SAGE Scandinavia 2014 Study Tour

Executive Summary

Chris Straw, ThomsonAdsett, c.straw@thomsonadsett.com

On the 29th March 2014, twenty-four delegates (some with partners) embarked on the SAGE Scandinavian study tour.

The focus of the tour was to investigate the delivery of services and facilities for the elderly in Scandinavia. Norway and Finland have positioned themselves as the European leader in progressive services for the elderly, particularly in home care services, where government policy has intentionally focussed on actively keeping people in their homes and then providing accommodation at the more frail end of the spectrum as the individuals’ needs increase. Of particular interest was a firsthand account on how these policies are coping or predicted to cope with an increasing aged population and smaller work force.

Over the course of twelve days, the group visited thirteen separate facilities owned and operated by eleven different organisations.

The tour party was privileged to have been accompanied by Mr Freek Lapre, who is a member of the EAHSA( European Association of Homes and Services for the Ageing) Board of Directors in Brussels, as well the founder and partner of Movinex BV, a consultancy firm focusing on strategy, innovation and organisational development. We were also were hosted in Denmark by Henrik Nord, who is both a member of Copenhagen City Council as well as member of the EAHSA Board of Directors.

The SAGE group were hosted for 2 separate briefings by Freek and Henrik. The first briefing was in Helsinki by Freek Lapre, Leif Sonkin (Representing Elderly care in Finland) and Kirsti Persola (Director of Accessibility Centre). As a European overview, it was noted that EAHSA now represents over 2000 providers from 50 separate countries. It has 5 key principles as its drivers:

1. Dignity
2. Spirit of Life(nurturing)
3. Companionship(comforting)
4. Diversity(encouraging)
5. Carefree approach
Finland’s population is 5.3 million people, of which 1.5 million people live near Helsinki. Elderly Care in Finland is covered by 320 municipalities which delivers its elderly services. The size of municipalities varies from 100 to 610,000 people.

The social democratic system in Finland is based on the principle of the people having universal rights. High personal taxes have provided for high level of benefits to its people and a high level of expectation of services as they age.

Current tax rate is 50% and in 2009 18.6 billion euros was spent on social services and health.

At present 89.6% of people over 75 live in normal residential accommodation with services provided at home as required. 5.9% of people of 75 live in service homes and 4.4% live in long term care. 120,000 Finnish people with dementia live at home, 2/3 of them live alone.

The policy for older people is implemented both nationally and locally. At a national level the law contains general directions concerning the arrangement of services. The existing municipalities are obliged to arrange health services and long term care services for their residents. They can provide services alone or in cooperation with other municipalities. Moreover, municipalities can purchase services from private or public service providers or distributor service vouchers to the users for purchasing the services from a private provider.

Long term care is provided in older people’s own home (home care) in sheltered housing units, in institutions for older people and in the inpatient wards of health centres. The government policy aims at replacing the traditional institutional care with arrangements that allow meeting clients’ needs in their own homes or in a homely environment, such as sheltered housing units with 24 hour assistance.

The second briefing was held after a tour of the Copenhagen town hall. The town hall was designed in the national romantic style with construction beginning in 1892, being finally opened in 1905. Our tour was possible due to Henrik being a member of the Copenhagen City council. The briefing was from Henrik, Michael from Daneage as well as Karen giving us an overview of Eden in Denmark. John Kelly also provided an overview of the Australian system. Key items discussed were:

- **Denmark’s current population is 5.2 million people.**
- **Average life expectancy is 76 years**
- **790,000(16%) are 65 years or older, 189,000(3.6%) are 80 years or older**
- **Denmark has 38 municipalities which are charged to take care of the elderly**
- **Government philosophy is to allow people to stay in their homes for as long as possible.**
- **People over 75 have a mandatory health check at home**
Only 45,000 are currently in nursing homes

All care is provided by the municipality. Medication is paid by the individual, however, insurance is available.

Loneliness and social isolation is the biggest issue in Denmark as people stay at home longer. There are too few facilities for seniors in Denmark.

Daneage noted they have over 693,000 members with over 217 local organisations. As such they have become a strong political lobby group.

Danish welfare model has come from a strong sense of equality, high levels of employment and a tax base being able to support free education, health and aged care.

The system is beginning see some structural issues with top marginal tax rates rising to 70 to 130% and the pension age to 67—key areas of advocacy include digitization, dementia and a key are of “how do you stay healthy in the labour market”

Home care which provides current services to 11% of the population and expecting to rise to 19% in 4 to 5 years’ time have begun cutting back services

Denmark has for practical reasons adapted a classification system for individuals over 60, with those over 60 referred to as the third age group and those over 80 as the fourth age group. This age group is sustained by the fact that nearly all of the employed have retired by the age of 70; 50% retire by the age of 60, and the average retirement age is only 61.7 years. Approximately 80% of the elderly live independently in the community and 40% receive state-subsidized social and health services.
SAGE Scandinavia 2014 Attendees

- Judy Martin – Aged and Community Services Australia
- Ashley Cooper – Fullarton Homes
- Stephen Cornelissen – Mercy Health
- Susan Cornwell – Tinonee Gardens The Multicultural Village
- Tina Emery – Resthaven Inc.
- Madeline Gall – Lifeview Residential Care
- Mark Garden – Southern Cross Care (NSW & ACT)
- Kristen Gower – Hawkesbury Living
- Vaughn Harding – Juniper Central
- Margaret Ingleton – Brightwater Care Group
- John Kelly – Aged and Community Services Australia
- Ann Lafferty – Lifeview Residential Care
- Jan McIntosh – Anglican Retirement Communities
- Sue McKechnie – Resthaven Inc.
- Craig Mills – RSL Care
- Julien O’Connell – Mercy Health
- Beverly Smith – RSL Care
- Lorraine Smith – David Clout and Associates
- Shawn Bergquist – Coffs Harbour Legacy Nursing Home
- Chris Straw – ThomsonAdsett
- Kimberley Talbot - Hawkesbury Living
# Table of Contents

- Wilhelmiina, Finland Case Study 6
- Tilkka Esperi Care, Finland Case Study 7
- Saga Esperi Care, Finland Case Study 8
- Samford Folkhalsan Care, Finland Case Study 9
- Tapiola Folkhalsan Care, Finland Case Study 10
- Loppukiri, Finland Case Study 11
- Active Life, Finland Case Study 12
- Vire Koti Maniovire Group, Finland Case Study 13
- Adelaide Nursing Home, Denmark Case Study 14
- Salem Nursing Home, Denmark Case Study 15
- Neptuna at Malmo, Sweden Case Study 16
- Margrethe Hjemmet in Roskilde, Denmark Case Study 17
- Munksogard Eco Village, Denmark Case Study 18
- Social Photos 19
Wilhelmiina was founded in 1995 and is a service centre for seniors, elderly and special needs groups at Little Huopalahti. The services provided include supported housing, rehabilitation, recreation and rental housing for senior’s. This was provided in 45 apartments, 45 dementia specific beds, 45 places for home groups, 20 bed rehabilitation facility and 20 bed outpatient facility. The whole building was divided into 3 distinct parts: short term care and rehabilitation units; home groups (apartments); care home.

We were shown through the care home which was dementia specific. This was designed over 3 floors with 15 beds per floor. Each floor was subdivided into social groupings of 5 beds each relating to a small common space. Each 5 bed cluster then related to a larger central zone which was flood lit from above by the use of voids. The voids in turn provided a visual connection between the 3 floors. Bedroom spaces were large at 25m² per room with the buildings total floor area averaging 80m² per room.

The ground floor common space provided a welcoming feeling with the restaurant and lounge spaces being well used. Residents are encouraged to take care of themselves by participating in the exercise programme led by physical therapist, Wii sessions and other diverse leisure programs. An external exercise circuit is provided in community space adjacent to the site and is used extensively by the residents. The average length of stay of residents is 2 to 3 years and the facility has strong waiting list.

The key learnings are that whilst this facility is over 25 years of age the strong design concept has stood the test of time. It was commented that if designed today the small social clusters of 5 would be rethought due staffing and funding considerations – it however still provides outstanding resident outcomes. The philosophy behind the design stemmed from the idea that as we age our performance and sensory functions weaken. The design responded to these drivers providing an attractive home for residents to live as well as a practical environment for the staff.
Tilkka Esperi Care Centre is located at the historic site of the former Military hospital founded in 1918. The Tilkka CFO provided an overview of both company and Finnish system. Key issues were:

- **Finland currently have 440,000 people over 75 (8.2% of the population) which is expected to rise to 1 million people (20% of the population) by 2014.**
- **52,000 people live in residential/institutional care. This is to double within the next 6 years.**
- **25% of care is provided by private companies, 60% of care is provided by the public sector and the remaining 15% by not for profit groups.**
- **More than 1000 private companies in Finland provide care services but the 30 largest companies account for 40% of the private market.**
- **Esperi emerged from Finland’s Red Cross and is now a publicly traded company. The ambulance services were sold a year ago.**

97% of the residents are provided from the municipalities and 3% are private. Currently charges are 4000 euros per month of which 1500 Euros are paid by the municipality and a 2500 Euro voucher is provided by the government.

The current 9 storey building on site was designed in 1936 in the functionalist style by Olavi Sortta. It was expanded again in the 1960s. It has been renovated to provide for 130 residents at 45m² per bed.

Key learnings apart from an overview of the Finland system were the reuse of existing buildings. The base structure of the building made it impossible to depart from long central corridors so the end result was an institutional feeling within the facility.
Saga Esperi is a supported living facility that was completed in two parts, 1997 and 2009 years ago. It contains 196 apartments of which 80% are 1 bedroom and 20% are 2 bedrooms. They range in size between 87m² to 36m². Average resident age is 86 years old.

A key design feature connecting the entire site is a 3 storey street which not only provides sheltered access to all apartments but also accommodates the community space and provides a very simple technique of way finding and creating a clear social structure. This space is light filled and has become the heart of the community. The use of hard surfaces allows it at a sensory level to feel like a true public space.
Folkhalsan is a Swedish speaking NGO in the social welfare and health care sector in Finland. It is a large provider of social welfare, health care, child welfare and day care services, outpatient clinics for adolescents, rehabilitation clinics for people with disabilities and service housing for the elderly. Folkhalsan takes a holistic perspective of health issues believing health and wellbeing should be taken into account in everything we do in education, working life, housing and municipal planning creating favourable social and physical environments for present and future generations.

Folkhalsan is funded through public grants, subsidies and selling its services to the municipalities. It has 4 sections:

1. Research Section with over 220 researches
2. Folkhalsan Association – with public activity groups
3. Folkhalsan Services – which has 4 not for profit companies.
4. Folkhalsan Foundation – which provides management, support, asset management and HR.

The Samford facility was built in 1996 and consists of 137 apartments, 40 person nursing home, 10 person dementia day facility and home care unit. The apartments are built in 2 locations – 70 apartments in the main building and 67 apartments across the street but linked under the road by a tunnel.

33% of the apartments are rentals and 67% of the apartments are owned. A further stage of development is proposed on an adjoining site; interestingly this will be linked to the main building by a pedestrian flyover.

The key learnings in the facility were the creative way in which they have staged their developments by the use of connecting links (tunnels and flyovers) without any operational compromise to the facility.
The second Folkhalsan facility we saw was located at Tapiola. The facility was constructed adjoining an existing operational primary school. The entire completed complex integrated 3 separate businesses which all worked in collaboration. They were

1. Primary school – which accommodated 250 students aged 7 to 12 years
2. Accommodation for Older people – which had 106 units (56 apartments, 39 assisted living, 11 assisted living for people with a disability) and 60 person day centre
3. Music school – which had 8 classrooms and an auditorium serving 900 students from 4 to 22 years old.

This integration is producing some fantastic outcomes. The kids are using the entry dining room for lunch which is also used by the older residents. The residents are participating in the concerts as both the audience and in some cases participants. The children are becoming desensitized to older people.

The key learnings are the strength and uniqueness of the site’s story. The development is enhanced by having a series of clear and compelling stories where its social outcomes are strengthened by the combination of different groups on site.
Loppukiri is the outcome of a six year project of the Active Seniors Association. It is a housing community in a co-housing arrangement for mid-life and elderly people in urban surroundings in Helsinki. The Association was founded in 2000 to introduce the concept of co-housing to elderly people.

The Loppukiri property is owned by a private housing corporation whose shareholders form the majority of people from the community. The housing corporation is run by a management board assisted by a professional property manager. The apartment owners are responsible for managing the costs and expenses according to the number of shares they own in the corporation. The building was financed with the housing corporation having bank loan with an interest subsidy provided by the state. The Loppurkiri community enjoy a lively social life offering a choice for everyone based on their interests. Common meals are served 5 days per week with cooking and cleaning duties being rostered.

The community meeting is the decision making body for the Loppukiri community. Its main duties are to oversee the smooth running of the community, that activities including cooking are coordinated, and that the financial matters of the community are controlled. The minimum age of 48 years is required of at least one person in each apartment. The apartments may be owner occupier or rented. After 8 years there has only been 8 resales.

The facility has 58 units varying from 36m² to 80m² in size (5 x 2 bedrooms apartments and 51 x 1 bedroom apartments). The current mix of residents is 51 women and 16 men ageing from 60 to 93 years old. The building is 7 floors in height with some community facilities provided on the ground floor and top floor. The residents were all closely involved with the architect in the design of the apartments and community space.

The key learnings of Loppukiri were looking at creative co-housing solutions for older people who want greater control, and the ability to heavily influence the culture of their community.
Active Life is located in a renovated extraction factory and operates as part of the Aalto University. It was founded in 2008 by the City of Espoo, Aalto University and Laurea University of Applied science. It became privately owned in 2012 now has offices at the Urban Mill Espoo, and at Aalto-Tongji Design Factory in Shanghai.

Active Life Village Ltd is helping elderly people stay at home longer and live safely and comfortably. It acts as a catalyst for welfare service innovation and collaborates with users, service and technology companies, communities and third sector organisations. It offers wellbeing solutions for people living at home or in care homes and helps people with dementia, sleeping disorders, poor mobility and other aging related issues.

Research and design aids aspects being explored are:

- Cameras
- Bed sensors
- Programmable dispensers
- Bracelets
- Door detectors
- Movement detectors
- Door knobs and locks

The average age of user is 60 to 70 years old.

Basic wellbeing packs are being developed for purchase by individuals. To penetrate the market they are using community libraries for demonstrations and for the ability to borrow a pack for a month to trial it.

The basic pack includes a monitoring device which will record information on blood glucose, blood pressure, weight, amount of sleep, heart rate, medication, alerts, location and diary and be able to remotely monitor these items. Pack includes the monitoring devices, iPad for virtual connection, sensors and cameras.

The key learnings from Active Life were the level of research and development being undertaken to support people staying at home and the creative ways of commercialising the products.
Vire Koti Lehtisaari was opened in January 2013. The design was retrofitted within an existing building. It offers 24/7 care services for 44 residents. All residents have dementia. The building is 2 storeys with 22 residents per floor. Each floor is then subdivided into 2 social groups of 11 residents.

Residents have various ethno-specific backgrounds and first languages, predominantly Russian, Swedish and Finnish.

Each floor has its own dining room and lounge space with a common sauna located on the ground floor. The home has good transport links with Helsinki and Espoo.

A key feature of the facility is that it is co-located with an existing retirement village. The village is owned and operated separately but a physical link has been provided between the 2 facilities at both the ground and first floor levels. Both organisations are currently working together to determine how and what services can be delivered efficiently between organisations and the buildings.
Adelaide Nursing home located in one of the wealthier suburbs of Copenhagen. Its history is that it was developed on a park which was used as the gardens of a private mansion built in 1870. The original nursing home of 31 apartments was built in 1977 and extended in 1996 and 2006.

The current building provides for 55 residents located over 3 levels. 85% of the residents have some form of dementia.

The preparation and quality of food within this facility had been a real differentiator. Until recently, meals had been prepared by Rasmus Kjaer who is one of Denmark’s top 10 chefs – having won "chef of the year" in 2002.

Waiting lists are often quite long with 15 years not being uncommon. The waiting list is managed by the local council. Residents are mostly Danish and predominantly come from the local areas. The average length of stay is 3 years.

10% of the construction funding was paid by the municipality and the remaining 90% borrowed by the organisation.

A major design emphasis is on “homelike development” and key learnings were around some of its design features which include:

- **Large flexible apartment spaces.** Each apartment was between 40 to 50 m². These varied in design from 2 spaces separated by a flexible wall to one large space used more as a bed sitter. In all cases the bed did not dominate the room and was personalised by lounge spaces, which created a true apartment feel.

- **The elimination of traditional corridors.** Access to all bedrooms was directly from a lounge or common space. This was achieved by creating a much wider central spine used for common activities. Light permeated through the building by the use of strategically located atriums and cut outs.
Salem Nursing Home at Gentofte is run by a private organisation that is contracted by the Gentofte municipality. We were fortunate to be joined by the facility’s designer Mr Rune Madsen from Thora architects.

The nursing home has recently undergone a total renovation where only the original basement was retained. A key design focus is the large atrium space, around which are located 4 household groups. The atrium is open to the adjoining lake and parkland and is designed to experience the changes in weather conditions. 44 apartments are provided in the 4 household groups with 85% of the residents having some form of dementia.

In developing Salem the funding came from government – key outcome drivers are that the total area for the facility cannot be more than 67m² per bed and cost no more than 3500 krone per m². Anything outside these tolerances requires to be funded by the organisation.

Key learnings from this facility were the visual clarity of the space and the social cohesion between the residential groups. This came as a result of a very clear social structuring of having public space represented by the plaza and central restaurant, semi-public space represented by private dining and lounge spaces as part of each 12 apartment wing, and finally the private space represented by each apartment. The connection of the plaza to the outside connected via a boulevard of trees completed the story.
Neptuna is an environmentally designed 95 apartment facility located in Malmo in Sweden. The city of Malmo was designed with sustainability as its major aim and is now an international tourist destination. The area of Malmo has about 605,000 people. The first stage known as Bo01, which was constructed in 2001, has been called the city of tomorrow with about 800 apartments and has several integrated solutions for sustainability. The first stage contains 100% locally produced renewable energy creating a zero CO2 footprint.

Neptuna is one of 3 affordable housing developments for the over 55’s developed in Bo01.

Neptuna contains 95 apartments with currently 109 residents in occupation. The average age of resident is about 80. It has a privately operated restaurant as well as roof top gymnasium and sauna. The whole facility as operated by one on site manager.

Apart from its modern appearance and outstanding location and views a key feature of the site was a centrally located greenhouse which became a visual focal point.

All apartments are rental and rent at 6700 Swedish krona per month compared to average local rent of 11,000 Swedish krona.

Key learnings from this site were the broader urban planning considerations of integrating older people seamlessly into the urban fabric. The sheer fact that the building was not instantly recognisable and was co-located with adjoining student accommodation was testament to this.
Margrethe Hjemmet in Roskilde, Denmark Case Study

Chris Straw, ThomsonAdsett, c.straw@thomsonadsett.com

Built in 1975 in the former capital of Denmark, Roskilde, Magrethe Hjemmet has been revitalised into a modern nursing home regarded in the top 3 in Denmark.

The organisation bought an adjoining building which was originally constructed in 1935. This building was redesigned to provide a 2 story common space and the main kitchen. By reorganising the space within the existing nursing home 44 newly renovated apartments were created. A new modern glass link provided access between the buildings as well as a new entry focal point. The building took two and a half years to construct.

A key design element was the bathroom design of the apartments, which provided a contemporary design solution and deinstitutionalised visual approach to wet area design. Flexibility was provided a movable bathroom wall enabling the space to change in area depending on the specific needs of the resident.

Key learnings from this facility were the ability to reuse, redevelop and extend existing building stock (some which had previously not been used in a care environment) to provide facilities responsive to both current and future needs. This facility was a great example of sympathetically combining the old with the new.
The Munksogard Eco Village was first established in 2000 in the outskirt of the city of Roskilde, located about 25Km from Copenhagen. The key theme behind the community was to create a development that integrates environmentally friendly technologies and practices in the construction of the houses as well as the operation and to establish a strong community among its residents supported by housing.

The community accommodates a socially lively community of 230 people (150 adults and 80 children) in 100 row houses. The village has 5 sub communities each containing 20 row houses and a community hub provided within the existing farmhouse and barn. The sub communities are:

1. Owner occupiers- privately owned single families
2. Co-owned (cooperative association)
3. All age groups (rental model owned by Roskilde Building Association)
4. Youth(rental model owned by Roskilde Building Association)
5. Seniors(rental model owned by Roskilde Building Association)

Each dwelling group have their own common house for joint activities. 24 people live within the seniors group. Environmental considerations include:

- Buildings constructed of timber and finished with mud paint
- Rainwater used washing clothes in the common house.
- Urine from the septic system used to nurture the fields
- Solar panels for hot water with 2 groups using sun cells for power
- No chemicals used in the growing of food

Key learnings were viewing alternate forms of accommodation and sustainable living in a communal arrangement where the older residents form only part of the community. Again a clear social structuring occurs here and is represented in a true “village” approach. The strength of a strong philosophical position that permeated through all aspects of life was obvious.