

NS LIVE CASE SERIES 2017: ELDER CARE IN FREDERICIA, DENMARK

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The Context

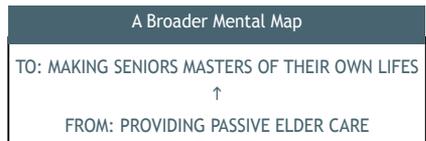
In the town of Fredericia, Denmark, an aging population was putting significant pressure on services aimed at providing care to seniors.¹ The municipality projected that a rapid demographic shift would double the number of elder care beneficiaries by 2020. Fredericia would be unable to absorb the growing costs of its already overburdened elder care system. In combination with the exacerbating effects of the ‘recent international economic crises’ on its shrinking ‘local tax bases and income’, rising elder care costs threatened the municipality’s ability to satisfy new and existing public needs.²

A Broader Mental Map

In 2007, Fredericia’s board of directors were in search of a solution to the challenge of providing elder care services. They decided that it was not enough to simply accept cutbacks and the erosion of services as a sign of the times. They began to question the traditional assumptions that drove their understanding of elder services.³ Their efforts led the Director of Social Services to envision Fredericia as “a municipality with active and resourceful elderly, who through prevention, rehabilitation, technology and social networking [...] maintain[ed] everyday life for as long as possible”.⁴ In keeping with this vision, the Municipality of Fredericia set out to develop a comprehensive approach for “ensuring that people [could] look after themselves [for] as long as possible”.⁵

Fredericia’s process of discovery began as an extensive consultation process designed to identify patterns of passive care, which created dependencies and inefficiencies, where elderly citizens could have otherwise contributed valuable knowledge, assets and capabilities. Led by Fredericia’s city council, which had appointed the Board of Directors as the project’s steering committee, the consultation process brought together citizens and professionals who interacted with elderly citizens in different areas of the public sector, to obtain their insights, contributions and involvement.⁶

The consultation generated a shared vision of how to effectively “assist senior citizens in mastering their own life”.⁷ The vision was based on a new understanding of senior citizens which



1 Kurt Klaudi Klausen, “Ambient Assisted Living: How Fredericia Municipality Reinvented Itself and Became Innovative,” in *Public Management in the Twenty-First Century*, ed. Tor Busch et al., Chapter 10 (Oslo: Universitetsforlaget AS, 2013), 129.

2 Klausen, “Ambient Assisted Living,” 129.

3 Ibid.

4 Karen Heebøll, *Life Long Living Maintaining Everyday Life as Long as Possible*, PowerPoint presented at the Opening Conference for the European Year for Active Aging and Solidarity between Generations 2012: Staying Active-What does it Take?, 1.

5 Municipality of Fredericia, Denmark, “Name of project: Life Long Living - maintaining independent living as long as possible,” 6-7.

6 Ibid., 131.

7 Municipality of Fredericia, Denmark, “Name of project: Life Long Living,” 3-4.

moved beyond the traditional concept of the elderly as ‘frail and dependent’ to one which emphasises their independence and desire to retain control over their daily lives.⁸

In Fall 2009, the vision became reality with the newly launched Ambient Assisted Living program.

Co-Creating and Co-Producing Elder Care Services

Ambient Assisted Living

The Ambient Assisted Living initiative provided a new approach to addressing the needs of the elderly based on exploring ways in which to empower seniors to remain in charge and active in their lives for as long as possible. “Seniors as a burden” was re-imagined to “seniors as a source of strength in the community.”⁹

The program sought to address growing elder care costs by encouraging citizens to pro-actively co-create and co-produce solutions that would reduce their dependence on Fredericia’s elder care system. For example, through a sub-project called ‘Everyday Rehabilitation’, new elder care beneficiaries, in collaboration with citizens, relatives, and elder care support services, co-created rigorous training programmes to regain the ability to perform chosen daily tasks. This ensured that seniors, who had recently suffered a decline in health, could take care of themselves independently for as long as possible. In a second sub-project, ‘Home Help Training’, existing elder care beneficiaries co-produced a plan to lower their dependence on the elder care system and reduce their need for long-term assistance. As seniors developed new and old skills to maximise self-care, they became less dependent on Fredericia’s elder care system and more empowered to live independent lives for as long as possible.

A New Model of Engagement
COCREATING TRAINING PROGRAMMES
CO-PRODUCING ELDER CARE PLANS

Multiple initiatives converged to create a new model of engagement between elderly citizens and the municipality based on co-creation and co-production of sustainable, high quality elder care services. Two of the main sub-projects are profiled below.

Everyday Rehabilitation and the ‘Revolving Door’ Problem

The Everyday Rehabilitation sub-project was designed to empower elderly citizens who were seeking assistance from the Elderly Care Department for the first time¹⁰ to minimise the duration of their new dependence on elder care resources. Candidates for Everyday Rehabilitation were seniors who had previously been self-sufficient, but now required assistance following recent

8 Municipality of Fredericia, Denmark, “About Ambient Assisted Liv”.

9 McGinn, Lindsay, Don’t Move Me There! Promoting Autonomy in the Provision of Long-term Care for Seniors in Canada (Ottawa: University of Ottawa, 2015), 42.

10 Municipality of Fredericia, Denmark, “Name of project: Life Long Living,” 5.

changes in health status. Participation in the program was voluntary and citizens requesting assistance were “offered to join an intensive everyday-rehabilitation-programme in their own home, where they are trained to regain their ability to perform meaningful everyday tasks.”¹¹

This process revealed a ‘revolving door’ pattern of re-hospitalisation among the elderly. Seniors who were admitted for treatment often experienced “repeated cycles of recovery and improvement in hospital, followed by relapse upon discharge.”¹² This suggested that existing approach to long-term care and support services when transitioning from hospital to home lacked a crucial citizen perspective on the needs and preferences of seniors. When seniors experienced these kinds of ‘shocks’, such as hospitalisation or the loss of certain day-to-day competencies, they found few resources dedicated to helping them adapt to new circumstances or regain old capacities. The current allocation of resources did not correspond to the everyday experiences of the citizens who used them.

Everyday Rehabilitation filled these gaps by facilitating “close interdisciplinary collaboration between citizens/relatives, [public health] care, the Elderly Care Assessment Department, Rehabilitation Centre and the Assistive Technology Section” of the Municipality.¹³ It shifted the focus of intervention to delivering physical “training in everyday activities [...] that a given elderly citizen desire[d] and [was] able to resume. The elderly citizens participate[d] in cooking, getting dressed, watering flowers, taking a bath, shopping, going to a leisure activity or socializing around town. Little by little, the elderly citizen gain[ed] confidence and physical capability, and start[ed] coping on their own and/or with less help from the Elderly Care Department”.¹⁴ Personalised rehabilitation empowered elderly citizens to define their own measures of success based on “their own wishes and goals for a meaningful everyday life”.¹⁵

Following an incident such as hospitalisation, elderly citizens underwent a ‘function assessment’ in which “therapists and/or a nurse identif[ied], evaluate[d] and prepare[d] a single interdisciplinary rehabilitation plan in cooperation with the citizen” and “in dialogue with the rehabilitation team”. The assessment emphasised the distinct strengths, capabilities and resources of the elderly rather than their limitations.¹⁶ “Instead of providing traditional methods of care to seniors who require[d] assistance, the municipality’s social services department set up care teams who [met] with the seniors in their homes and ask[ed] a simple question, ‘What would you like to be able to do again?’”¹⁷ This question was important because it framed the conversation in the context of finding new ways to perform tasks and activities that seniors could perform in the past. Everyday Rehabilitation became a process to co-create and co-produce solutions from a citizen-centric perspective and to turn old capacities into new capacities.

11 European Commission. *Quality of Public Administration: A Toolbox for Practitioners*. (Luxembourg: Publications Office of the European Union, 2015).

12 John Harris and Vicky White, *A Dictionary of Social Work and Social Care* (Oxford: Oxford University Press, 2013)

13 Klausen, “Ambient Assisted Living,” 132.

14 Municipality of Fredericia, Denmark, “Name of project: Life Long Living,” 5.

15 Municipality of Fredericia, Denmark, “Name of project: Life Long Living,” 5.

16 Ibid.

17 McGinn, *Don’t Move Me There!*, 42.

Everyday Rehabilitation set rehabilitative ‘activity targets’ that not only encouraged recovery, but enhanced resilience.¹⁸ Seniors trained intensively in the first few weeks by performing daily tasks and activities they selected in earlier consultations, which were unique to them and their routines. Rehabilitation teams continued to “adjust [training exercises] on an ongoing basis [...] in cooperation with the citizen” to strengthen their motivations for independent living.¹⁹ As citizens reached their training targets and became more “self-reliant in [their] daily life”, they received “less public assistance than originally requested or at least [maintained] the present capabilities”.²⁰ As a result, many seniors became almost entirely self-sufficient again and no longer required assistance from the municipality.

Everyday Rehabilitation reduced the undesirable ‘revolving door’ patterns of re-hospitalisation among the elderly, which eroded natural capacities and generated a lower quality of life. While seniors who still required assistance following completion of their rehabilitation plan could continue to receive help through Home Help Training, emphasis on regaining capacities from the beginning reduced unnecessary inefficiencies and costs.²¹ Over time, the Everyday Rehabilitation programme served as early prevention and offset some of the costs associated with projected increases in new elder care beneficiaries.

Home Help Training and Shifting from Dependency

A second sub-project, Home Help Training, assisted the 2000 elderly citizens who were already receiving help from Fredericia’s Elderly Care Department.²²

There were many cases of “even fairly independent seniors [...] being shoehorned into institutions, because it was the only setting in which they could receive publicly funded services, equipment, and medication”.²³ A significant portion of the elderly population became passive recipients of care services that no longer fit their needs and were resigned to the unsatisfactory results of existing practices. The cost of providing these unnecessary or unsatisfactory services could not be maintained indefinitely.

Home Help Training provided an alternative to these “long-term dependent relationships”, which concealed true levels of competency of many elderly citizens and left them unsatisfied with their quality of life.²⁴

The experiences of elderly users of therapeutic support socks is one example of a service that was improved by training seniors to co-produce their own care. ‘Support socks’, also known as compression stockings, were a costly service to administer and receive in Fredericia. However, they were life-

18 Municipality of Fredericia, Denmark, “Name of project: Life Long Living,” 6-7.

19 Ibid.

20 Municipality of Fredericia, Denmark, “Name of project: Life Long Living,” 5.

21 McGinn, *Don’t Move Me There!*, 42-45.

22 Municipality of Fredericia, Denmark, “Name of project: Life Long Living,” 6-7.

23 Stunden, Shannon Bower and David Campanella, *From Bad to Worse: Residential Elder Care in Alberta* (Edmonton: Parkland Institute, 2013), 23.

24 Ibid, 4.

saving devices for many seniors at risk of developing “deep vein clots that can result in pulmonary complications and death”.²⁵

These specialised stockings, fitted around the calf to administer varying levels of compression, act as an artificial layer of muscle to tighten vein walls and aid circulation.²⁶ Effective compression therapy requires knowledge of the socks’ therapeutic functions and their correct administering procedures. This expertise is not easily acquired without specialised training. A recent study of hospitalised postoperative compression therapy patients suggested that user error is fairly common among support sock users, with 29 percent of study participants not wearing the socks correctly and expressing confusion about their function.²⁷ To avoid these risks, caregivers in Fredericia had traditionally administered support socks by visiting the same elderly citizen’s home twice in one day—once in the morning to put the socks on and once in the evening to remove them.²⁸

For the municipality, this was a costly service to provide. For the elderly citizen, these compulsory visits were inconvenient and created a sense of “dependency and [an] unwanted service relationship”, which forced the “elderly citizen [...] to adapt their life to the schedule of the busy home [caregiver]”.²⁹

Home Help Training transformed this experience from both the provider and citizen perspectives by engaging seniors in the specialised training they needed to co-produce their own care. As a result, citizens enjoyed the satisfaction of living in their homes for as long as possible with reduced public assistance.

Through the Home Help Training programme, elderly citizens co-designed the care they received. An ‘elderly care assessor’, in collaboration with each elderly citizen, set “objectives for the assistance based on a functional evaluation and the elderly citizen’s wishes for an active and independent everyday life”. Seniors then received at-home training from an interdisciplinary team of “visiting nurses, occupational therapists, physiotherapists and elderly care assessors”.³⁰

Home Help Training empowered seniors to “direct the system of care [towards greater independence at the very first opportunity] instead of being a passive recipient of care”.³¹ This tendency motivated independent living and accelerated reductions in the cost of assistance from Fredericia’s Elderly Care Department over time.

25 American Journal of Nursing, “Compression Stockings Incorrectly Used In 29 Percent Of Patients” *Science News*, *ScienceDaily*, August 23, 2008:1.

26 SIGVARIS, “What is compression therapy?,” *SIGVARIS*, 2015.

27 American Journal of Nursing, “Compression Stockings,” 1.

28 Christiansen and Bunt, *Innovation in policy*, 12.

29 Ibid.

30 Municipality of Fredericia, Denmark, “Name of project: Life Long Living,” 6-7.

31 Klausen, “Still the century of government?,” 41.

Results

The Ambient Assisted Living programme enabled elderly citizens to become “stronger in their own lives and express pride and experience [in their] improved life quality by regaining and maintaining their daily functions”.³²

Evaluations of the 778 citizens who participated in Everyday Rehabilitation since the project began in October 2008 indicate tremendous social benefits. Assessments found:

- 45.9% of the elderly citizens were able to re-gain or maintain a capacity for living independently.
- 38.9% of the elderly citizens required less assistance or care than originally requested.
- 84.8% of the elderly citizens expressed an increase in quality of life or a resumption of desired life activities.³³

The employees of the municipality have also enjoyed greater job satisfaction as they witnessed how their work developing competencies in the elderly had a significant and positive impact. This has led to higher self-esteem, a marked decrease in absenteeism and lower staff turnover.³⁴

Ambient Assisted Living has reduced the use of services and resources aimed at providing care to seniors.³⁵ An external economic evaluation of the Ambient Assisted Living sub-projects showed that when compared to the use of services before the project was initiated:

- The length of time an elderly citizen requires care or assistance was reduced;
- The number of hours spent on practical housework assistance dropped by 5%;
- The number of hours spent on personal care decreased by 23%; and
- The average cost of home care for elderly citizens after they have completed the project has been lowered.³⁶

In total, the reduction of practical housework assistance and personal care amounted to 26,828 hours, while the new training and rehabilitation approach required only an additional 4,450 hours. Overall, a significant reduction in hours.

These results suggest that, as Everyday Rehabilitation strengthened the competencies of the elderly, fewer seniors cycled through repeated hospitalisation and rehabilitative services following changes in health status. Likewise, the effectiveness of Everyday Rehabilitation often decreased

32 Klausen, “Ambient Assisted Living,” 134.

33 Municipality of Fredericia, Denmark, “Name of project: Life Long Living,” 8-9.

34 Klausen, “Ambient Assisted Living,” 134.

35 Ibid.

36 Municipality of Fredericia, Denmark, “Name of project: Life Long Living,” 8-9

the need for continued Home Help Training following the initial intensive training programme

Recent estimates suggest that, by the end of 2012, Ambient Assisted Living has saved the Municipality DKK 120 million (approx. USD 17 million).³⁷ While more time is still needed to observe the full economic benefits of the project, a senior who has regained self-sufficiency through the Ambient Assisted Living programme represents a savings of DKK 70,000 (approx. USD 10,000) every year for the municipality.³⁸

Following the success of Fredericia, many other Danish municipalities were motivated by demographic and budgetary pressures to provide Everyday Rehabilitation services.³⁹ In January of 2015, legislation was passed by the Danish Parliament requiring all municipalities to offer similar rehabilitation and training to the elderly.⁴⁰ While the ambitious expansion of a successful program holds promise, it has its own risks. The Ambient Assisted Living programme was developed for the context of the Fredericia municipality, and applying it to new circumstances will require re-inventing this innovation to accommodate differences. As of now the expansion is an unknown story, but if it has an impact like that in Fredericia, it will lead to health and service improvements across Denmark.

37 Ibid.

38 McGinn, *Don't Move Me There!*, 42-45.

39 European Commission, *Powering European Public Sector Innovation: Towards A New Architecture Report of the Expert Group on Public Sector Innovation* (Luxembourg: Publications Office of the European Union, 2013), 34.

41 European Commission, *2015 Strategic Social Reporting Questionnaire - Denmark* (Luxembourg: Publications Office of the European Union, 2015), 5.

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