sundhedsstyrelsen 2011).



Factors influencing Social Services Innovation
Drivers
Challenges
- expected higher costs
- coordination between sector hospitals and elderly care
- recruting street level employees
New demands from user increasing service user expectation
Structural weakness of the system:
-Standardisation of care
- care seen as a task
-increasing demands for documentation taking time f. actual care
Quality
Economy.
- positive economic effects seem to depend upon the previous level of expenditures within municipality
Sustainability
- Users (health and quality of life).
- concrete positive effects are identified within local study (done by municipality)
Novelty
New practice for old needs
The new practice consists of both the new form of service and of delivery
Agent of change
trigger for change: structural reform of the local government
- project to improve elder care
Response: Changing focus for a healthier old age
- by implementing help to self-help throughout organization
- cooperation: care worker and elderly
- implement & maintain care that involves elderly citizens
- using „ambassadors" to promote the philosophy& practice (help to self-help)
- core principle „activation";
„empowerment";

2. Policy Framework related to long term care in Denmark

Principle/ Guidelines	Key organisations and actors	Services provided by government	Expenditure, Resources
1. **Universalism:** All citizens have the rights to access to services that are financed by the state. 2. **Decentralized Delivery:** Municipalities are responsible for the provision of services e.g. pre-school care and elderly care. 3. **Free choice of provider**: Service users have a free choice between public and private providers under contract with the municipality. The free choice contains a structural bias where citizens can buy additional services from private providers.	- The organisational structure of the public welfare system has three levels: the state, the region and the municipality. **The state:** The legal framework is passed by the parliament. The government negotiates the economic agreements with the national association of municipalities (**KL**) and negotiates the level of autonomy with the municipalities (Finansministeriet, 2005). **The municipality:** is responsible for funding and providing elderly care. It determines the levels of provision through quality standards. **Private providers:** provide services that are funded by the municipality. The private providers provide services to a growing share of service users. **The trade union FOA** which organizes the care workers in both the private and the public sector. FOA and KL negotiate the collective bargain agreement that allocates funds for in-service training such as the training of ambassadors. **Vocational training programmes (Social- og sundhedsskolerne):** are responsible for the education of the majority of care professionals. **The User organization Ældre sagen (DaneAge Association):** is a strong interest organisation that safeguards the interests of older people. **Volunteers** are not involved when it comes to the provision of elderly care as practical assistance and personal care. Burau and Dahl, (2013)	**Legal milestones:** - The Social Service Act - The structural reform (2007) - The introduction of free choice of service provider (introduced in 2003) **Service area characteristics** 165,860 elderly people get care at home (Danmarks Statistik 2012a:2) 34,700 elderly people get care in an assisted living facility and 7,200 in nursing homes (Danmarks Statistik 2011a:1). Elderly care includes practical assistance and personal care.	**Costs involved in the nursing and care sector** 1.68%% of GDP (2008) **2. Financing of municipal services** The services are financed in two ways: through block grants from the state and local taxes that the municipality decides

3. The social, political and institutional context

3.1 Population/ Government

	Denmark (2010)	EU27 (2010)
Total Population:	5,534,738	501,104,164
Population projections 2010-2050	6,037,836	524,052,690
Proportion of population aged 65-79 years:	12.2%	12.7%
Proportion of population aged 80 years and more:	4.1%	4.7 %
Proportion of population aged 65 and over:	16.3%	17.4%
Old-age-dependency ratio (15-64 to 65+)	24.9%	25.9 %
Projected old-age dependency ratio (2050)	41.79%	50.16%
Life expectancy at 60 (2009) in years: male/female	20.6 years / 23.6 years	21.1 years / 25.1 years
Expenditure on social protection (% of GDP) 2009	33.44%	29.51%
Expenditure on care for elderly (% of GDP) 2008	1.68%	0.41%
Pension expenditure projections (% of GDP) 2050	9.6%	12.3%

3.2 Information about the specific welfare state: Denmark

The Danish social service system is based on a classic Nordic welfare model that combines universalism and local autonomy (Burau and Dahl, 2013), where the majority of social services are provided by the municipalities. Firstly, this ensures that citizens have a needs based access to benefits and services and that elderly care services are free. Denmark is seen as the most universal in elderly care amongst the Nordic countries (Szebehely, 2003; Sarasa and Mestres, 2007). Secondly, as the local authority, the municipalities are responsible for the provision of elderly care as well as assessing the needs of the citizen. At 1.68 % of the GDP, public spending on elderly care is relatively high compared to other countries within the EU. However, the system of long term care in Denmark continues to perform favourably in comparison with other countries (Sarasa and Mestres, 2007).Social services, including elderly care, are financed through taxation, both national and local. There is a steady increase of expenditure on social services, that shows the growing importance of services compared to economic transfers. The table below presents the social protection expenditure of selected countries.

Social protection expenditure: Aggregated benefits and grouped schemes in Millions. of Euros.

Time	Expenditure for social protection benefits in Euros	Expenditure for social protection benefits in Euros	Increasing benefits in kind	Part of benefits in kind of social protection benefits	Part of benefits in kind of social protection benefits
	1996	2010	1996-2010	1996	2010
EU 27	/	3,605,678.95	/	/	34.07%
Denmark	45.334,15	78,367.78	102.60%	34.13%	40.00%
France	379.396,42	654,238.65	84.47%	31.94%	34.17%
Germany	565.683,07	765,717.82	52.53%	30.79%	34.69%

Source: Own calculations based on EUROSTAT 2012

4. Challenges and Drivers of Innovation

Structural weaknesses of the system:

- Since the late 1990's, a standardisation of elderly care has taken place, linking more directly the functional ability of the older person with categories of service provision (Burau and Dahl, 2013). This standardisation of assessment and provision has moved the focus away from the original principle of help to self-help, due to its emphasis on care as tasks. Thus standardisation fails to take into account the help to self-help principle which includes cooperation between the care worker and the elderly citizen as well as assistances in relation to specific tasks.
- Increased centralisation due to tighter regulation by the central government leaves less room for professional judgment and care workers' flexibility in relation to the needs of the individual service user (Dahl 2011).
- Increased demands for documentation of work take time means less time is spent on actual care.
- The coordination of the hospital sector and elderly care in relation to discharge from hospitals has proven to be difficult and involves conflicts between the different authorities on responsibility and timing of discharge. The structural reform has targeted this problem through various means (Dahl, 2007).
- Steadily increasing needs for care in an aging society and of expected increasing expenditures.

Innovation: Ideas, criteria, levels and added values
Changing the focus for a healthier old age is about changing how care workers perform their work in order to transform compensatory help into re-ablement (help to self-help). The visualised case focuses on two innovative ideas in relation to this.

Help to self-help:
The first idea is help to self-help where the care worker either performs tasks in co-operation with the elderly citizen or they each do different complementary tasks. Further, the practice of help to self-help includes systematic training of the elderly citizen's capabilities.

Ambassador programme:
The second innovative idea is the ambassador programme where the implementation of the practice of help to self-help is promoted at the front line through a peer-to-peer support among the care workers. The ambassador programme is based on training a group of front line employees (care workers) as ambassadors. The training includes training in the methods of help to self-help and communication skills. The ambassadors are then responsible for the everyday promotion of the methods and the philosophy among front line staff as well as the elderly citizens.

Drivers and Challenges
The immediate drivers behind the municipality's decision to implement the help to self-help was on one hand the **need to address economic challenges** due to the expected demographic changes, whereby the old-age dependency ratio is expected to grow from 24.9 in 2010 to 41.79 in 2050; and the **increased service users' expectations** that call for a more individualised service. On the other hand, the knowledge indicates physical activity as having a positive effect on the quality of life of elderly people (Sundhedsstyrelsen 2011). Moreover, the structural reform of local government in Denmark in 2007, when the municipality took over responsibility for providing rehabilitation services, made it possible to integrate rehabilitation into elderly care.

Challenges
The main challenges are to keep costs as low as possible, the coordination between the two sectors: hospitals and the municipality, and to recruit front line employees.

Innovation as Response
The innovation is the new focus on training and maintaining capabilities of the elderly, so that they can perform as many tasks themselves instead of being dependent upon the care worker to provide them.

The ambassadors (ensures the implementation of the new principle by giving pep-talks, providing information and supervision). The service is taking place at the intersection between welfare (elderly care), rehabilitation (health) and training (education).

Novelty
The novelty is the implementation of the philosophy of help to self-help in the organisation and its ways of providing services in the homes of the elderly (new perspectives). The new form of service and of delivery characterises a new practice for old needs.

Quality
The quality of the service is characterised by the positive economic effects, the health and quality of life of the elderly (users) and by the positive effects upon the professional identity of the care workers (staff).

Agents of change
The immediate trigger for the change was the structural reform of local government in Denmark in 2007. A network of bureaucrats and politicians were the most important agents of change, thinking in a new way and sticking to the innovative idea. The innovation began in 2007-2009 and was later continued due to a favourable evaluation (Høje-Taastrup municipality 2009).

5. Key innovative elements of this example`

Field of service	Welfare, Health & Education
Establishment	The municipality is a part of the decentralized government in the Danish welfare model, where the majority of social services are provided by the municipalities, and has such it has a long history. The current geographical form dates back to 1970 but the latest changes in relation to the services provided by the municipality were made in 2007. The introduction of the Changing focus for a healthier old age practice was **introduced in 2007**
Type of organisation	Politically governed public welfare provision
Financing	Publicly financed by taxation
Size of the organization	The health and care centre that provides the elderly care has 600 employees (75 of them trained as ambassadors)
Members and participation	1600 elderly people live in the urban area, nearby towns and villages
Contact Name of the innovative example Homepage	**Mariann Lyby** Phone +45 43 59 10 00 Email address: sundhedomsorg@htk.dk Homepage: www.htk.dk

Høje-Taastrup municipality is one of Denmark's 98 municipalities. The municipality is located on the outer edge of Greater Copenhagen and consists of both an urban area (a suburb to the greater Copenhagen area) and a more rural area. The population is approximately 50,000 people. Høje-Taastrup municipality is governed by the city council that consists of 21 elected representatives including the Mayor. The municipality's Health and care centre provides elderly care to approximately 1600 elderly people that live in the urban area, the nearby towns and villages. The centre has approximately 600 employees and, by September 2012, 75 of them are trained as ambassadors for “changing focus for a healthier old age”.

Help to self-help emerged as a policy principle in the 1980s (Dahl 2000) and has been a principle in the training of professional care workers for nearly twenty years. However, like other municipalities (Swane 2003) Høje-Taastrup has encountered difficulties in implementing the principle in practice. These difficulties stem partly from the political and bureaucratic focus on standardisation of care work and on economic efficiency in a narrow sense, not seeing the benefits of help to self-help. Further, the implementation has been impeded by ongoing organisational changes - a tyranny of change (Clarke and Newman, 1997) - in the Danish public sector which to some extent have made front line employees exhausted.

Høje-Taastrup municipality decided to overcome these difficulties through organisational changes. The ambition was twofold: to enhance self-sufficiency and improve the life quality of the recipients of elderly care and to improve economic efficiency. The immediate trigger for the change was the structural reform of the local government in Denmark in 2007. This reform addressed issues of coordination between hospitals at regional level and elderly care at municipality level. The reform meant that the municipality took over services that had previously been provided by the regions, including rehabilitation. For one, the reform accentuated the need to address the expected increase in public spending (due to both the demographic changes and rising expectations related to post-modernity). Second, by having rehabilitation services as a service the municipality was able utilize the qualifications of the staff working in the service in other services including elder care. In other words, the rehabilitation services served as launch pad.

In order to overcome the difficulties of implementing a help to self-help based care, the municipality successfully applied for state funding from, amongst others, the Department of Social Affairs, for a project to improve elderly care. The project ran originally for two years (2007-2009) and focused on how to make lasting organisational changes. The project centred its work on promoting the ideal of self-help and produced knowledge on how to practice help to self-help, as well as how to implement lasting organisational changes. The most significant knowledge to come out of the project was that the organisational changes had to be rooted locally rather than in a specialised unit or in a top-down organisation. The “ambassador programme” provides such an approach to the organisational changes. The ambassador programme is in itself innovative in relation to implementing enablement (help to self-help) at the front line The trained ambassadors promote and maintain the use of the methods among their peers through motivational talks, competent feedback and professional discussion in relation to the everyday work.

The elderly care as help to self-help also entails a newness in the service provided. First, the form of service is new with regard to the close connection between the provision of elderly care and the training and maintaining of the elderly citizen’s capabilities. This close connection stems from the the fact that training takes place through the performance of the care tasks. Secondly, the delivery of the service is new in the sense that it is based on a dialogue between the care worker and the elderly citizen about what care the citizen wants and needs, and that the service is delivered through collaboration between them. This could mean that the care worker assists the elderly person in dusting or they divide the care/work between them. Both these aspects are a vital part of how the service meets unmet needs and provides better solution to old needs.

This practice has had positive effects. While it has been difficult to show economic effects, changing focus for a healthier old age has had positive effects on the quality of life of the elderly, through a more active and self-sufficient life. The evaluation of the initial project showed that 43 % of those receiving home care and 53 % of those living in care homes were less dependent on help after 6 months. The evaluation also showed that 46 % of those receiving home care and 53 % of those living in care homes experienced an improved health related quality of life (Høje-Taastrup municipality 2009). Thus, it has to some extent been possible to rehabilitate elderly citizens to regain their earlier functional capacity.

Although the practice is set in a Nordic welfare system with publicly financed elderly care, it can be transferred to elderly care in other European contexts. This is about how care is provided, not which institutional context is responsible for the care.

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