

Article**At-home Welfare as the Post Welfare Institutions****Institutions for the Elderly in Denmark**

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Abstract

Denmark began as a welfare state in 1881 after a law was enacted to govern the welfare of the elderly. Denmark has been a welfare-advanced nation for about 100 years.

Normalization forms the basis of welfare in Denmark. N.E. Bank-Mikkelsen, who proposed this Normalization, incorporated this philosophy 'to make the living conditions of the disabled the same as those of healthy people' into a law in 1959. Three principles of welfare: residential continuance, self-determination and development of the resources of the elderly are the basic principles of welfare in Denmark announced in 1981. Now they are carrying out their welfare policy under these three principles which played a role to let Denmark's institution welfare into at-home welfare. This "at-home welfare" does not only mean to let the elderly keep on living in their houses by equipping barrier-free housing as hardware or by providing various welfare service at home however it also means to prepare for the elderly, when they cannot get enough care at their own houses, institutions of completely residential form with many private rooms each of which has a toilet, a bathroom and a living room and has its own house number even in an institution, and this does not only mean they can get older at their own houses (at one's house welfare.) In order to carry out such high quality welfare, they need to provide not only hardware such as housing or facilities, however also to provide various welfare service such as helper or pension systems fully equipped. And it can also be said that Denmark can put such "at-home" welfare into practice because they are working to keep synthetically high quality welfare.

Key Words: Denmark, *Normaliserling*(Normalization), N.E. Bank-Mikkelsen, Three Principles of Welfare, At-home Welfare

Because the aging rate in Japan will exceed 25% in 2020, welfare for the elderly become a matter of concern.

Under such circumstances, inspections or studies on the welfare system in Denmark, the world model welfare state, has attracted considerable attention.

We have few reports on investigations regarding welfare institutions although it is considered necessary when drawing up a plan concerning our welfare institutions.

This is a report on an investigation we have carried out which covers facility buildings as hardware and welfare itself in Denmark and deals with "the Post Institutions" which is the basic principle of Denmark's welfare institutions.

We carried out this investigation from July 13 to July 16, 1995. We visited selected institutions, collected material and interviewed researchers, administration official concerned, staff, residents and architects.

The Present Situation in Denmark**Population**

Denmark had a population of 5,170,000 as of 1992 and is about the same as Hyogo Prefecture. It is also said that

the population of the elderly is increasing and the aging rate expected to 20% in 2025 (Fig. 1).

Denmark's aging rate at present is 15.6% and is a little bit higher than Japan which currently stand 13.5%(Fig. 2). The average life of men is 72.18 and that of women is 77.74 years (1991).

An Outline of the Welfare System for the Elderly

The social welfare policy for the elderly was carried out after a law for assisting the elderly was enacted in 1981. Following this enactment, many reforms such as to the National Health Insurance System in 1933 have been made.

Reforms governing housing policy were made in 1960s and 1970s and in 1969, nursing home management was regulated and it was decided to subsidize only those approved by their communes, cities, towns and villages and of non-profit organizations in order to decrease those of poor quality or of inferior. Old Age Homes (homes in which the aged are institutionalised together) were abolished in 1974 and systems of Rent Aid, and Housing Loan Aid was set up in 1979.

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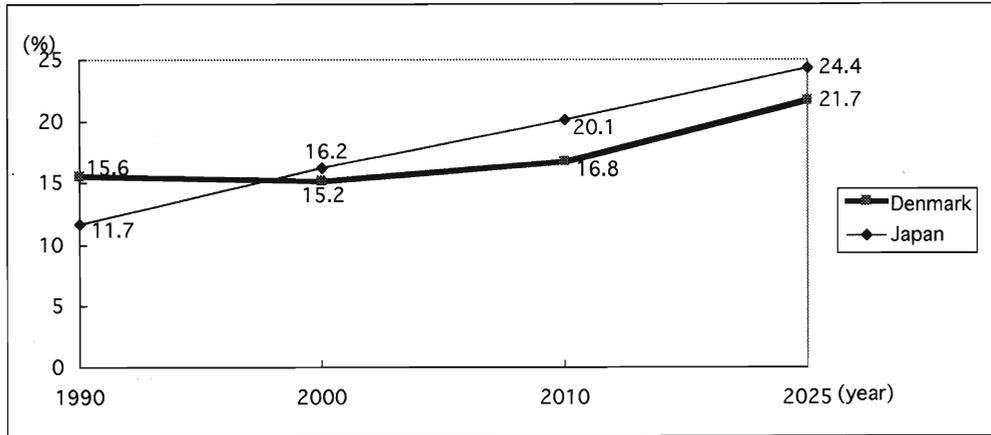


Fig. 1. Aging Rate Trend
(Data: United Nations, World Population Prospects-1992)

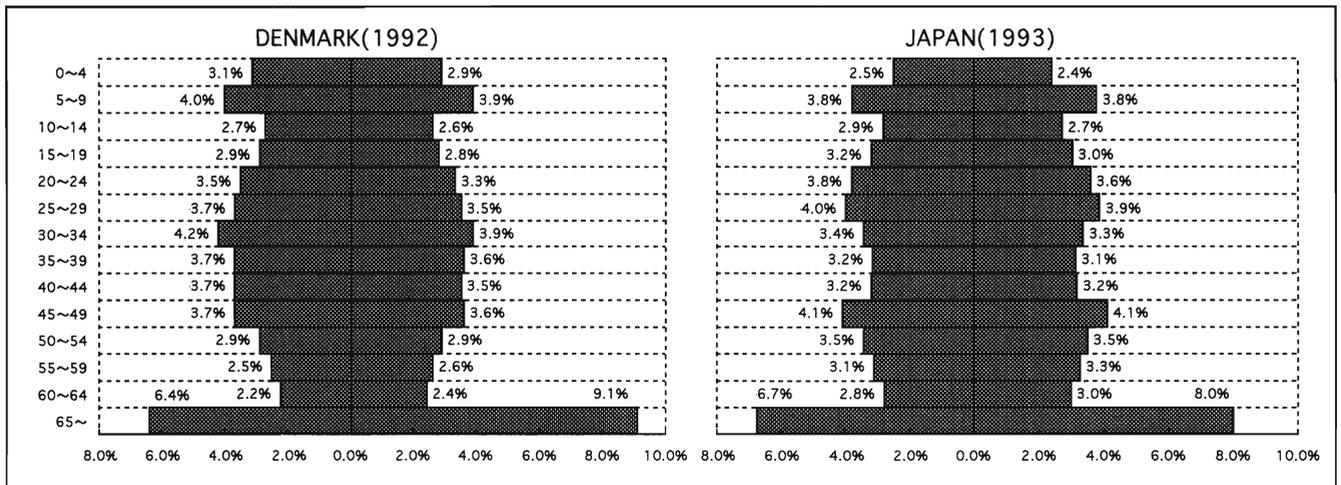


Fig. 2. Population Pyramid
(Data: United Nations, Demographic Yearbook-1992)

With these measures, the housing environments for the elderly changed from institutions which they lived together without good service and with their privacy not being guarded into comfortable nursing homes, houses for the aged, group homes *etc.* with a space of good quality with privacy assured.

Financial assistance, housing, supportive social welfare services and health care is stressed as elderly care and these are working to let the aged persons keep on living in their

own houses. In this paper will refer to the financial assistance, supportive social welfare services and health care, and about housing of elderly in detail.

• Financial Security

When the financial assistance system was set up in 1891, financial assistance was provided as subsidy cash only to the physically disabled elderly who could not support themselves; however, since the law concerning the elderly pension was passed in 1956, all

senior citizens have received payments in some way. These pensions are not in a savings form and a notable feature is that they are covered by the general fund from taxes and 11.5% of present GDP (Gross Domestic Product) are used as these pensions (approximately 5% is used in Japan).

- **Supportive Social Welfare Service and Health Care**

In cases where the elderly need assistance in house keeping or in private health care, every self governing body has a responsibility to send a home helper to pensioners. Home helpers not only assist the elder to take a bath, but also help them in general house keeping such as shopping, cooking or cleaning.

If further health care is needed, the elder can get assistance by home nursing. The elderly can keep living independently with the help of a home nurse sent by the self-governing body.

Views of the Elderly Welfare

Normaliserling (Normalization) and N.E. Bank-Mikkelsen

Normalization exists as the basis of the philosophy of welfare in Denmark. Normalization is different from the one recognized in U.S.A. or in Japan as 'to consider the handicapped as normal,' however they recognize it as 'to make the living condition of the disabled the same as those of healthy people.' This word "Normalization" was used for the first time in the world in 1959 law on the welfare policies for the intellectually handicapped.

The person who used this word "Normalization" in 1959 law was N. E. Bank-Mikkelsen. He was once instituted in the Nazis' asylum and was treated in an inhumane way. Later he had a chance to visit some homes for the aged in Copenhagen and found that such homes were just like the asylum he was once in and he proposed his philosophy of Normalization in cooperation with a society of parents who had mentally handicapped children.

Three Principles of Welfare

In order to put the philosophy of Normalization mentioned above into practice, the Ministry of Health and Welfare announced three principles of the welfare of the elderly in 1982 and have since become the basics of providing housing and service to the elderly.

The three principles are: residential continuance, self-determination and development of the elderly's own resources.

- **Residential Continuance**

This is based on the idea not to give exclusive change or intermittence of the elderly's life and they say that it is the best way for them to fundamentally

stay at home although their physical function declines. In order to let the elderly keep on living in their own houses, the government is carrying out sufficient assistance policy such as providing various service at home. Even if they have to move into a home for the aged or some other institutions when at last they cannot keep on living in their own houses, they can bring their own furniture in, maintain their own style of living and thus they can keep on living just as this institution is his own. This is based on the idea to allow the elderly to determine how to deal with their own life or finally their own existence. The role of the government and staff of institutions is not to determine the life of the elderly (their choice often differs to what the elderly want) but to equip the environment where the elderly can make their own choice and for this purpose, various information and services are offered.

- **Development of the Elderly's Own Resources**

The elderly people need a life worth living. By keeping their own life they have lived so far, they can care themselves without depending only on nursing care. They can make contribution to the local community by making use of their ability and this is also for their own good.

An Outline of Housing for the Elderly

Just as every country which has an aging society, Denmark at the first stage of the aging dealt with this problem mainly by the standardized, concentrated and centralized institutions and in result, many services came to nothing. So Denmark abolished the Old Age Home (homes for the aged) in 1974 and set up a law of the elderly housing in 1987 following the three principles of welfare based on the idea that they could provide "housing for the elderly" with an environment which the elderly could live at ease if enough housing were prepared and necessary service was privately provided. At the same time, the facilities where the elderly are instituted when they can no longer live in their own houses were remodeled into smaller scale ones than before with private rooms. Each private room has its own kitchen, toilet, living room and it seems that the institutions are becoming more and more like houses of their own. Thus it can be said that Denmark has changed their welfare of instituting the elderly in a large scale "institution" into welfare of "at-home housing."

These housing for the elderly are built on the standard set up in the law of the elderly housing with public funds and some of them are newly built however many of them are remodeled ones. Especially now the tax burden on building expenses are increasing and many of the houses for the elderly are built by remodeling old houses and many old group homes and institutions are also built by remodeling old houses, factories etc.

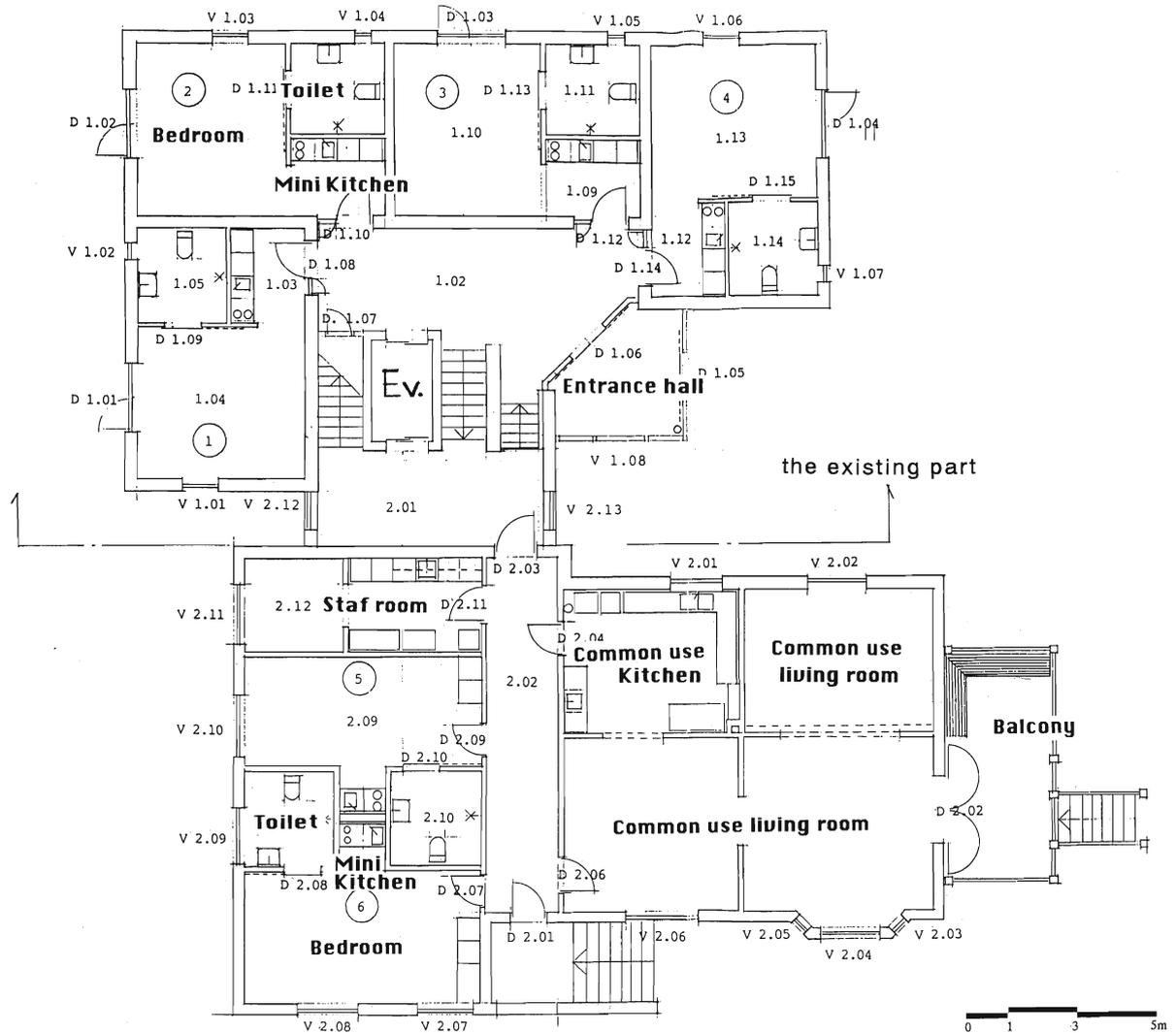


Fig. 3. Gambo; 1st Floor plan(Trace from Original Drawing of Ms. Jeta).

Subsidy for the Building of Institutions

Subsidy and its standard under the law of the elderly housing are as follows: 6 million kr(1 D.kr = 0.166 US\$, Nov./1994) per one house of 60 m². They also subsidize the same amount for a space for common use. In cases where a house is more than 60m², the commune covers the rest of the amount; 60 or per 60m² for common space. However, much of the space is about 37m² per one house and 60m² in total including the common space and therefore few actually meet this standard; this is because Denmark is running short of institutions and financial resources while they are becoming an aging society.

In order to get the subsidy, the following 13 conditions are necessary.

1. A kitchen and an oven must be installed.
2. A private room is necessary. One toilet for 2 persons is needed. One for common use is not permitted.
3. Each room must face outside.
4. A window must be set at 40cm high from the floor.
5. An elevator must be equipped in the common space.
6. An entrance door and an elevator must have the width which a bed or a coffin can go through.
7. An emergency warning bell (passive type with a handle which one can pull) working 24 hours must be

- equipped in each living room and sanitary space such as bathroom, washroom and restroom.
8. Each room must have a space where a wheelchair can turn around in a complete circle.
 9. The sanitary space must be large enough to allow a space that 2 helpers to accompany the user.
 10. The toilet seat must be 46cm, the space between the wall and the seat must be 10cm (a space which helpers' hands can go through) and a space is needed for setting a hoist for the future use.
 11. The washbasin must go up and down electrically or manually.
 12. Cocks for both hot water and cold water must be supplied (a senile dementia remembers the past).
 13. Floor furnace must be installed in a sanitary space and a kitchen must be equipped even if a senile dementia do not use it. And even if the elderly wanders around, his/her room must have a door that faces outside because the elderly freedom is the first priority and it is the elderly own responsibility if an accident happens. Although this idea is generally accepted, there are some of those concerned in welfare who have some doubts about this idea when considering a shortage of financial resources or the elderly's safety.

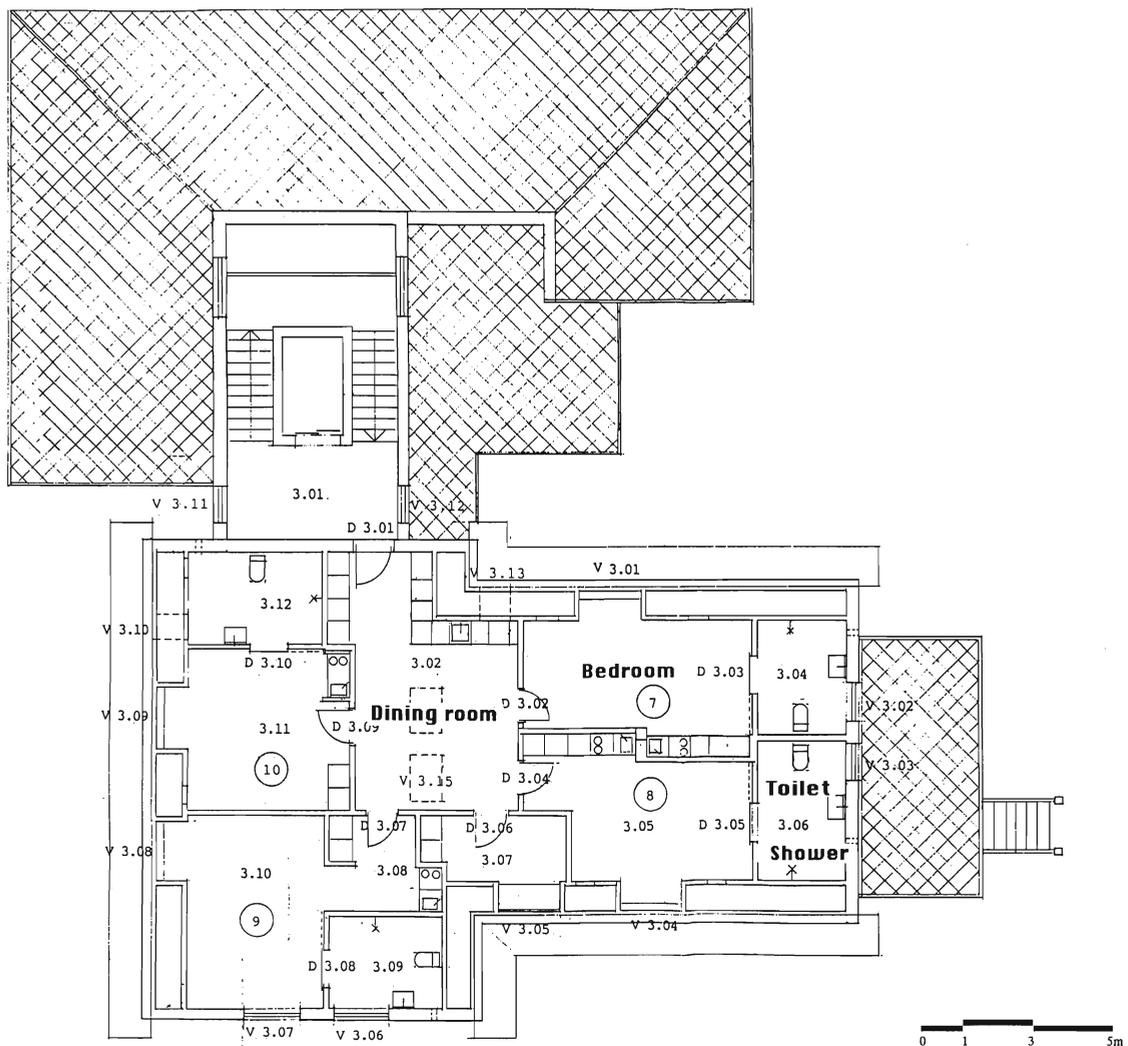


Fig. 4. Gambo; 2nd Floor plan(Trace from Original Drawing of Ms. Jeta).

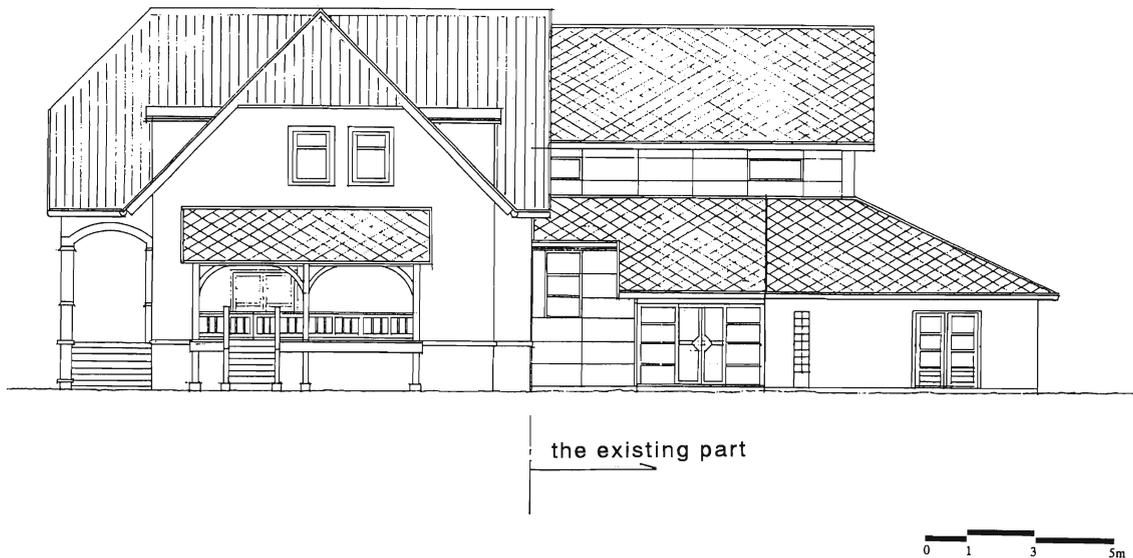


Fig. 5. Gambo; Elevation(Trace from Original Drawing of Ms. Jeta).

Examples of Housing, Institutions for the Elderly

Group home: Gambo (Photo 1-5, Figs. 3-5)

The government remodeled one old home for the aged a part of which was newly built and are using it as a group home. The existing old part of it was built 50 years ago and it is a typical home for the elderly to be instituted with 12 rooms each of which is about 7 to 8m² with an inferior living environment. The government subsidized 4,800,000 kr for remodeling however it was not enough for its construction costs. After remodeling it, they are running it as a group home for the elderly of senile dementia with 11 rooms. Now one room is about 37m² and although it is not enough and its living room is in common use, each room has a function as a quite good space for living with a mini kitchen, toilet and bathroom. It is accepted that such group homes for the elderly of senile dementia are holding up a progress of senility and are giving the elderly a humane life because the elderly live with others and staff in a group and they can live their life as if they are living with their families. Currently many group homes are made. It is said that the facility of such group home with about 8 persons is best from the viewpoint of the elderly's recognition and mentality.

Elder Venlig Bolig (an apartment which is favorable to the elderly): Frederiksbroen (Photo 6-12)

This is an apartment with care and there stand by 16 helpers in the morning, 6 in the afternoon and 2 at night.

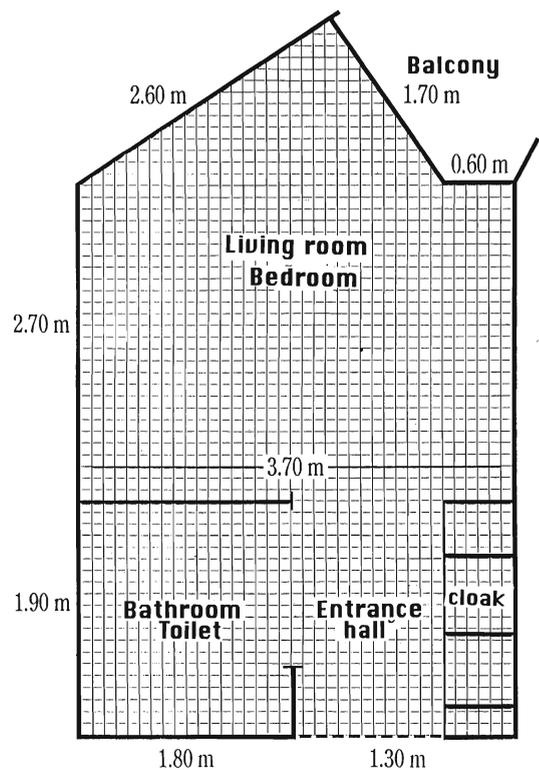


Fig.6. Søbø; Model plan of a room (Bogense Kommune, Sønderø Kommune1995).

There is a multipurpose hall of 350m² and it is used for many activities by the residents.

Table 1. Weekly Schedule.

Following the above schedule and with the help of the staff, the residents (they do not use the word "inmates" for the elderly in the facility) determine themselves to join or not. The staff never force them to join.

Monday	Tuesday	Wednesday
9:30 read newspapers 10:00 exercise afternoon watch videos or join hand working biweekly	morning prepare breakfast in a group of 10 people afternoon discuss on whatever happens in the facility (They called "Between Heaven and Earth")	morning attend mass or work biweekly afternoon read books
Thursday	Friday	Saturday/Sunday
morning work, shops are open afternoon bake bread and cake	Cafe is open to the people in the community(selling the bread and cake they prepared the day before) just as a cafe in a town. The piano or a band plays music and most of the residents join in. afternoon go out or visit their families	days off

These apartments serve as a base for the elderly care in the community and there set up a gathering place (office) for helpers.

Homes for the Aged: Sjøbo (Photo 13–21, Fig. 6, Table 1)

This institution has 60 residents and 1 short term resident. The average age of the residents is approximately 83 years old. There is 68 staffs in this institution. As a general rule, 1 staff per 1 elderly person must be secured. (Bogense Kommune and Sønderlø Kommune, 1995)

More than half of the residents are joining a rehabilitation programme and they are not bed ridden. The staff make a weekly programme and the residents can join it if they want to (the principle of self-determination.)

Conclusion

As I have stated above, welfare in Denmark synthetically provides support in various forms such as facilities as hardware, financial assistance, and various social welfare service so that it can change its facility welfare into at-home (at one's house) welfare as a system.

'At-home welfare' in Denmark does not only mean to provide various welfare service in order to let the elderly live in their houses, however also means to adopt private rooms (each of which has a kitchen, a toilet, a bathroom and a living room and I would like to mention that they are adopting 'at-home house' in their institutions.) And to my surprise, each room has its own house number and the residents' mails is distributed individually to each door.

When the ideal way of carrying out welfare policies in Japan which has an aging society, and also when considering a high quality life in old age, the present state of Denmark's

at-home welfare should serve as a reference. It should not be forgotten that Denmark has a history of being the first nation to suggest "Normalization" and naturally enough, the software such as their service as well as the hardware such as their facility buildings provide superb support for all the people in Denmark to live in possibly the same conditions. I think it is also important in Japan with an aging society that equality in our point of view as human ware is well developed although it is very difficult.

I would like to offer a few words of thanks to Ms. Jeta, Architect and Mr. Tadao Chiba, Principal of Bogense Folkehøjskole and all staff and residents at all institutions that I visited. I would like to thank them for their cooperation.

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Photo 1. Ganbo, the view from the Front

The floor of the first floor of the existing part is elevated about 1.5m and it was very hard for the elderly to move about, however they dissolved the problem of its bump by equipping an elevator at the extension and we can see that this repair was not only for extending the area of each private room.



Photo 2. Living room in common use

It is always used by the residents and is a beautiful and well maintained room with a lot of sunshine.



Photo 3.

The residents brought in their furniture they had used so far. They neither force the elderly to use fixed furniture nor forbid them to bring their furniture in. Although they sometimes prepare beds which are suitable for the care of the elderly, the self-governing body rents beds free in that case (they are actually given.)



Photo 4. Kitchen in common use

Although a kitchen is equipped in each room, it is not used for safety measures. Staff cook in the kitchen in common use with the help of the residents. The elderly senile dementia can keep on living without forgetting their past life through smell and cooking. however due to their expenditure problem, this institution is providing meals now.



Photo 5. Balcony

A table is set up here and this is a place of rest and relaxation for the residents.



Photo 6. Garden

The garden is always maintained by the self-governing body.



Photo 7. Each room has its own garden or balcony.



Photo 8. Hall

It was equipped with the intention of activate communication among the residents and various activities are carried out.



Photo 9. Common use restaurant

The elderly living in their neighborhood visit this restaurant and it is just like those in downtown area.



Photo 11. Corner for resting and talking

At the corner of the corridor or at an alcove, chairs are prepared and the residents gather here to rest. Such space was not the remainder however was intentionally designed and provides excellent space for the residents.



Photo 10. Corridor

Each kitchen of each room is extended to the corridor and the elderly can cook watching the corridor through the window. A device that does not let the people feel this corridor as a part inside of the facility building makes us feel as if we are in a residence however not in an institution.



Photo 12. The inside of the room

The inside of each room is not small and the residents can bring their own furniture in and live as if they were in their own houses.



Photo 15. Living room in common use

This was equipped with the intention of activate communication among the residents and various activities are carried out.



Photo 13. Sjøbo, the View from the Front



Photo 14. Sjøbo, the View from the back



Photo 16. Sun room

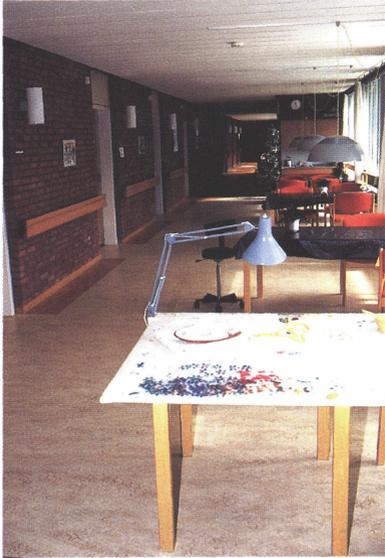


Photo 17. There set a table at a wide space in the corridor and they gather and work here.



Photo 19. Corridor



Photo 20. Nameplate
The elderly cannot make a distinction of the room.
Each room has a different nameplate.



Photo 18. There is a dental clinic and beauty salon.



Photo 21. The inside of the room
The inside of each room is not small and the residents can bring their own furniture in and live as if they were in their own houses.