The Danish welfare system, residential settings and care for persons with dementia – a short introduction.
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Denmark is a country of only 5.5 mill. inhabitants, of which elderly people are an increasing part. In 2009 15, 9 pct. were + 65 years and in 2035 it is estimated that 25 pct. will be more than 65 years old.

The vast majority of old people live in ordinary housing and the older they are, the more of them live alone. Only 4pct. live with their children. Most old people highly value being able to manage their everyday life without public help, being in control and deciding themselves how to live. People prefer to be able to continue their usual lifestyle and stay active.

Thirty years ago – as the population began to have an ever increasing number of elderly persons - a new policy was passed, based on the comprehensive report of an "Old Age Committee". After thorough analysis, the committee recommended that all services should be based on three key principles:

Ensuring continuity in the lives of old people
Enabling old people to use their own strengths and resources
Securing self-determination.

From these principles arose the concept of "normalization", stressing that all persons, despite their possible handicaps, must be able to live as close to a normal life as possible.

Social Policy in Denmark is based on the legal principle that all citizens in need are entitled to receive social assistance. The public sector is responsible for providing social security benefits and social services, primarily funded by general taxation.

In Denmark persons with a physical or mental handicap are entitled to receive care, technical aids and house alterations that will make it possible to keep up a life as normal as possible. It is in no way the responsibility of the family to provide help. That responsibility is taken over by the society.

All help must be given in a way that enables activity, rather than be given merely as passive support and maintenance.

The social sector is highly decentralised, with the social responsibility being allocated to local government, with users being involved in the organisation of the various social protection programmes, including 24 hours home care service by home care workers and district nurses; dementia coordinators; preventive home-visits; community based rehabilitation by occupational therapists and physiotherapists; technical remedies and house alterations; "meals on wheels" and activity centres with a cafeteria for citizens from the local area.

Person with special needs can attend day-care centres or day homes and eventually move into close-care accommodation.

Nursing homes and close-care accommodation
In 1987 the Danish parliament passed a law that put a stop to the construction of the old-fashioned nursing-homes, instead introducing modern nursing home apartments of more than 30 sqm., usually with two rooms, kitchen and bathroom. The apartments are technically comparable with ordinary flats. A lease is signed, an entrance fee paid, and a contract made about the kind of service wanted. Physically connected with the apartment are a number of training facilities and a café, where the tenants may take their meals. Elderly people from outside can also eat there.

The central part of many old nursing homes have been rebuilt to fit the new concepts of "close-care accommodation" with the adjoining service areas and a permanent staff to service the people living there. A number of these are constructed as group homes, consisting of 6-10 independent apartments, surrounding a common-room and often with a common garden.

Out of 611.705 persons of 60-years and above, 43.200 live in nursing home and close-care accommodation (8.300 in nursing home and 34.900 in close-care accommodation).

Age	Living in close care accommodation?
75-79 years old	6%
80-84 years old	13%
85-89 years old	23%
> 90 years old	42%

In average 70% of all residents in nursing homes and close-care accommodation are estimated to have dementia (about 30.000)

Old people living in close-care accommodation may continue to use their usual family doctor; they have their own telephone, economy, medicine and TV/computer. The residents do not lose their normal citizen rights; their flat is legally their private home with a right of privacy. The staff is not to take over the responsibility for the life of the individual resident. Each can decide what to eat and where, and what services he/she wants. Personal daily routines will be continued as far as possible.

The difficult decision of moving into close-care accommodation
Deciding to move into close care accommodation is a major decision in life that often demands more energy than staff and family imagine. All studies show that the one factor determining if people become content in their new apartment is whether they sincerely accepted the move.

Thus, the main recommendation is to include the elderly citizen in a careful process of selecting the new place. If possible, it is also a good idea to make preliminary visits with the elderly citizen to more than one possible apartment. Institutions should be open to receive this kind of "inspection" of their facilities. If institutions have training facilities and a café that is used by the old people of the vicinity, it is often easier for a person to decide to move into a flat there, when the need arises. Once the decision has been made, it is very useful for the future inhabitant to be invited to go there for a meal now and then before the actual removal and also to be invited to participate in various arrangements there - possibly with his/her family.

After moving it is vital that the new tenant is assisted in establishing a suitable daily rhythm of activities and that it is understood that it is entirely possible to keep functioning as a private person – yet, having the possibility of joining the others, as he or she wishes. The family should be able to continue to play an important role in the new life of the elderly person - maybe paving the way for the other residents and the staff getting to know the history and special talents of the new resident.

Dementia

An estimated number of 70-85.000 Danish citizens have dementia and of these 30.000 live in old age home/close-care accommodation.

With better instruments dementia diagnoses in Denmark are given quite early in the course of the disease, but patients move into a nursing home or close–care accommodation very much later, due to the coordinated efforts of the social services, with a wide range of aid that may be gradually increased throughout the course of the illness.

Technical devices such as GPS, automatic calendar, automatic light, movement sensors etc. may support functional ability, active living and increase the feeling of support and safety, which enables families to cope better with their situation.

All municipalities have appointed special staff - nurses or occupational therapists - to function as dementia coordinators. They contact the befallen person and offer home visits and information to the families, all along the course of the disease.

Family members and citizens with dementia need information on dementia, on how to keep active and they need to learn what services are available. Still, dementia is connected with shame and still, we see families not contacting the system until the everyday life has become totally chaotic.

A survey from 2010 among 200 Danish dementia coordinators show their primary wishes:

- More service for people living at home
- More day-centres and stimulation therapy
- More service for the relief of the families

- Small special care units for persons with FTD or other behavioural disturbances

Personalized care through the "contact persons"
In Denmark many old people live alone, which is a special challenge for persons with dementia. In order to optimize the contact and minimize the confusion, efforts are made to have as few different individuals as possible help the demented person during the day and week.

Also, within domestic and institutional care, a special contact person is assigned to the person with dementia. This could be a care worker, a home-helper, or a nurse, - but preferably the staff member who knows the person with dementia best is selected. The contact person must always know what is going on around the demented person. He or she has to keep an eye on appointments during the week, and must see to it that the person with dementia gets sufficient to eat, and also see to it that bills are paid on time. Their job is also to stay in contact with the family. Furthermore, the contact person must try to collect knowledge of earlier lifestyle: Special habits, favourite food and beverages, personal preferences connected to dressing, favourite food, music, preferred occupation, etc.

Group home living
The main intention behind the "small group" environment is that a limited group of individuals get to know and care for each other. In these houses, a small group of people live together like a family and are invited to partake in all tasks of the day: Cooking, cleaning, shopping, gardening etc. are used as activities that structure the day.

The residents are not left to themselves but are part of a group, and they are invited to be active through various activities and methods of stimulation.
The professional care in group homes is given by the permanent staff to whom the person with dementia will become closely attached, just as the staff will get to know the life history, personality, resources and deficits of the participant.
The staffs are specially trained to support each resident in joining the daily activities as much as he/she can.

If the staff succeeds in creating a warm atmosphere, the small group can function as a "room of safety", which promotes the abilities and resources of each group home resident.

The future policies in the Nordic countries concerning accommodation for people with dementia.
Studies in the Nordic countries confirm that living in smaller units/group homes is clearly helpful for the functioning and quality of life for persons with dementia.

Sweden
"The National Board of Health and Welfare considers that Social Services should offer persons with dementia a place in small-scale sheltered housing schemes specifically adapted to persons with dementia.

Social Services should also act to ensure that the residential environment is designed with the person in mind, is homelike and that persons who want to go outside for periods are enabled to do this.

The National Board of Health and Welfare also considers that Social Services should work to achieve a psychosocial living environment characterised by security and accessibility, where the daily lives of persons with dementia are meaningful in terms of content.

The National Board of Health and Welfare estimates that small-scale sheltered housing, specifically adapted for persons with dementia is cost-effective in comparison with mixed housing. The National Board of Health and Welfare also estimates that the effects of these recommendations in the short run will mean increased costs for the municipalities. However, county council (landsting) costs are expected to decline in the longer term".

Norway
From a systematic review on the physical environment for people with dementia it was found, that *"small units with a non-institutional environment gave less behavioural challenges in dementia. Adaptations in the physical environment can lead to positive effects on activities of daily life, behaviour, and quality of life. The physical environment has not been shown to affect the progression of dementia, but purpose-built environments have positive effect on the quality of life. The results, however, should be interpreted cautiously because of methodological limitations in the present studies*".

Denmark:
Based on the analysis of a new Elderly Committee, the Ministry of Social Affairs this year (2012) issued recommendations on the organisation of the care for persons in residential settings in the future in Denmark.

Since the majority (70pct.) of residents in the close-care accommodations have dementia, the main agenda for the future must ensure, that all the Danish close-care accommodations support home-like living as much as possible.

All care workers must have education and be trained to gain competencies and communicative skills to meet the challenges of caring for persons with dementia.

The environmental design must meet the needs of persons with dementia:

- Be small, simple and have good visual access and allow the wandering in and out securely and safely.

- The environment must be as homelike and familiar as possible and highlight important stimuli and activity.

- The accommodation must provide opportunity for both privacy and community and the common areas should be placed in close connection with the private flat.

In the future the existing small care units and group homes for persons with dementia in Denmark will be specially used for persons with greater behavioural problems or maybe used as small units for persons with physical disabilities.

References and links:

Denmark: *Social Policy*
http://english.sm.dk/international/social_policy_in_denmark/Sider/Start.aspx

http://english.sm.dk/international/eu-presidency-2012/Documents/Social_Policy_Folder_dec2011.pdf

Sweden: *National guidelines for care in cases of dementia*
http://www.socialstyrelsen.se/nationalguidelines/nationalguidelinesforcareincasesofdementia

Norway: *The physical environment people with dementia 2009, systematic review*
http://www.kunnskapssenteret.no/Publikasjoner/Botilbud+til+mennesker+med+demens.6238.cms?language=english

Australia: Richard Fleming, Ian Forbes. *The Environmental Audit Tool*.