

Denmark's National Follow-up to the UNECE Regional Implementation Strategy (RIS) of the Madrid Plan of Action on Ageing (MIPAA) from 2012-2016

Executive summary

The recommendations in the Regional Integration Strategy on the Madrid International Plan of Action on Ageing are embedded in the Danish Government's policies and strategies concerning the elderly.

In June 2015, a new government took office and established a ministry for Health and the Elderly (The Danish Ministry of Health in translation) in order to support efforts to create a framework for more coherent interventions in terms of prevention, rehabilitation and the care sector. Furthermore, the Government aims to support elderly in managing their own life for as long as possible and to focus on dementia and initiate a more coherent effort for people with dementia.

Among some of the major achievements in fulfilling the commitments of MIPAA/RIS since the last report in 2012 is a new National Action Plan on Dementia 2025. The action plan is based on the vision that all people living with dementia should be able to live a dignified and safe life. Diagnosis, treatment and care of people with dementia should be based on the individual's needs and values. The plan was finally negotiated among the parties of the Parliament in December 2016. Another important achievement has been initiatives following up on the recommendations from the Home Care Commission and reforms concerning the labour market and pension system.

Regarding healthcare, the government has launched "The National Action Plan for the Elderly Medical Patient" in the summer of 2016. The plan aims to prevent overcrowding in hospitals, to ensure that municipalities are ready to take over when patients are fully treated from hospital, reduce the number of preventable hospitalizations, and improve coherence across sectors. Furthermore, the government has implemented an employment reform which advances the right and obligation to activation of unemployed over the age of 50 and has focus on a labour market for seniors.

General information

The Danish Ministry of Health coordinates the national Danish follow-up to the MIPAA/RIS. Other ministries who have contributed to this report are the Ministry of Employment, the Ministry of Culture, the Ministry of Children and Social Affairs, the Ministry of Education and The Ministry of Transport, Building and Housing.

On November 28th 2016 yet a new Danish government took office and at this time a Danish Minister for Elderly was appointed. The Danish Ministry of Health now houses both a Minister for Health and a Minister for Elderly. At the same time several of the other ministries mentioned above were changed. The contributions mentioned above were received and the follow-up was conducted before this date.

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1. National ageing situation

Denmark has a total population of 5.7 million people of which almost 19 percent are 65 years or older. In 2040 the total population is expected to be 6.3 million people, of which almost 25 percent will be 65 years or older. The Danish people are generally healthy and live longer than previous generations. Additionally, life expectancy in Denmark has increased from 77.9 years in 2005 to 80.6 years in 2015. Danish women have a higher life expectancy (82.5 years in 2015) than Danish men (78.6 years in 2015).

This forecast reflects a demographic trend. As life expectancy increases, the elder population grows as well. Also, the large post-war generation has reached or is getting close to retirement age, which also increases the number of elderly in the population. Evidence shows that when life expectancy increases, the need for care and other services will set in at a later stage in people's lives. This means that the increasing life expectancy will not (or only marginally) result in an increasing need for care or other services on an individual level in the future.

However, the ageing population entails, that more and more people will receive retirement pension and there will be a larger group of people that might need care or other public services concurrently with their age. Additionally, the national forecast shows that the percentage of the population at working age is neither increasing nor falling. In table 1, the national forecast of the number of persons aged 18-64 years and person aged 65 years or older (65+ years) is shown.

Table 1
National forecast, 2016-2060 (2016=100)

	Persons from 18-64 years	Persons from 65+ years
2016	100	100
2020	102	108
2025	102	117
2030	101	128
2035	99	138
2040	98	144
2045	100	147
2050	102	145
2055	104	146
2060	104	150

Source: Denmark Statistics

Today, 35.100 Danish people who have turned 65 years or older are diagnosed with dementia, but we know that many more live with dementia without being diagnosed. The actual number of people living with dementia is estimated to be more than double, and as the number of elderly in the population increase, more people are expected to suffer from dementia in the future. The increasing number of people living with dementia is a major challenge for the society that have to prepare and design health and social policies that can embrace this population group.

The described development represents a challenge for the public organisation of the Danish welfare system that consists of universal, public funded benefits and services to the elder population and others in need of help, regardless of their economic situation. The Danish welfare system is almost exclusively tax-financed and the increasing elder population and steady population at working age challenge the

funding of the Danish welfare system because the workforce must provide for an increasingly larger group of elderly.

A new Danish government took office on June 28th 2015 after a general election. The new government pledges to work for a secure old age which involves an increased focus on dementia and to ensure that elder citizens can manage their own life for as long as possible. In the light of this, the government has chosen to gather the health and social efforts for elderly under one ministry (The Ministry of Health).

In November 2016 yet a new Danish government took office and at this time a Danish Minister for Elderly was appointed. The Danish Ministry of Health now houses both a Minister for Health and a Minister for Elderly. At the same time several of the other ministries were changed.

2. Methodology

Significant parts of Danish elderly policies are placed under the Ministry of Health. Hence, the Ministry of Health coordinates the national Danish follow-up to the MIPAA/RIS. However, other ministries also legislate in areas of importance to elderly people and ageing, and have thus also been asked to contribute to this report. These are the Ministry of Employment, the Ministry of Culture, the Ministry of Social Affairs and Interior, the Ministry for Children, Education and Gender Equality and The Ministry of Immigration, Integration and Housing.

Assessment of the correspondence of the effect of policy actions concerning elderly people to the recommendations in RIS is embedded in the day to day work in the Danish Government, since the recommendations included in RIS form a natural part of the government's work.

Across sectors, involvement of stakeholders is an important part of the decision making process, the legislative process as well as the process of assessing the impact of initiatives with a bearing on the conditions of elderly people and in the work of solving ageing related challenges.

Private stakeholders, NGO's and citizens are invited to participate in the work on securing good conditions for elderly. Research into the conditions of elderly is carried out by a number of institutions and organisations. Especially, the Danish National Centre for Social Research, Danish universities, Danish Dementia Research Centre, as well as the ministerial agencies working with social relations and health, play an important part in analysis and research on ageing.

The report is structured around the four goals of the Vienna declaration. In each section there are subsections which will address the relevant developments in Denmark in regard to the commitments and questions mentioned in the guidelines.

National actions and progress in implementation of MIPAA/RIS

Goal 1: Longer working life is encouraged and ability to work is maintained (Commitment 1, 2, 3, 5 and 8).

Commitment 1, see goal 2

Commitment 2: To ensure full integration and participation of older persons in society

Initiative to support the civil society

More than 40 percent of the Danish population performs voluntary work. This also applies for the elderly population. In order to strengthen the involvement of civil society and voluntary organisations, including organisations with focus on elderly, the Government has agreed on a number of initiatives. The agreement has been granted 40 million Danish Kroner over a three-year period from 2016-2018.

Among the initiatives are:

- 1) *Strengthening of the local voluntary commitment.* In order to strengthen local commitment to the voluntary efforts in the Danish municipalities the government funds the operation of volunteer centers. The aim of the centers is to support local voluntary organizations in their work and to recruit people to voluntary organizations. Parts of the funds are committed to support the establishment of new volunteer centers.
- 2) *Examination of the structure of the voluntary sector.* Knowledge is a vital condition in order to offer the proper support to the civil society and volunteer organizations. Therefore, an analysis is conducted on the structure of the voluntary sector.

Survey of user satisfaction

In 2006, as a part of a national documentation project, the former Government and the Association of Danish municipalities agreed on an annual national survey of user contentment among recipients of home care services who live in their own home and recipients living in nursing homes.

The aim is to collect information about the social services in order to establish knowledge about outcomes and effect of the social performances. The study subjects are asked to rate their contentment with the quality of the services they receive and their contentment with the careers and the stability of the healthcare assistants / professionals. They are also asked if they are informed of their right to choose between different providers of the help. The latest national survey was in 2015:

Table 2 Percentage of receivers who is satisfied or very satisfied with the quality of the help delivered				
	Practical help		Personal help	
	Own home	Dwellings	Own home	Dwellings
2007	84	88	87	91
2008	82	88	95	89
2009	86	87	92	89
2011	87	89	91	92
2013	85	85	91	81
2015	83	85	88	86

Table 2 indicates that the satisfaction among receivers of practical help and personal help has been relatively stable since 2007. Furthermore, a relatively large part of the participants in the survey has expressed that they are satisfied or very satisfied with the received help.

Commitment 3: Promotion of equitable and sustainable economic growth in response to population ageing.

Promotion of equitable and sustainable economic growth

Generally, pursuing a stability-oriented and sustainable economic policy has been the declared aim of changing governments for a number of years. The Welfare Agreement's (2006) 2-year raise in retirement age and subsequent increasing the retirement age as life-expectancy rises has been brought forward 5 years by the Retirement Reform (2011). The Retirement Reform also shortens the early retirement period progressively from five to three years from 2018 to 2023, thus contributing to an increasing work-force which offsets the impact on public finances of increasing age-related expenditure. The challenges facing fiscal policies have increased as a result of the previous recession and the fiscal easing during the crisis. In response a fiscal consolidation including labour market reforms and limited growth in public consumption have been implemented.

Commitment 5: To enable the labour market to respond to the economic and social consequences of population ageing

The Retirement Reform (mentioned under commitment 3) includes:

- The Danish 'Welfare Reform' from 2006 increased the retirement age from 65 to 67 years and introduced an indexation mechanism to allow further increases of the retirement age linked to increasing life expectancy. The Retirement Reform brings the increase of the retirement age forward with five years. The increase will now take effect successively from 2019 to 2022, rather than from 2024 to 2027. The indexation mechanism remains unchanged.
- Maximum 3 years with Voluntary Early Retirement Pay (VERP). The VERP period is from 2018 to 2023 shortened progressively from five to three years before the retirement age. As a consequence the VERP age has been increased to 64 years in 2023.
- In connection with the reduced VERP period a 'senior disability pension' have been established for persons who are permanently unable to work and have a long attachment to the labour market and less than five years to the public retirement age. Senior disability pension was set into force on 1st January 2014. The use is, however, very limited.
- The first indexation of the retirement age took place in 2015, and the retirement age will be 68 years in 2030. As a consequence the early retirement age has also been increased with 1 year to 65 years from 2027.
- In the scheme for VERP the retirement age is gradually increased by two years to 62 years from 2014 to 2017.
- The incentives to continue working past the public retirement age has been increased. The amount of annual work income, not taken into consideration in the calculation of old age pension, has been increased from DKK 30,000 to DKK 60,000. The compulsory annual working hours for deferred old age pension has been reduced from 1,000 hours to 750 hours.

Early activation of unemployed over the age of 50

People over the age of 50 (seniors) do not have a greater risk of being unemployed than other age groups in the Danish labour market. However, if they become unemployed, they have a greater risk of becoming long-term unemployed. As a consequence, the Employment Reform of 2015 advanced the right and obligation to activation of unemployed over the age of 50. Unemployed over the age of 50 should now be activated after 3 months compared to 6 months for the 30-49 year old. The activation measures are the same for all age groups: Employer placements or upskilling.

The Employment Reform also earmarked 10 million Danish Kroner annually to projects supporting unemployed over the age of 50 to re-enter employment.

Self-activation networks for seniors

The aim of the initiative "Self-activation networks for seniors" is to aid 50+ job seekers back into employment. The Danish Government has allocated 6.3 million Danish Kroner (approx. 850,000 EUR) every year from 2014 to 2017 to support voluntary associations (also called "senior networks") where unemployed seniors are helping each other in their job-search and are reaching out to employers directly through participation in teams.

Currently there are 23 active local networks in Denmark. The groups have a broad social appeal and have all types of unemployed members. 986 people, or more than 50 percent of all the members, got a job in 2015.

The networks have received government support since 2000.

Senior Packages

During the years 2013-2015, the Danish Government - the Fund for Better Working Environment and Labour Retention - has allocated about 3 million to senior packages:

- The primary focus was to raise the retirement age by influencing the companies to retain senior workers.
- The Senior Packages contained step-by-step tools which described how management and the senior employee in collaboration could determine what was needed to retain the senior employee.

Abatement of mandatory retirement at the age of 70

In 2014 the Danish Government decided to cancel the possibility of signing an agreement on mandatory retirement at the age of 70. The aim of the law is to remove barriers so that seniors can continue to work beyond the age of 70.

Flexi jobs

People with a significantly and permanently reduced working capacity can be referred to the flexi-job scheme which covers all age groups. Since the latest reform on the flexi job scheme (1st January 2013), the wage from the employer has been based on actual working hours. For hours not worked, the person in the flexi job receives a subsidy from the municipality.

Commitment 8, see goal 2

Goal 2: Participation, non-discrimination and social inclusion of older persons are promoted. (Commitment 1, 2, 4, 6, 8)

It is an integral part of the Danish political and administrative system that the views of elderly people themselves are taken into account in the ongoing process of developing new policies of particular significance to elderly people.

Commitment 1: To mainstream ageing in all policy fields with the aim of bringing societies and economies into harmony with demographic change to achieve a society for all ages.

Senior citizens councils

By law the Danish municipalities are obligated to establish a Senior Citizens Councils. This must be done in order to mainstream ageing in all policy fields. The council is to be elected by direct election. The aim of the Senior Citizens Councils is to enhance the co-determination and co-responsibility of the citizens in the municipalities and to help ensure a good dialogue and cooperation between elderly people in the concerned municipality and the local council.

The Senior Citizens Council gives elderly people formalised access to discuss and follow the contents and form of the concerned municipality's ageing policy and thereby helps elderly people to be heard and have influence on the local ageing policy. All citizens above the age of 60 with permanent residence in the municipality have the right to vote and are eligible to run for the Senior Citizens Council in their municipality of residence.

Integration and participation of older persons in society

Besides the above mentioned Senior Citizens Councils, it can be added, that many Danish elderly people are active participants in society. Many are members of organisations for elderly which aim to be the political voice of the elder population. The two major organisations in this field are The DaneAge Association with more than 750,000 members and The Danish Association of Senior Citizens. Volunteer work, advice and social humanitarian work is also a part of the work of the organisations. To support the work of the organisations they are given grants from the Danish state. In addition, the Danish state supports individual projects within the organisations.

Commitment 2: To ensure full integration and participation of older persons in society

Change of polling station

One of the aims of the electoral legislation is to ensure that as many voters as possible, including the elderly, have the opportunity to vote – either by advance voting or on Election Day. To ensure this, it has, among other things, since 2014 been possible for voters with lasting or temporary functional impairment to cast their votes subject to application at another polling station than the one they belong to, according to the electoral register, thus allowing voters with special needs to choose another polling station where accessibility is better.

Commitment 4, See goal 4

Commitment 6: To promote life-long learning and adapt the educational system in order to meet the changing economic, social and demographic conditions

Life-long learning

In adult general and vocational education and training (VET), initiatives have been taken to make adult vocational training more attractive, targeted and flexible in relation to the needs of the individual and of enterprises to promote employability. This effort has been developed in the reform of the Danish VET programs in 2015. Adults (minimum 25 years old) with at least two years relevant work experience will therefore have the possibility to get credit for non-formal qualifications. In this way they have the opportunity to be qualified skilled workers, which gives better opportunities at the labour market.

In a world with an increased use of technology and digitalization it can be difficult for some elderly to cope with for example contact to – and participation in – different networks, including voluntary organisations, public authorities, social media etc. The Danish libraries are offering elderly help to improve their skills on information and communication technology, which aim is to ensure that the ageing population has equal opportunities for remaining an integral part of the society.

Commitment 8: To mainstream a gender approach in an ageing society

Equality

The Danish Gender Equality Acts prohibits sexual discrimination outside as well as on the labour market. One the acts obligates public authorities to work to promote equality by taking equality into account in all public planning and activities – the so-called gender-mainstreaming strategy.

Goal 3: Dignity, health and independence in older age are promoted and safeguarded (Commitment 7 and 8)

Danish senior-citizen policy aims at promoting and extending the independency of elderly people and ensuring their continued self-sufficiency and well-being. Local authorities achieve this goal through free and equal access to healthcare services, prevention and reablement programmes and by providing adequate home care services and nursing facilities free of charge for all citizens in need.

In today's society the elder population can be characterized by being a heterogeneous group. Some elderly have a high quality of life without particular limitations. Others live with chronic diseases with and without limitations. Finally, there are the vulnerable elderly who have lost a lot of their physical or psychological functionality and lives with diseases, frequently hospitalisation and isolation and as a result, they have a reduced quality of life.

Commitment 7: To strive to ensure quality of life at all ages and maintain independent living including health and well-being

Equal access to health services

According to Danish legislation all residents are entitled to public health care benefits. There are no age-specific health services; except when there are professional reasons for this (e.g. age-conditioned screenings, preventive health examinations for children). Most of the primary and municipal services are aimed towards older persons as well as other citizens, such as the right to rehabilitation therapy, home nursing, preventive health and health promotion in the municipalities, special dental care etc.

All citizens in the municipalities are entitled to home nursing. When prescribed by a general practitioner, the municipalities must provide home nursing free of charge. Moreover, the municipalities are obliged to provide all necessary requisites etc. free

of charge. Home nursing provides treatment and nursing at home for people who are temporarily or chronically ill or dying.

According to the Danish Health Act, the Regional Council must offer an individual retraining plan for patients with a medically grounded need for retraining after discharge from a hospital. Patients with a retraining plan are hereafter entitled to retraining provided by the municipalities. In many municipalities chronically ill citizens with COPD (chronic obstructive pulmonary disease), diabetes or chronic heart disease are offered rehabilitation programs according to disease managements programs for the mentioned diseases.

A coherent health system

The demographic development entails that an increasing number of citizens will live with one or more chronological diseases. As a consequence, they will have a frequent contact with different sectors (hospitals, municipalities and GP) at the same time. Simultaneously, the economic situation induces limited boundaries for the growth of public expenditures to the healthcare system. This calls for continuously innovation, and an efficiency cost-effective improvement.

The Danish government, Local Government Denmark and Danish Regions has decided to launch a special committee. Their task is to come up with proposals for a plan for the primary coherent healthcare system to meet these challenges.

The overall purpose of the special committee is to provide solutions for the increasing pressure on the healthcare system where more people receive treatment that goes across sectors. The goal is to look at how there can be created coherence and quality for patients across sectors (hospitals, municipalities and the GP). The goal is to create consistent quality in healthcare services across the country.

The Committee is to present proposals to strengthen effort in the following areas:

1. Better cooperation between hospitals, municipalities and practice sector.
2. Proper skills at the right tasks
3. Consistent quality all over the country
4. Better digital support and use of data

The committee is about to finish its work in the coming months. The proposals for a plan will be a part of the government's further planning.

The National Action Plan for the Elderly Medical Patient

Besides the focus on creating a coherent healthcare system across sectors to secure the future challenges in this area, the government also has a special focus on elderly medical patient. This focus resulted in: "The National Action Plan for the Elderly Medical Patient" in June 2016.

It is the overall aim of the action plan, that elder medical patients meet same high quality in healthcare across the country and the elderly patient are being met by a healthcare system which cooperate across sectors, are being met with dignity and self-determination, are being involved in the treatment process and experience coherence in course of treatment .

The initiative is developed to strengthen the effort for the elder medical patient. It specifically aims to prevent overcrowding in hospitals, to ensure that municipalities are ready to take over when patients are fully treated from hospital, reduce the number of preventable hospitalizations, and improve the coherence across sectors.

The action plan focuses on:

- 1) Earlier discovery of diagnosis and treatment in time.

- 2) Strengthening of the municipals so called “acute functions” in the home nursing care.
- 3) Competence boost in the local home nursing care.
- 4) Strengthening effort on hospital overcrowding.
- 5) More outgoing hospital functions and improved counselling to the municipalities and GPs.
- 6) A coherence effort across sectors
- 7) Better control with medication.
- 8) Better digital cooperation in complex continuity of care.

There has been allocated around 1.2 billion Danish Kroner from 2016-2019 and permanent funding yearly after this period.

A new National Plan of Action for Dementia 2025

The increasing number of people suffering from dementia is a challenge for society and calls for a more comprehensive and coherent cooperation between the social sector and health sector. On this background The Danish government has been working on a “New National Plan of Action for Dementia 2025”.

In the fall of 2015 the Danish government and a majority of the Parliament settled on a political agreement to start working on a new National Plan of Action for Dementia 2025. The political agreement resulted in the allocation of DKK 470 million over four years to specific initiatives that can contribute to strengthening the dementia effort in Denmark. The plan of action is a continuation of the National Plan of Action for Dementia from 2010, which was mentioned in the previous report.

A proposal for a new National Action Plan on Dementia 2025 was launched in September 2016 and the plan was finally negotiated among the parties of the Parliament in December 2016. The action plan is based on inputs from different stakeholders and has been developed in an open and inclusive process. A process where relevant stakeholders within the field of dementia – including ngo's, citizens with dementia and their relatives, experts and healthcare professionals – have been involved in order to secure the development of a strong action plan. The former minister of health has, as a part of the inclusive process, travelled around in Denmark, and visited England, Norway and Sweden, to collect inspiration.

The National Action Plan is based on three main objectives:

1. Denmark must be a dementia friendly country, where people with dementia can live a dignified and secure life.
2. Treatment and nursing of people with dementia must be based on the individuals needs and values, and be offered in coherence with focus on prevention, early efforts, the newest knowledge and an increased research on the field.
3. Relatives must be actively involved, and at the same time, be granted more support in their life as relatives.

On the basis of the above mentioned objectives three national goals for the dementia effort towards 2025 have been decided, which will promote a significant boost in the field and contribute to reduce geographic inequality across municipalities and regions:

1. Denmark must have 98 dementia friendly municipalities
2. More people with dementia must be diagnosed, and 80 percent must have a specific dementia diagnosis.
3. An improved care and treatment effort is to reduce the consumption of antipsychotic medication among people with dementia with 50 percent towards 2025.

The National Action Plan includes 5 themes:

1. Early detection and quality in the diagnosis and treatment of dementia
2. Better quality in care and rehabilitation for people living with dementia
3. Improving support and guidance for relatives to people with dementia
4. Dementia-friendly communities and homes.
5. Increased knowledge and professional skills.

Dignity policy

In the last few years it has been public debated how we secure dignity in Danish elderly care. A strong political priority within this area has led to a new legislation regarding dignity in elderly care in spring 2016. Attached to this new legislation the government has allocated 133 million Euros every year to improve dignity in elderly care.

With this new legislation it has become mandatory for the municipality councils to formulate a dignity policy, which describes the overall values and priorities in the field of elderly care. As a minimum, the municipal councils must describe how they secure dignity in elderly care in the following areas:

1. Quality of life
2. Self-determination
3. Quality and coordination of elderly care
4. Food and nutrition
5. A dignified death

The Municipal Council must involve the local Senior Citizens Council in formulating the dignity policy and other relevant stakeholders as for example relatives to elderly, voluntary associations and professionals working with elderly care.

The Municipal Council is under the obligation to make the dignity policy a integrated part of their quality standard which must be published at their homepage.

Independent living

It is a central aspiration of Danish elder policy that citizens stay as long as possible in their own homes. To promote this ideal, it is a cornerstone in the Danish legislation that the help offered to citizens depend on individual needs, rather than their type of residence. The Danish approach to improving the housing and living environment for elderly has run in three parallel tracks; (1) initiatives to enable elderly to stay as long as possible in their own homes, (2) legislation to secure access to nursing homes, when home care services is no longer enough, and (3) programs to strengthen the quality of these nursing homes.

To enable elder citizens to stay as long as possible in their own homes, and to improve their quality of life, Denmark has supported several research- and test processes towards integrating tools of ambient assisted living in both nursing homes and senior social housing. In addition, the issue of "access" is a top priority when senior social housing projects are renovated and modernised. The emphasis lies on the instalment of lifts.

On the background on a political agreement in 2015 it was decided to allocate funds to prepare guidelines together with associated collection of examples/best practices on how to design and redesign nursing homes to better fit the needs of people suffering from dementia. The two guidelines (Danish Building Research Institute, no 259 and 263) brings together and highlights the most important issues in regard to

convert nursing homes to a suitable physical environment for people with dementia and which promote their well-being and quality of life. The recommendations by the prescription are based on national and international research and experience-based knowledge.

Furthermore a political agreement allocated DKK 48 million in 2015-2017 to a pool where municipalities and others can apply for funding to reconstruct and redecorate nursing homes, based on recommendations from the manual, in order to meet the needs of the residents suffering from dementia.

Ensuring quality of life in all ages

In June 2012, the Danish Parliament unanimously adopted a resolution to set up a Home Care Commission to describe the challenges in home care services and present proposals for how to allocate the resources available in the area in the best possible way.

The Commission reported back in 2013 and the analyses have led to new and changes in legislation and new projects have been based on the recommendations. The report stated that future home care services must address that elderly will have very different needs and resources in the future. Some will have resources to manage everyday live themselves, while other elderly people have few resources to manage their own life and will need extensive and complex care.

The results of the conclusions are listed below.

New legislation on rehabilitation/Reablement and updated legislation on home care services.

Based on the report from the Home Care Commission there was a political agreement on a new legislation regarding rehabilitation, also called reablement schemes, which is the promotion of independence in elder people's life.

Since 1st of January 2015 it has been mandatory for the municipalities to assess if a person in need of home care services could benefit from a reablement scheme in the form of a specific training program aiming at regaining physical or social functionality and achieving better quality of life. Every reablement scheme must be limited in time and adjusted to the individual needs and capabilities of the elderly.

Elderly people who are not capable of going through a reablement scheme will still receive home care service when needed.

Reablement scheme/ rehabilitation was mentioned in the second follow-up report from 2012 as a recent development that seemed promising in relation to health promotion and prevention of disability. Attempts at improving individuals functionality and quality of life and limiting the demand for elderly care is a revitalisation of the activating dimension of elderly policy in the social care system that had taken place in the Danish municipalities .

The legislation on reablement scheme will be evaluated in 2017.

Additionally, it was clarified in the legislation that home care services must be targeted towards elderly who cannot benefit from a reablement scheme or who after the reablement process still needs help. Furthermore, it was stated that home care services must contribute to – or in best cases improve – the functional capacity of the individual and that the municipality must set up goals and continually follow-up on these goals. The municipal council must still ensure that services always are provided on the basis of an assessment of individual needs.

Quality of life

In 2011 the Parliament appointed a commission for quality of life and independency in nursing homes. The Commission filed a report in 2012. On the basis of this report, five initiatives relating to increasing the skills of the staff at nursing homes and to boost the voluntary work with promoting the quality of life among residents in nursing homes were started. The initiatives are evaluated and completed in 2016.

Loneliness

There has been a focus on addressing the challenges of loneliness and social isolation among fragile elderly who receive extensive help. A study shows that many frail elderly experience involuntary loneliness. Based on this, a development project where care assistants support elderly who have problems sustaining a social life to make contact to voluntary organisations and participate in social activities.

New legislation regarding preventive home visits

On the basis of the Home Care Commission recommendations the law on preventive home visits was revised by 1st of January 2016.

The overall aim of the preventive home visit is still, as described in the report from 2012, to detect problems and create a dialogue with elderly about their life situation. The visit is meant to identify the need for assistance and discuss the well-being and current life situation of the elderly in question. The purpose is also to give advice and provide guidance about activities, health and support services that will help elderly to maintain their personal resources and functional capacity. The new legislation differs from the old by having more than one target group. It is stated that:

- All elder citizens, who have reached 80 years, must be offered an annual preventive house visit (before the age limit was annual visits from 75 years).
- Preventive house visits must also be offered to vulnerable and socially exposed people between the age of 65 and 80, who are in a difficult life situation, and therefore are considered to be in a special risk group. This could for example be elderly who have lost their husband or wife.
- Freedom to a more flexible organisation of the home visit; it is made possible to have arrangements outside the private home of the individual elderly in the municipality.

Commitment 8, see goal 2

Goal 4: Intergenerational solidarity is maintained and enhanced (Commitment 1, 4, 8, 9)

Commitment 1, 4 and 8, see the above goals

Commitment 9: To support families that provides care for older persons and promotes intergenerational and intragenerational solidarity among their members.

Substitute and respite care

The municipal council is obligated to offer substitute or respite services to a spouse, parent or other close relatives caring for a person with impaired physical or mental function. The municipal council may offer this by providing temporary accommodation for persons with temporary special needs for care and attendance for example after hospitalisation or sickness.

Care allowance (also a part of commitment 7)

People, caring for a dying relative at home, can claim compensation for lost earnings (care allowance). One condition for payment of care allowance is that a medical assessment must show hospital treatment to be futile. In addition, the doctor must agree that the dying person can and should be cared for in the home. Another condition is that the patient must agree on establishing the care scheme.

Mechanisms put in place to strengthen the role of communities, organisations and associations in providing support and care to elderly

Section 18 of the Danish Act on Social Services plays a key role in relation to local interaction between public and voluntary social work in that it requires local authorities to cooperate with the voluntary social organisations and societies and to allocate an annual amount in support of voluntary social work.

Besides section 18, the Government financially supports the voluntary organisations, including organisations in the social sector through funds earmarked to voluntary social organisations.

Regional cooperation

Commitment 10: To promote the implementation and follow up of the regional implementation strategy through regional co-operation

The Ministry of Health has participated in meetings in the Working Group of ageing in UNECE. Further, the ministry has participated in other international forums such as for example WHO.

Conclusion and priorities for the future

Denmark is, like many other Western countries, facing demographic challenges as a consequence of increasing life expectancy and larger generations reaching retirement. As a consequence of differences in the aging population – this aging population will have very different needs in the future. It will be crucial to adjust the capacity of the Danish welfare system to the future needs – this is for example evident in regard to the growing elderly population suffering from dementia, which will be a great challenge in coming years.

The Danish publicly funded pension system and system of universal health - and elderly care has advantages in the light of the demographic challenges ahead. However, this system also brings with it challenges of securing the financial basis of the benefits and services that elderly more frequently make use of than other groups.

These challenges are addressed by various means as an ongoing focus on improving prevention schemes and other measures aiming at enhancing healthy and active ageing and securing a broader tax base through reforms and adjustments on the labour market, pension systems, healthcare system and elderly care system.

The government will work towards enhancing the feeling of security among elderly people and towards enhancing co-determination and self-management of elderly people. This will among other things be fulfilled through a focus on for example rehabilitation for those who can benefit from it and through focus on helping (and improving the effort for) the most vulnerable elderly, here among people with dementia and elderly medical patients. The two action plans in this area will be a strong basis for the work on this field.

Recommendations from the Home Care Commission

Tomorrow's home care

– older people's resources at the centre of coherent initiatives

ESTABLISHING THE HOME CARE COMMISSION

In June 2012, the Danish Parliament unanimously adopted a resolution to set up a Home Care Commission to describe the challenges in home care services and present proposals for how to allocate the resources available in the area in the best possible way.

The Commission is composed of 12 members appointed on the basis of their personal skills and expertise in the working areas of the Commission:

- Thomas Børner, Senior Adviser to the Danish Ministry of Finance (Chairman)
- Jørgen Goul Andersen, Professor at the Department of Political Science, Aalborg University
- Helene Bækmark, CEO of the Department of the Elderly and Disabled, Odense Local Authority
- Grete Christensen, President of the Danish Nurses' Organisation
- Kirsten Feld, Chairman of the Senior Citizens Council of Roskilde Local Authority and former President of the National Association of Senior Citizens Councils
- Bjarne Hastrup, CEO of the DaneAge Association
- Tina Jørgensen, Head of the Department of Social Affairs, Health and Senior Citizens, Stevns Local Authority
- Lillian Knudsen, National Chairperson of LO Industrial Seniors, the Danish Confederation of Trade Unions
- Jakob Scharff, Market Manager of Experience and Welfare, Danish Chamber of Commerce
- Mette Rose Skaksen, Director of DI Service, Dansk Industri
- Karen Stæhr, Chairman of FOA's Department of Social and Healthcare Workers
- Jes Søgaard, Adjunct Professor at the Department of Health Science and Technology, Aalborg University.

The Commission has held 11 meetings in total and organised one seminar with presentations from practitioners and experts in the area.

MORE OLDER PEOPLE - NEW CHALLENGES

There will be more older people in the future. During the next 30 years, the number of older people aged 80 and over will thus more than double. Many of tomorrow's older people will be privileged and resourceful in a wide range of areas: Good health, a good social network, an active leisure life and good finances. Older people will generally have more energy and resources, and many will be capable of remaining independent and self-reliant - also in the late years of their lives.

At the same time, there will be older people who need varying degrees of help and support. There will be an increasing proportion of older people whose support needs can in all likelihood be solved by promoting self-management support and self-care scenarios. However, there will also be a group of older people with severe and complex care needs who will have few or no resources available to manage without help. This can for instance be ascribed to a steep rise in the number of citizens suffering from dementia and chronic illnesses as well as a tendency towards growing health inequality.

NEED FOR A PARADIGM SHIFT – RESTRUCTURING OF LOCAL GOVERNMENT PRACTICES

It is crucial that tomorrow's health care for older people is rooted in the more differentiated image of older people we are witnessing these years. The potential offered by the growing group of privileged and resourceful older people must be taken into account, while steps must be taken to ensure that the right help and support are provided to weak older people who need extensive support. Older people should to a much wider extent than today receive support to live as independent and self-reliant lives as possible and should be met with expectations that all their resources are brought into play.

Home care service providers have for years been focusing on taking over and performing the specific domestic tasks the citizen can no longer manage, for instance cleaning, toilet assistance and bathing/showering. Focus has to a lesser extent been on an effort to do something about the underlying problem - i.e. the functional impairment. It is necessary to completely re-think our general approach to home care to ensure that it becomes more in line with the original objectives of promoting the individual person's capacity for self-reliance as set out in the Danish Act on Social Services. In other words, the concept of "self-management support" that has been applied in social legislation for years needs to be revitalised and used actively in practice.

It will be necessary to support the ongoing paradigm shift in local government practice - a shift away from doing something *for* the citizen to doing something *in cooperation with* the citizen. Citizens who have the potential to improve their functional capacity must receive help and support to meet this goal. For some citizens, this will mean they can remain independent and self-reliant for a longer time and live as far as possible as they did earlier in their lives. For other citizens, it can reduce the need for support services.

Citizens who, on account of the nature and gravity of their functional impairments, cannot achieve improvements must instead receive mainly compensatory help corresponding to the home care services we know today. It is paramount, however, that support is available to this group of citizens to help them maintain their present functional capacity as long as possible. Moreover, it is necessary to direct special attention to how frail and disabled citizens with complex care needs can be offered improved communication between the home care service on the one hand and the home nursing service on the other.

RECOMMENDATION:

1) That future home care services are based on the paradigm shift currently seen in the local authorities where:

- Citizens who have the potential to improve their functional capacity are helped to manage everyday tasks at home to the widest possible extent and, in that manner, become independent of support for as long as possible.
- Citizens with severe and complex care needs receive more compensatory home care to be coordinated with nursing initiatives.

PREVENTION – PROMOTING AN ACTIVE LIFE IN OLD AGE

There is undoubtedly a huge potential in strengthening preventive measures targeted at middle-aged and older people. Effective preventive measures can contribute to ensuring older citizens a life with the lowest possible level of disabling illness, functional impairment and reliance on help and support. At the same time, successful preventive measures can help citizens live an everyday life with meaningful activities and social contact where their own resources are brought into play.

Early and versatile measures

The preventive measures must be initiated at an early stage, preferably before the citizens themselves apply for help. Steps should be taken to find alternative approaches to tracking older people who could benefit from offers of preventive activities. In addition to preventive home visits and citizens' general practitioners, approaches to extending preventive measures to a wider circle of older people should therefore also include the use of senior cafés, senior clubs, clergymen, sports associations, janitors in social housing areas, etc. It is also important to focus on how to best reach the socially and financially most disadvantaged older people. Experience shows that these groups are difficult to reach although they might benefit the very most from preventive measures. New knowledge of effective preventive measures for older people should therefore be acquired through targeted research.

Targeting of preventive home visits

As a result of the more differentiated image of older people, a look should be taken at the age-based criterion for compulsory preventive home visits, and initiatives should be targeted on a larger scale. Under the existing rules, all citizens aged 75 and over must be offered to receive at least one annual preventive home visit. However, many 75-plus year-olds are in excellent shape and neither need nor want an annual preventive home visit. Besides, there are citizens under 75 years who could benefit substantially from a preventive initiative, for instance socially isolated and lonely citizens as well as citizens who have just lost their spouse.

It should increasingly be the citizens' total resources and risk of functional impairment that determine whether a preventive home visit is offered or not. An effort should therefore be made to develop screening tools to support local authorities in assessing citizen needs. Furthermore, the age limit for receiving compulsory offers of preventive home visits should be raised from 75 to 80 years, and special high-risk groups of people under 80 years of age should be offered preventive initiatives. Finally, more differentiated preventive offers should be available where group-based initiatives can serve as alternatives to individual visits in the citizen's home.

More prevention in home care

The preventive initiatives in home care services must be strengthened. Home care staff are in frequent and direct contact with citizens and have therefore ample opportunities both to support citizens' healthy lifestyles

and to identify changes in citizens' health conditions and behaviour at an early stage. It is essential that staff members are professionally equipped to handle this task and that the local authorities ensure that effective tools for tracking older people are used in the day-to-day business. Early home care tracking must ensure that the necessary initiatives are launched on time to make it possible to avoid, for instance, inappropriate hospitalisation.

RECOMMENDATIONS:

2) That local authorities, in taking preventive initiatives, should direct increased attention to the group of socially disadvantaged older people and that this work should be supported through the acquisition of new knowledge of effective initiatives in the area.

3) That preventive home visits should be planned in a more targeted and flexible way, including:

- that the age limit for compulsory offers of preventive home visits should be raised from 75 to 80 years
- that older people under 80 years of age in special high-risk groups should be offered preventive home visits
- that screening tools should be used increasingly to assess citizens' needs for preventive activities
- that the way should be paved for group-based offers rather than exclusively individual visits in the citizen's own home.

4) That local authorities should strengthen preventive initiatives in home care services, including initiatives to

- implement existing effective tools for early tracking of older citizens
- ensure competence development of staff members in the area of prevention.

TRAINING AND REHABILITATION – FOCUS ON CITIZEN RESOURCES

In the past few years, local authorities have been focusing on how older citizens, through training and rehabilitation initiatives, can be helped to manage everyday tasks at home to the widest possible extent. The change in local government practice is a radical shift in relation to how help has to date been provided to older people who are unable to perform normal daily tasks because of functional impairment.

At the moment, a good deal of consideration is available to prove that both the individual older person and the local authority can benefit from working on a rehabilitation initiative. The existing knowledge of the effects of rehabilitation initiatives seems to indicate that the individual older person, through a qualified rehabilitation initiative, will be able to achieve improved physical performance, improved skills for managing the practical tasks of daily living as well as generally increased well-being. Moreover, there are indications that the initiatives can reduce the need for assisted living accommodation and reduce the number of slip-and-fall accidents and cases of hospitalisation.

The existing knowledge should be used actively in the continued work to restructure the initiatives. It is necessary, however, to provide more systematic documentation of local government initiatives and to acquire more evidence-based knowledge of their effects.

Broad and common understanding of rehabilitation

Rehabilitation in the home care area should be based on a broad and common understanding of the rehabilitation concept. This means, for instance, that rehabilitation is not only directed towards physical impairment, but also comprises initiatives directed towards mental and social impairment. Furthermore, the target group for rehabilitation in the home care area should be broadly defined and include not only older

people who can profit from a time-limited rehabilitation programme, but also frail older people with complex care needs who can benefit from long-term home care services aimed at rehabilitation.

More systematic approach

A targeted and systematic approach is essential to the overall effect of the rehabilitation initiatives. Today far from all local authorities work in a targeted and systematic way on the rehabilitation initiative for older people. Given the existing knowledge of the prerequisites for a rehabilitation programme with positive effects, it is proposed that the time-limited rehabilitation programmes be organised on the basis of the following fundamental principles:

- The citizen's active participation in the programme
- Individual and flexible organisation based on the citizen's needs and resources
- Holistic approach to the citizen's entire life situation
- Goal orientation and time perspective
- Interdisciplinary and cross-sectoral
- Coordination
- Planning
- Knowledge-basing and quality.

The weighting of the individual elements will need to be adapted to the situation of the individual citizen.

The citizen's own goals as the pivot

The older citizen should assume a central role in both the organisation and implementation of a rehabilitation programme. It is therefore important that the citizen's own goals and needs form the pivot of the initiative and that the programme has been organised together with the older citizen. It is to a great extent the older person's own goals for the initiative that make up the driving force for the citizen's own active efforts.

The citizen as an active player - dialogue and own responsibility

The rehabilitation approach places new demands on the citizen for active participation and involves, for instance, an assessment of whether the citizen has the required resources and potential to improve his or her performance before it is possible to make a final decision on the need for compensatory home care. It is important to note that the concrete dialogue with and motivation of the individual citizen are vital elements for ensuring mutual benefits from a rehabilitation programme. Citizens should feel confident that they will receive the necessary help and support along the way and that any deteriorations, if applicable, will be followed up and addressed on an ongoing basis - also when the rehabilitation programme has been completed. It is essential for the citizen that the rehabilitation initiative contributes to the experience of being in a positive move towards the citizen's own goals. In case of imbalance between the citizen's own efforts and the experience of moving towards the predefined goals, necessary changes are called for. These changes could for instance involve adjustments to the initiative or modifications of the goals. If the citizen is still unable to manage the task, home care professionals will assess whether the citizen should be offered another type of support.

Regular adjustment of help and support

The rehabilitation approach necessitates regular follow-up and adjustment of the support received by the citizen. Under the existing rules and regulations, local authorities are obliged to ensure that the support is adjusted to the citizen's current needs, but at the same time Danish legislation makes a linguistic distinction

between temporary and permanent support. The legal significance of the distinction relates to whether payment can be charged for the support provided (which is the case of temporary support). This distinction should be abolished. Partly because it does not harmonise with the rehabilitation approach and the general principle of regular adjustment of the support services. Partly because it makes it possible to charge payment for help and support in a time-limited rehabilitation programme, which is inappropriate in relation to motivating the citizen to participate. It is important to emphasise that citizens with, for instance, significant and permanent functional impairment should continue to have their need for long-term compensatory home care met. The intention is to make it more explicit that the support should be adjusted on an ongoing basis, no matter whether the need is of a long-term or temporary nature, and no matter whether the need for support is increasing or falling.

RECOMMENDATIONS:

- 5) That local authorities and relevant central government authorities should ensure the provision of systematic documentation and the acquisition of more evidence-based knowledge of the effects of rehabilitation.
- 6) That local authorities should work systematically on rehabilitation programmes in the home care area on the basis of a broad and common framework for understanding, in which both the physical, mental and social dimensions are included. The initiative should be based on the following fundamental principles:
 - The citizen's active participation in the programme
 - Individual and flexible organisation based on the citizen's needs and resources
 - Holistic approach to the citizen's entire life situation
 - Goal orientation and time perspective
 - Interdisciplinary and cross-sectoral
 - Coordination
 - Planning
 - Knowledge-basing and quality.
- 7) That the target group for rehabilitation in the home care area should be broadly defined to ensure that the target group includes both citizens who can profit from a time-limited rehabilitation programme and citizens with highly complex care needs who can benefit from long-term home care services aimed at rehabilitation.
- 8) That local authorities should continuously focus on ensuring that the motivation of and dialogue with the individual citizen and his or her relatives are pivotal elements of a rehabilitation programme. If the citizen is still demotivated and unable to manage the task, home care professionals must assess whether the citizen should be offered another type of support.
- 9) That a legal framework should be provided to support local authorities in working on rehabilitation programmes on the basis of a common and broad understanding.
- 10) That the distinction between temporary and permanent support as set out in the Danish Act on Social Services should be abolished.

SUPPORT TO FRAIL OLDER PEOPLE – SAFETY AT THE CORE OF INITIATIVES

The rehabilitation approach should in future be the key priority for initiatives in the home care area, but there will always be citizens who are so frail that a rehabilitation initiative will not enable them to manage on their own in everyday life, be it wholly or partly. These frail citizens should still be offered compensatory home care.

Home care makes a difference

Against the background of an analysis of the significance of home care to citizens' quality of life, it can be concluded that the predominantly compensatory home help services that are provided today contribute substantially to improving older citizens' quality of life when it comes to their home and control over everyday life. Citizens receiving home care services on a larger scale also experience improved quality of life when it comes to personal care and feeling safe in their daily lives.

Loneliness is a problem

Insufficient social contact and loneliness are a major problem among older recipients of extensive support and care services. Although the home care service is not supposed to be the citizens' social network, staff members should have an eye for the whole person and observe the overall situation of the older person - also at the mental and social levels. Through dialogue, the care worker, who is in daily contact with the citizen, can support and facilitate the possibility for the citizen to go regularly to a day centre, for instance, or to be offered services from voluntary organisations, for instance a meal companion.

Citizen-experienced quality

Based on knowledge of the user experience, various parameters can be identified that play a crucial role for obtaining high user satisfaction with the help and support services offered to frail citizens:

- **Safety** – that the citizen have confidence in the staff and feel that staff members are professionally qualified to handle the tasks.
- **Coordination** – that the citizen experiences that the different parts of the support services are coordinated and that a message to a staff member is also communicated to other staff who are in contact with the citizen.
- **Stability and structure** – that the citizen can predict when the home care will be delivered and experiences continuity in the services provided.
- **Efficiency** – that the citizen experiences quick reaction from the home care system and does not have to wait long for services or support.
- **Flexibility** – that the citizen can personally influence how the support is provided and can have it adjusted.
- **Knowledge** – that the citizen knows the people who come in the home.
- **Dialogue and communication** – that the citizen has heard about changes and been thoroughly explained what type of home care services he or she can expect to receive.

As far as forward-looking initiatives are concerned, it is essential to be aware that, over the years ahead, there will be more older people staying in their own homes with long-term illnesses and a great need for care and medical treatment. These citizens will often receive a variety of services in addition to home care. A larger number of frail and disabled citizens with more complex needs places new demands on initiatives in the home care area which should first of all focus on creating coherent and coordinated citizen plans.

Moreover, it is important that front-line staff possess the required professional skills and competencies to cope with the often complex care and treatment tasks. Finally, in regard to frail older people, a rehabilitation approach should be applied. Focus should at all times be directed towards the citizen's goals for the initiative, and the citizen's own resources should be brought into play with a view to making the citizen less dependent on support or preventing any further loss of performance.

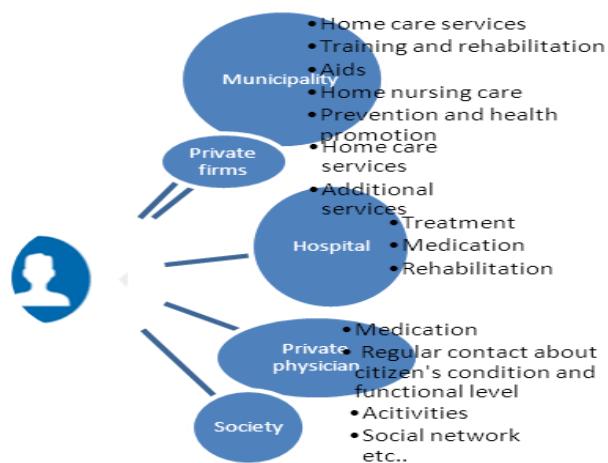
RECOMMENDATIONS:

- 11) That compensatory home care should be targeted at frail older people who, after a professional assessment, either do not have the capacity to participate in a rehabilitation programme or, after having completed the rehabilitation programme, still need help and support.
- 12) That local authorities, when organising initiatives for frail citizens with extensive and complex care needs, should base their work on the following three quality parameters:
 - to create coherent and coordinated citizen plans
 - to highlight the citizens' own goals and resources and ensure regular follow-up
 - to ensure professionally competent staff capable of coping with the complex care and treatment tasks.

ORGANISATION AND MANAGEMENT TO PROMOTE COHERENT INITIATIVES

The way local authorities organise the home care area is of major importance to the quality and coherence of the services provided to citizens. Citizens will typically receive a variety of services at the same time (for instance home care, home nursing care, training and aids), and it is therefore essential to ensure ongoing coordination of services and professional groups - both within the individual local authority area and across sectoral borders.

Figure 1: The citizen's typical contact network



Regular follow-up

Dialogue and cooperation between the home care assessor and the care provider is key to ensuring that citizens experience a well-planned and coherent process in the home care area. The assessor and the care provider are jointly responsible for identifying the citizen's needs and making sure that the initiative and the degree of goal achievement are frequently followed up. It should be evident for both the assessor and the care provider to see what the decision is based on, what the goal of the initiative is and how the goal can be accomplished.

From detailed management to service packages

The home care service has for years been practising detailed management of both services and the time allocated for the provision of such services. Management must never be so detailed, however, that the support services become inflexible and staff members are deprived of their possibility to execute their duties and tasks with skill and professionalism. It is therefore also positive to note that more and more local authorities have today chosen not to conduct assessments for individual services (for instance dressing/undressing, shaving, assistance with intake of liquids, etc.) and increasingly switch to assessments based on service packages and clear goals for the initiatives. A service package comprises the tasks for which a citizen who requires a substantial amount of care and support typically needs help, specifying an average time limit for the performance of the tasks. The idea is that it should be the citizens' wishes and current needs as well as the staff members' professionalism that should determine how the help and support services are organised in practice within the framework of the service package.

Effective rehabilitation support

Local authorities' organisation should ensure effective support of the rehabilitation initiative. A successful rehabilitation programme may be organised in various ways, but it is of the essence that the organisation should enable home care worker to engage in an interdisciplinary and holistic initiative that is actually based on the citizen's personal needs. To achieve this, it is for instance necessary to choose an organisation form other than the conventional functionally oriented organisation structure. Not only training measures, but also aids and home nursing care should be integrated more systematically into the rehabilitation programmes.

If the rehabilitation approach is to be implemented and maintained as a culture carrier in the local authorities, it necessitates a continuous management focus from top to bottom in the future organisation. It is also crucial to establish a financial incentives structure in the local authorities that encourages both public and private home care providers to work with rehabilitation and pursue a strategy of increased quality and goal achievement for the citizens.

Involvement of private providers

More clarity is needed on the role private care providers can play in the rehabilitation area and where the line is drawn in relation to the citizen's free choice of provider. It is estimated that a platform for private providers also exists in regard to rehabilitation programmes, but that the platform will vary and, for instance, depend on the providers' range of professional services as well as the degree of complexity and interdisciplinary activity in the services to be provided.

Is probably only a small fraction of the private enterprises providing home care services today that will be capable of coping with complex, interdisciplinary rehabilitation programmes. But it is important to note that the amended rules on free choice of provider, effective from 1 April 2013, will present local authorities with new opportunities for combining the procurement of contracts relating to home care tasks with, for instance, the procurement of home nursing and training services. This can pave the way for other types of private and non-public players with skills and experience in the health and welfare areas.

Coherent citizen plans

Local authorities are facing considerable challenges in creating coherent and interdisciplinary plans for older citizens with complex care needs. For instance, it is striking to note that citizens experience greater challenges in local authorities' internal coordination than in the coordination between a local government body and, say, a hospital. An effort should therefore be made to create more coherent and coordinated citizen

plans in the local authorities. Relevant initiatives could include more interdisciplinary eligibility assessments in the old-age area where the staff performing the assessments have the required professional skills to combine the need for home care with the need for services such as training, aids and home nursing care. That will offer more coherent decisions and improved chances of supporting citizens in achieving maximum self-reliance in their daily lives.

Moreover, local authorities should make sure that older citizens who have complex needs and receive a variety of simultaneous services - for instance home care, home nursing care and training - are offered a complete action plan for the local government initiatives. The action plan must cut across key action areas, focus on the citizen's goals and support cooperation between all players involved, including the general practitioner, hospital and relatives.

RECOMMENDATIONS:

- 13) That local authorities should ensure frequent and relevant follow-up and dialogue between the authorities and care provider in the citizen plan.
- 14) That local authorities should limit detailed management of time and individual services with a view to securing greater flexibility and more room for professionalism in the meeting between the citizen and the staff member.
- 15) That local authorities' organisation and management should effectively and explicitly support rehabilitation initiatives with interdisciplinary and coherent citizen plans.
- 16) That local authorities should develop and work with settlement models that offer both private and public home care providers a financial incentive to target their efforts towards rehabilitation initiatives and pursue a strategy of increased quality, goal achievement and effect for the citizens.
- 17) That local authorities should work on interdisciplinary eligibility assessments in the old-age area where the need for home care is combined with the need for, say, aids, training and home nursing care.
- 18) That local authorities should organise themselves in a manner to ensure close cooperation and professional knowledge sharing among staff members carrying out home care and home nursing services.
- 19) That local authorities should prepare a complete action plan for initiatives targeted at older citizens who have complex needs and receive a variety of local government services, such as home care, home nursing care and training.

STAFF EQUIPPED FOR THE FUTURE

Developments in home care impose new demands on staff competencies. That applies not least in relation to older people with complex care and support needs, the transition to rehabilitation initiatives and the increased use of digital welfare. The rehabilitation approach means, for instance, that staff members are required to focus more on working across disciplines and - through motivating and educational efforts - on supporting citizens in doing things themselves. That also calls for a fundamental cultural change and adaptability in the organisation.

Many competent and dedicated people work in the home care sector today, and the reform of the Danish social and health education programmes, effective from 1 January 2013, has the right focus in relation to the future challenges in the area.

It takes time, however, before the effects of the reform are fully felt, and quite a few untrained staff are still working in the sector. Local authorities and private providers should therefore continuously focus on whether a need exists for placing new educational demands on health care staff and for establishing new supplementary training and skills enhancement programmes to ensure that staff members are capable of solving the new and more complex tasks. Competence development could for instance include supplementary training, peer training, workshops, interdisciplinary team work and job rotation. Furthermore, it is important that work tasks are organised in such a way that staff members use their skills and competences in their day-to-day activities.

Finally, in connection with the local authorities' supervision of the home care area, attention should be focused on learning and on ensuring that home care workers possess the required professional competencies and have the relevant educational qualifications to execute their duties and tasks.

RECOMMENDATION:

20) That steps should be taken to ensure that staff members working for both local government and private providers possess the required professional competencies and have the relevant educational qualifications to perform the new tasks in the home care area.

DOCUMENTATION WITH FOCUS ON QUALITY

The home care area has for years been characterised by a detailed documentation and registration practice for care workers. Something referred to as the "tyranny of minutes". More local authorities have recently decided to ease the registration requirements for home care workers. This is a positive trend as it gives care workers improved chances of focusing on what home care services are all about - i.e. quality and goal achievement.

A future focus point will be to ensure more optimum use of IT systems in the old-age area. It is paramount that the local authorities' IT solutions exchange data and, preferably, are integrated across functions and professional groups and that they have uniform procedures for how to document and work on citizens' goals. Local authorities should increasingly base their work on a principle of a joint assessment of the citizen's performance across functions and professional groups, thus limiting the extent of double registrations as much as possible.

It is also important to work more systematically on measuring quality. Common national goals for the level of professional quality in the home care area should be set to make it possible to monitor quality and goal achievement in service initiatives while enabling the citizen to make comparisons across local authorities and care providers.

RECOMMENDATIONS:

21) That local authorities should secure high professional quality in the documentation of the individual citizen plan, for instance to work systematically to describe and follow up goals, initiatives and effects.

22) That local authorities should use IT solutions that facilitate the exchange of data, both internally in the local authorities across functions and professional groups and externally in relation to hospitals and general practitioners.

23) That national quality indicators should be developed in the home care area to:

- serve as a system for monitoring the quality of services provided
- enable citizens to make quality comparisons across local authorities and care providers.

PERSPECTIVES OF DIGITAL WELFARE

Welfare technologies and digital solutions that have been thoroughly tested and are implemented and used appropriately in dialogue with the citizens will undoubtedly be a central part of the solution to the challenges we are going to see in the old-age area in the years ahead. Well-functioning technological tools can give the individual older person smarter and more flexible opportunities for being able to manage specific tasks and, thereby, remaining independent of support services for longer. Technological tools can relieve home care workers from heavy, inexpedient and manual tasks. Digital technologies can be instrumental in facilitating staff members' administrative routines and professional documentation work. In addition, digital technologies can improve communication and coordination within and across disciplines and sectors and make it easier to follow up older citizens' current situation.

Digital welfare can both strengthen the quality of home care services and support effective prioritisation of resources. For this reason, it is also reasonable to include the use of welfare-technology and digital solutions in assessing the tasks citizens are or can become capable of performing themselves. It is important to bear in mind, however, that special support will have to be provided to older citizens who find it extremely difficult to handle technological or digital solutions as a part of their daily living. If the citizens are unable to use, or cannot be made comfortable with, a technological solution, or if the technology cannot solve the citizen's need for help in a sensible manner, the local authority will have to find alternative solutions.

If the perspectives of digital welfare are to be utilised in future to the benefit of both citizens, staff and local authorities' resource priorities, local authorities should mainly focus on the following:

- **Put the users of the technologies at the centre** – the individual citizen and staff members must be able to see the perspectives of the technologies.
- **Focus on whether the citizen is prepared and create a feeling of comfort** – engage in dialogue and make the citizen feel safe and comfortable in relation to support needs.
- **Recognise the limitations of technologies** – technologies do not solve everything and are not always suited to be used by everyone and do not necessarily produce the expected gains. Be prepared to adjust strategies accordingly.
- **Recognise your own organisational limitations** – and, if applicable, make use of tested technologies rather than devoting your own resources to developing and testing new technologies.
- **Adjust procedures and corporate culture and maintain the management focus** – radical changes require focused management and sustained management support.
- **Systematise knowledge and experience of digital welfare** – systematised knowledge of evaluation results should be available to all local authorities.

RECOMMENDATIONS:

- 24) That the relevant authorities should be constantly focused on utilising the perspectives and potentials associated with the use of welfare technology and digital solutions in the home care area.
- 25) That the users should be at the centre of the work on welfare technology in the home care area, for instance
- that user-experienced quality should take centre stage in both technology development and implementation
 - that citizens who do not feel comfortable with the technology are met with understanding and special attention
 - if a citizen cannot be made comfortable with or is unable to use the technology, or if the technology cannot solve the citizen's need for help in a sensible manner, the local authority will have to find alternative solutions.
- 26) That staff members should be professionally equipped to handle the technologies and introduce them to the citizens.
- 27) That steps should be taken to ensure systematic collection of knowledge about local authorities' experience of developing and implementing welfare technologies and digital solutions in the home care area.

OPTIMUM FRAMEWORK FOR SOCIAL VOLUNTEERING

A huge potential exists for developing social volunteering work in relation to older citizens living in their own homes. The world of social volunteering is broad, covering both volunteers, associations and organisations. These may for instance include older people's organisations, church organisations, trade unions, sports associations, housing organisations, patient societies and many more. Volunteers often have more time and take a different approach to the individual citizen than do the staff who are engaged in the provision of health care for older people. Volunteers are therefore capable of assisting the older citizens in a large variety of ways. They can for instance be friendly visitors, or they may assume a more active or preventive role as walking companions or exercise volunteers.

It is important to stick to the fact that the backbone of the Danish welfare society is the services the public sector provides to the citizens. The home care service should therefore continue to be responsible for the services the citizen is eligible to receive, but the volunteers should increasingly be seen as a key cooperation partner. Continued efforts should therefore be made to create a favourable framework for voluntary initiatives.

It is essential that local authorities engage in dialogue with associations, organisations and other volunteers on how the cooperation should be conducted and that local authorities establish contact between the citizens and the volunteers. Closer cooperation among citizens, volunteers, relatives and staff members providing health care for older people holds countless opportunities to the benefit of the older citizens, not least in relation to key action areas such as loneliness, prevention and digitalisation.

RECOMMENDATIONS:

- 28) That continued efforts should be made to create a favourable framework for social volunteering in the old-age area.
- 29) That local authorities should continuously focus on involving associations, organisations and other volunteers in initiatives targeted at older citizens living in their own homes.