

LTC reform in Denmark

GoLTC seminar: *International Lessons for Long-Term Care Reform: How Change Happens*

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Tine Rostgaard, Professor, RUC

RUC Roskilde University

Denmark: A universal LTC system under strain

Context before the 2024 reform / 2025 Elderly Care Act

Universal municipal LTC

Tax-financed; municipalities assess needs and organise care

Predominantly public delivery

Strong emphasis on dignity, equality, and ageing in place

Home-based services and reablement approach

Scale

Relatively extensive formal home and residential care

≈ 12% of people aged 67+ receive home care free-of charge; cleaning and personal care

≈ 3% of people aged 67+ live in nursing homes

1/3 of home care users with for-profit provider; mainly cleaning

Pressure points

Population ageing, rising and more complex demands

Recruitment/retention; 1/3 unskilled LTC workers

Rigid, task- and time-based care with limited room to respond to changing needs

Growing concern with unmet need; care poverty with a social gradient

The emerging diagnosis: more of the same not a viable response

What changed?

The reform reorganises how care is governed and delivered more than what people are entitled to receive

1. From multiple services ⇨ holistic care pathways

Holistic care (helhedspleje) organised in broader care pathways

Greater continuity and fixed and self-organising team approaches

One provider responsible for the overall care pathway

2. From predefined tasks ⇨ flexible person-centred care

Self-determination becomes an explicit governing principle

Less task-by-task specification

More daily adjustment through dialogue and professional judgement

3. From public service ⇨ a more plural care system

Stronger emphasis on relatives, civil society and – new! - local communities

Choice of home care provider for the entire care pathway – public or private

More local organisational freedom

Elderly Care Reform agreement (2024); Elderly Care Act, in force from 1 July 2025.

A change in the governing logic of eldercare?

From New Public Management (NPM) task-based / regulated logic

Specified services and tasks

Minutes based

Documentation and control

Purchaser–provider separation

Fragmentation

Standardisation





To New Public Governance (NPG) relational / trust-based logic

Needs and everyday goals

Dialogue and self-determination

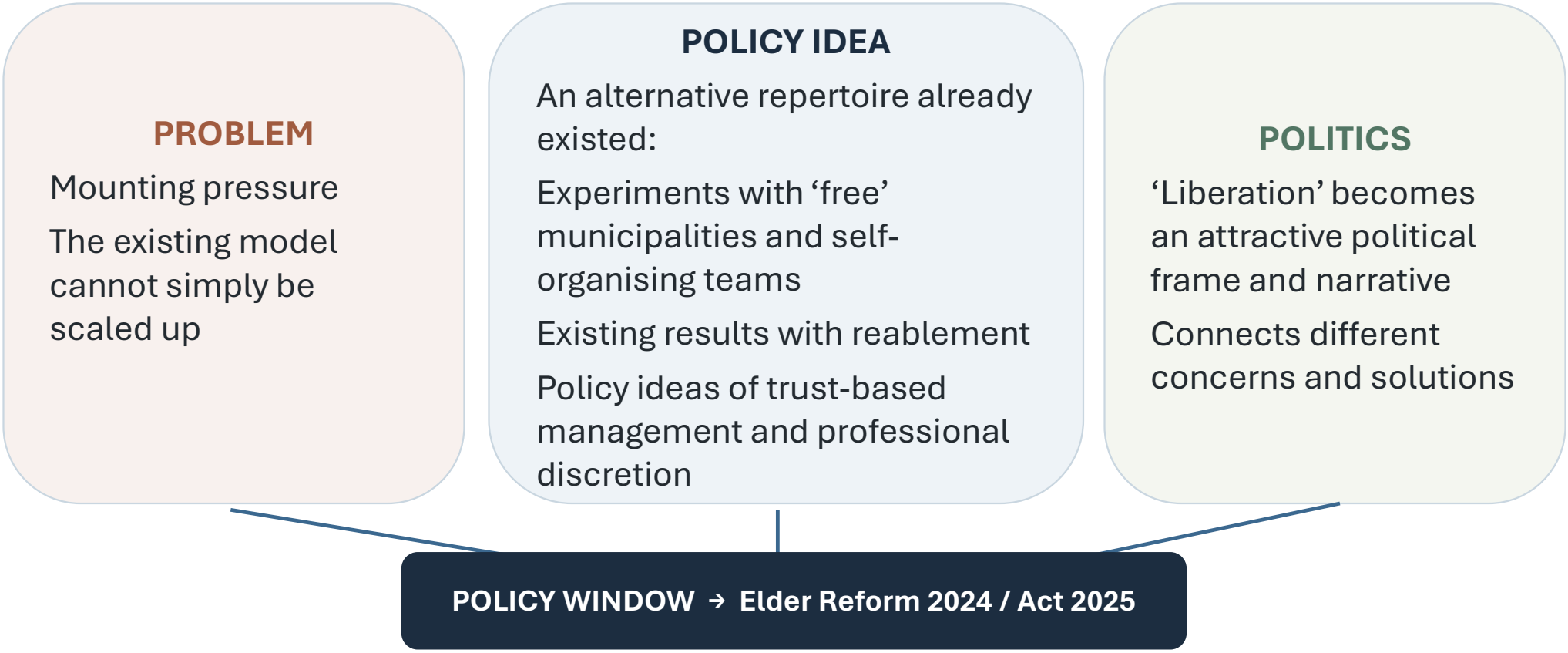
Professional discretion

Continuity and integrated care

But not a complete paradigm shift: tight budgeting, strict eligibility assessment, and market logic remain.

Why reform, and why now?

Three streams became coupled around a new reform narrative



Analytical framing inspired by Kingdon’s multiple-streams approach and Béland’s concept of policy ideas.

How was a broad coalition possible?

The same reform language could accommodate different political and organisational interests

Self-determination	Dignity and older people’s autonomy
Professional discretion	Trust and professional autonomy leading to better working conditions
Less bureaucracy	Fewer rules; less documentation
Local autonomy	Municipal freedom to organise
Free choice	Continued space for marketisation but with holistic perspective
Community / civil society	Local solutions based on solidarity and sustainability; broad and undefined

Coalition building did not require agreement on one diagnosis
— but agreement on an appealing and multi-faceted overall reform narrative of liberation

Implementation: the ambiguities and tensions return

The ideas that enabled coalition building leave important choices to local implementation

Self-determination	↔	**Resources, professional standards and legal entitlements**
Professional discretion	↔	**Accountability, equal treatment and unskilled labour force**
Continuity / fixed and self-organising teams	↔	**Workforce shortages**
Family, community and civil society	↔	**Universal public responsibility**
Local autonomy	↔	**Territorial inequality and local budget constraints**

The ambiguities and tensions that helped open the policy window now leave key political choices to be resolved through local implementation



Thank you