

Theoretically informed case study accompanying the film Ammerudhjemmet - Norway



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QR-Code to the Homepage and video: Link to the video: http://www.inno-serv.eu/ammerudhjemmet

This report is part of the research project "Social Platform on innovative Social Services" (INNOSERV). INNOSERV investigates innovative approaches in three fields of social services: health, education and welfare. The INNOSERV Consortium covers nine European countries and aims to establish a social platform that fosters a europeanwide discussion about innovation in social services between practitioners, policy-makers, researchers and service users. This project is funded by the European Union under the 7th Framework Programme (grant agreement nr. 290542).





1. Short profile: Ammerudhjemmet: The innovation focuses on service users who are not able to live independently in their homes.

Specific innovative elements of Ammerudhjemmet

Network approach

Integrated approach to network analysis and integration for the service users. Aim: Connection of users (residents and their networks to the community).

Community based meeting place

Social service provider: open and embedded element of community and neighbourhood.

Cultural turn in long term care

Long term care moves from a medical approach to a cultural approach.

Key characteristics of the service

Organisation:

<u>Ammerudhjemmet</u> (owned by the Church City Mission, Oslo) is both a nursing home and a local community cultural centre. It is a private non Profit organisation, offering a total of 102 Beds and an additional 27 places for day care patients.

Principle:

The main ideology is to create and keep up an 'open nursing home model' in order to avoid a separation of users from the community ('ghettoisation'). Ammerudhjemmet is a special nursing home, in which inpatient & short term care is offered to people in need.

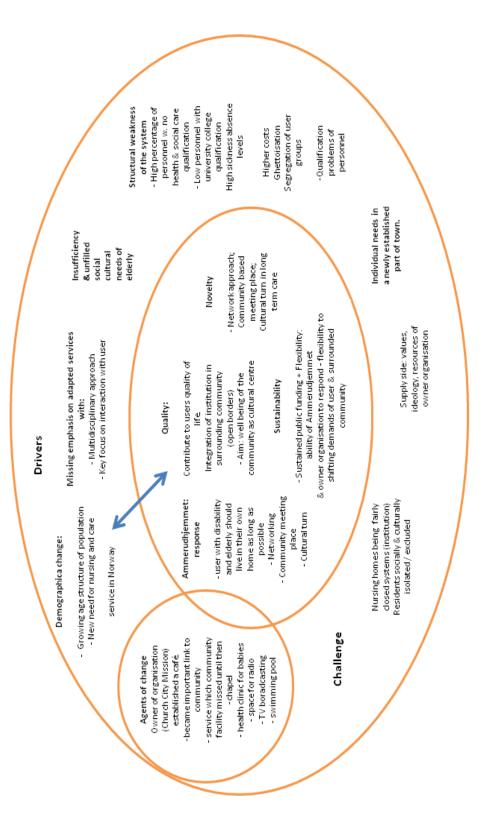
User groups:

User groups are elderly people (average age is app. 67 years) who need care. Some of them have health problems as well (for example, 80% suffer from dementia). The project is also open to people from the community. This way, the elderly are not separated but part of the society and able to participate.

Driver(s):

The reason for this innovative project is the unfulfilled social and cultural needs of elderly people living in nursing homes.

Factors influencing Social Services Innovation



2. Policy framework related to long term care in Norway

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3. The social, political and institutional context

3.1 Population/ Government

	Norway(2010)	EU27(2010)
Total Population in person:	4,858199	501,104164
Population projections 2010-2050	6,365895	524,052690
Proportion of population aged 65-79 years:	10.3 %	12.7%
Proportion of population aged 80 years and more:	4.5 %	4.7 %
Proportion of population aged 65 and over:	14.9 %	17,4%
Old-age-dependency ratio: (15-64 to 65+)	22.5 %	25,9 %
Projected old-age dependency ratio 2010-2050	40.29%	50,16%
Life expectancy at 60 (2009) in years Males:	22 years	21.1 years
Females:	25.4 years	25.1 years
Expenditure on social protection (% of GDP) 2009	26.41%	29.51%
Expenditure on care for elderly (% of GDP) 2008	1.61%	0.41%
Pension expenditure projections (% of GDP) 2050	13.3%	12.3%

3.2 Information about the specific welfare state: Norway

There is a steady increase of expenditure in benefits in kind of social protection benefits (including social services), that shows the growing meaning in comparison to social protection benefit in cash. The table below presents the social protection expenditure of selected countries.

Social protection expenditure: Aggregated benefits and grouped schemes in millions of Euros

Time	Expenditure for social protection benefits in millions of Euros		Increasing benefits in kind	Part of benefits in kind of social protection benefits	
	1996	2010	1996-2010	1996	2010
EU 27	/	3,605,678.95	/	/	34.07%
Norway	32512.53	80833.67	152.74%	40.49%	41.16%
United Kingdom	262,859.71	478,281.18	124.56%	32.87%	40.56%
Germany	565,683.07	765,717.82	52.53%	30.79%	34.69%

Source: Own calculations based on EUROSTAT 2012

4. Challenges and drivers of innovation

Structural weaknesses of the system:

- High percentage of personnel with no health and social care qualifications, low percentage of personnel with university college qualifications, high sickness absence levels
- More emphasis on adapted services with a multidisciplinary approach and a key focus on the interaction with the individual user
- Weaknesses in the health service, the medical follow-up of long term care service users, patients in nursing homes, users of home care services and community care housing residents

Innovation: Ideas, criteria, levels and added values

The need for nursing and care services in Norway is expected to increase. The reason for this is the age structure of the population, especially the number of people over the age of 80 years (cf. Angell 2008:113).

The basic principle of care for the disabled and elderly people in Norway is that individualised support and services should be arranged in ways that enable care <u>in people's home communities</u>. Most of the municipalities (80%) now provide home care services 24 hours a day. Persons with disabilities and the elderly <u>should have the opportunity</u> to live in their own home for as long as possible (cf. Angell 2008:112).

The visualised case focuses on three core Innovation ideas in social services.

The innovations focus on such service users who are not able to live independently in their homes.

Ammerudhjemmet's vision is the idea that learning and development are for all people throughout their lives. Although life opportunities are limited, all aspects of life are present as long as one lives. That means that everyone should have a chance at a full life on their own premises, not least socially and culturally.

Network approach:

A core element of the highlighted service is the integrated approach to network analysis and integration for the service users. The aim is to connect the users, who are living in the project and their networks to the community.

Community based meeting place:

The second innovation represents a social service provider as an open and embedded element of community and neighbourhood. On a daily basis, people living in nursing homes tend to be socially and culturally isolated, excluded from the "vibrant life" of the community where the nursing home is located because of age-related frailties. Social and cultural interaction with the surrounding community is most often restricted to special occasions, with predominantly unilateral relationships: arrangements are primarily meant for the residents, and the events are organised as a visit to the institution. What Ammerudhjemmet aims at is for the institution to be a resource to the community, so that exchanges between the institution and its environment take place with a higher degree of mutuality (relationships marked by mutual resource dependency), be it children in the neighbouring kindergarten and school, youth, adults and elderly people who need a meeting place. In practice it means, for instance, is that the reception floor is an open, community space with a café and shops for personal services, and space for cultural events in the community. In practice it also means people living alone, especially elderly people, who regularly visit Ammerudhjemmet for such reasons, may be attended (worried about) if they "disappear"; staff take on network functions for people in the community. In this way the nursing home and its residents become more "naturally" integrated in the community than is usually the case.

Cultural turn in long term care:

The principle in long term care turns from a medical approach to also including a cultural approach. Meeting and fulfilment of general human needs are understood as including meeting and supporting the cultural needs and wishes of everyday life of users and community.

Agents of change

The need for nursing and care services in Norway is expected to increase because of the age structure of the population, especially the number of people over the age of 80 years (cf. Angell 2008:113).

The owner organization (Church City Mission) established a café, which became an important link to and resource for the surrounding community; serviced the community establishing facilities lacking elsewhere: chapel, health clinic for babies, space for radio and TV broadcasting; swimming pool etc.

5. Key innovative elements of this example

Field of service	Heath and Welfare		
Establishment of organization	1970		
Type of organization	Private non profit organization		
Financing	Activities are to a great extend run by volunteers. Funded through private donations		
Size of organization	More than 200 employees: nurses, one doctor, one priest, one cultural leader, 75 volunteers (80-90 years old), cooks, cleaning staff, one self-employed hairdresser, who is also a foot therapist and one volunteer coordinator 102 Beds, 27 places for day care patients, open, community space with a café and shops for personal services, and space for cultural events		
Members and participation	Volunteers, close cooperation with the labour market business, community, hairdresser, café, library, swimming pool and pedicure		
Contact	Homepage:		
Name of the innovative example Homepage	http://www.bymisjon.no/no/Virksomheter/Ammerudhjemmet-Boog-Kultursenter/Hvem-e		
	Organization: Kirkens Bymisjon, Tollbugata 3, 0152 Oslo Address: Ammerudveien 45, 0958 Oslo		
	Contact person: Øyvind Jørgensen		
	Phone: (+47)23335323		
	Email: firmapost.ammerudhjemmet@bymisjon.no		

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