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## Innovations in home-based elderly care in remote areas. Findings from northern Norway

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### INTRODUCTION

We live in a society marked by an ageing population. Research indicates that the majority of elderly people prefer to live in their own home, including in the later stages of their lives when they depend on care (Berglund, Dunér, Blomberg, & Kjellgren, 2012). It is also documented that the number of users of care services in Norway has increased by 20% from 1994 to 2013, whereas the public spending on the care sector has doubled during the same period of time (Otnes, 2015). Young users of home care services compose a proportion of this increase (Gautun & Grødem, 2015), but demographic ageing will undoubtedly put further pressure on the sector. Today, the municipal care services consist of far-reaching and continuous (24/7) activities that are carried out by a small number of managers, a large number of personnel, a high percentage of employees without professional training, many part-time workers, most of them women, increasingly with an immigrant background (NOU 2011:11, 14).

The ageing population is especially noticeable in rural areas with high out-migration of younger people, and sometimes also in-migration of retirees (Burholt & Dobbs, 2012; Róin, 2015). Remoteness and a relatively thin and scattered population often characterize rural areas. In this project, we assume that distance and travel time to municipal centres may hamper the ability to offer satisfactory home-based services to those living furthest away, and that rurality (in terms of distance and travel time) may complicate the collaboration between formal and informal care providers (see e.g. Ryan, McKenna, & Slevin, 2012). At the same time, we assume that the transparency and close social bonds that characterize many rural communities may foster extensive informal care from family members, neighbours and persons engaged through local voluntary organizations as found in a study from rural Sweden (Bygdell 2014). Rurality may hence pose some particular challenges and opportunities in terms of developing satisfactory care services.

Studies show that home-based care in Norway has a heavy health care bias, and that social and practical care services are less developed. In order to contribute to innovation in elderly home-based care, we

examine challenges and opportunities that rural communities represent as caring spaces. In this paper, we will address how home-based elderly care may be improved through organizational innovation.

### METHODS

We have conducted a qualitative study in two municipalities in Northern Norway: Tana (Finnmark) and Steigen (Nordland). We selected these municipalities for two reasons: a) they provide home-based care arrangements for elderly in remote areas, thus having to *cope with distance*, and b) because they, for various reasons (such as personal motivation among municipal leadership and a budgetary necessity) are *highly interested in improving their (home-based) health- and care services*. We currently collaborate with two leaders in each of the two municipalities, and it is envisioned that this study will strengthen ongoing innovation processes, and contribute to new care arrangements in the participating municipalities and beyond.

During our qualitative fieldwork in 2016 we interviewed 11 professional care providers, 10 representatives from the third sector, 28 elderly people (20 users and 8 older next of kin), three younger next of kin (adult children or children-in-law), as well as six leaders of the municipal care sector about experiences, challenges and opportunities in home-based care in remote areas.

### RESULTS

Our suggestion regarding how home-based care in remote areas may be organizationally improved may be summarized in five main points. We recommend:

To appoint a primary contact person for each (elderly) service user. The primary contact person is expected to know the user, and to coordinate the public services offered with the GP, but also and in particular with help and care from the family, volunteers and others in the local community

To re-organise home care services by clearly distinguishing between health services (home nursing) on the one hand and practical and social care services on the other, including services related to food, social contact, transport, personal care (shower, dressing, toilet), cultural activities and other services.

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As part of this re-organization of home care services, a wider and more flexible use of home helpers is crucial. Currently, home helpers in Norway (in contrast to e.g. Sweden and Denmark) provide only cleaning services. As a consequence, there is a lack of awareness of the importance of social care that home helpers may provide.

To introduce preventive home visits as a regular service for all inhabitants beyond a certain age. Today, only 25 % of municipalities in Norway provide such preventive home visits, and even less amongst the less populated municipalities (Førland, Skumsnes, Teigen, & Folkestad, 2015). The purpose of this would be to map current and future practical, social and health care needs, evaluate if adaptations in the house are needed in order meet the challenges associated with an increasing loss of functional abilities. This is particularly important in order to get in touch with elderly people without (present and active) family members, as in fact it is often the family, and not the older person herself, who defines the care needs and who apply for public services when necessary

To introduce new forms of technologies, such as the use of telecare as a supplement to formal and informal home-based care services. Another example may be to enable users to use skype or other communication technologies a) to directly contact staff in the municipal health and social services when needed, b) to keep in touch with family and friends and c) to cope with loneliness. With time, it is also possible to use technology that stimulates, entertains, activates and structures daily life for the elderly (See NOU 2011:11).

To offer transport opportunities for older people. This is particularly important for those living far away from the municipal centre, the Day Care centre, senior café and other meeting places for older people. In fact, coping with distance does not seem such a big deal for older women and men in remote areas if transport is affordable, regular and safe, and takes you where you want to go. An example of demand-responsive transport in Finnmark is "flexxskyss", a taxi or minibus that any older person may order twice

a week to get to the municipal centre and back again to their own door step for a symbolic price.

#### CONCLUSIONS

In the time to come, we will collaborate with the leaders of home-based care in the selected municipalities to try to develop an action plan for implementing (some) of these recommendations. So far, we see that flexibility of services offers opportunities for older people in remote rural areas to remain in their own home – which is a great advantage as long as they themselves perceive their home as a safe place to live.

#### REFERENCES

- Berglund, H., Dunér, A., Blomberg, S., & Kjellgren, K. (2012). Care planning at home: a way to increase the influence of older people? *International Journal of Integrated Care*, 12(5).
- Burholt, V., & Dobbs, C. (2012). Research on rural ageing: Where have we got to and where are we going in Europe? *Journal of Rural Studies*, 28, 432-446.
- Bygdell C. Omsorgsfylld landsbygd: Rumsliga perspektiv på åldrande och omsorg på den svenska landsbygden. Uppsala: Upplands Fornminnesförenings tidskrift 56; 2014.
- Førland, O., Skumsnes, R., Teigen, S., & Folkestad, B. (2015). Forebyggende hjemmebesøk til eldre. Utbredelse, diffusjonsprosesser og spredning. *Tidsskrift for omsorgsforskning*, 1(2), 119-130.
- Gautun, H., & Grødem, A. S. (2015). Prioritising care services: Do the oldest users lose out? *International Journal of Social Welfare*, 24(1), 73-80. doi:10.1111/ijsw.12116
- NOU 2011:11 *Innovation in Care Services*. Oslo: Ministry of Health and Care Services.
- Otnes, B. (2015). Utviklingen i pleie- og omsorgstjenestene 1994-2013. *Tidsskrift for omsorgsforskning*, 1(1), 48-61.
- Róin, Á. (2015). The multifaceted notion of home: Exploring the meaning of home among elderly people oiving in the Faroe Islands. *Journal of Rural Studies*, 39, 22.
- Ryan, A., McKenna, H., & Slevin, O. (2012). Family care-giving and decisions about entry to care: a rural perspective. *Ageing & Society*, 32(1), 1-18.