



Quality recommendation to guarantee a good quality of life and improved services for older persons 2020–2023

The Aim is an Age-friendly Finland

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Ministry of Social Affairs and Health and Association of Finnish Local and Regional Authorities

Ministry of Social Affairs and Health

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Abstract	<p>The quality recommendation aims to guarantee a good quality of life and effective high-quality services for all older persons who need them. The proposed measures will lay the foundation for an age-friendly society. The quality recommendation supports the implementation of the Act on Supporting the Functional Capacity of the Older Population and on Social and Health Services for Older Persons (980/2012), the changes made to it and the policies of the Government Programme. The Ministry of Social Affairs and Health and the Association of Finnish Local and Regional Authorities issued quality recommendations for developing services for older people previously in 2001, 2008, 2013 and 2017. In preparing the quality recommendation, account was taken of the on-going changes in the guidance and operating environment and the available research data.</p> <p>The quality recommendation is primarily intended for decision-makers and managers in municipalities and local government co-management areas as a tool for developing, evaluating and implementing their services for older people. Even others, such as health and social services providers, professionals, third-sector actors, clients using the services for older people and their families, can use the recommendation to plan and evaluate their own activities.</p> <p>The key themes of the quality recommendation are promoting the functional capacity of older people; increasing voluntary work; utilising digitalisation and technologies; developing housing and residential environments; organising and providing services; arranging guidance and service coordination for clients; ensuring skilled personnel who thrive in their work; and ensuring the quality of services. Particular attention has been paid to best practices in the work of civil society organisations and evidence-based best practices. The indicators used to monitor the implementation of the recommendations have also been described.</p>	
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Tiivistelmä	<p>Laatusuosituksen tavoitteena on mahdollistaa hyvä ikääntyminen sekä laadukkaat ja vaikuttavat palvelut niitä tarvitseville iäkkäille henkilöille. Ehdotetut toimet luovat pohjaa ikäystävälliselle yhteiskunnalle. Laatusuositus tukee ikääntyneen väestön toimintakyvyn tukemisesta sekä iäkkäiden sosiaali- ja terveyspalveluista annetun lain (nk. vanhuspalvelulaki 980/2012) toimeenpanoa ja siihen tehtyjä uudistuksia sekä hallitusohjelman linjauksia. Sosiaali- ja terveysministeriö ja Suomen Kuntaliitto ovat aiemmin antaneet iäkkäiden ihmisten palvelujen kehittämistä koskevan laatusuosituksen vuosina 2001, 2008, 2013 ja 2017. Laatusuosituksen valmistelussa on otettu huomioon ohjaus- ja toimintaympäristössä meneillään olevat muutokset sekä hyödynnetty käytettävissä olevaa tutkimustietoa.</p> <p>Laatusuositus on tarkoitettu ensisijaisesti väestön ikääntymiseen varautumisen ja iäkkäiden palvelujen kehittämisen, arvioinnin ja toimeenpanon tueksi kuntien ja yhteistoiminta-alueiden päättäjille ja johdolle sekä valvonnan tueksi. Lisäksi sitä voivat hyödyntää oman toimintansa suunnittelussa ja arvioinnissa monet muutkin tahot, kuten sosiaali- ja terveyspalvelujen tuottajat, alan ammattilaiset ja kolmannen sektorin toimijat ja myös ikäihmisten palveluiden asiakkaat ja heidän omaisensa.</p> <p>Laatusuosituksen keskeiset sisällöt ovat iäkkäiden toimintakyvyn edistäminen, vapaaehtoistyön lisääminen, digitalisaation ja teknologioiden hyödyntäminen, asumisen ja asuin ympäristöjen kehittäminen sekä palveluiden tuottaminen ja järjestäminen, asiakas- ja palveluohjaus, osaava ja hyvinvoiva henkilöstö sekä laadun varmistaminen. Esille on nostettu muutamia hyväksi havaittuja käytäntöjä järjestöjen tekemästä työstä sekä näyttöön perustuvia käytäntöjä. Suositusten toimeenpanon seurantaindikaattorit on myös kuvattu.</p>	
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Referat	<p>Målet med kvalitetsrekommendationen är att möjliggöra ett gott åldrande samt högkvalitativa och effektiva tjänster för de äldre personer som behöver dem. De föreslagna åtgärderna skapar en grund för ett åldersvänligt samhälle. Kvalitetsrekommendationen stöder verkställigheten av lagen om stödande av den äldre befolkningens funktionsförmåga och om social- och hälsovårdstjänster för äldre (den s.k. äldreomsorgslagen 980/2012) och de reformer som gjorts i den samt riktlinjerna i regeringsprogrammet. Social- och hälsovårdsministeriet och Finlands Kommunförbund har tidigare utfärdat en kvalitetsrekommendation om utveckling av servicen för äldre åren 2001, 2008, 2013 och 2017. Vid beredningen av kvalitetsrekommendationen har man beaktat de pågående förändringarna i styrmiljön och verksamhetsmiljön och tillgängliga forskningsrön.</p> <p>Kvalitetsrekommendationen är främst avsedd som ett stöd för kommunernas och samarbetsområdenas beslutsfattare och ledare när det gäller att utveckla, utvärdera och genomföra servicen för äldre samt till stöd för tillsynen. Dessutom kan den utnyttjas vid planeringen och utvärderingen av den egna verksamheten av många andra aktörer, såsom producenter av social- och hälsovårdstjänster, yrkesutbildade personer inom branschen och aktörer inom tredje sektorn samt även klienter inom tjänsterna för äldre och deras anhöriga.</p> <p>Det centrala innehållet i kvalitetsrekommendationen är främjande av de äldres funktionsförmåga, ökning av frivilligarbetet, utnyttjande av digitalisering och teknik, utveckling av boende och boendemiljöer samt produktion och ordnande av tjänster, klient- och servicehandledning, kunnig och välmående personal samt säkerställande av kvaliteten. Några exempel på god praxis när det gäller organisationernas arbete och evidensbaserad praxis har lyfts fram. Uppföljningsindikatorerna för genomförandet av rekommendationerna har också beskrivits.</p>		
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FOR THE READER

The Rinne¹–Marin² Government Programme aims for an increasingly age-friendly country which recognises and prepares for the social change brought about by the ageing of the population. In the programme, elderly people are regarded not only as the target of services, but also as a resource for society. The Government Programme aims to increase the number of years of life when good health is enjoyed, to improve the capacity to act and to provide timely and efficient services.

The aim of this quality recommendation is to enable a good ageing process and high-quality and effective services for elderly people who need them. The proposed measures lay the foundation for an age-friendly society. The quality recommendation supports the implementation of the Act on Supporting the Functional Capacity of the Older Population and on Social and Health Services for Older Persons (the so-called Act on the Care Services for Older Persons 980/2012) and its amendments as well as the Government Programme guidelines. The Ministry of Social Affairs and Health and the Association of Finnish Local and Regional Authorities have previously issued a quality recommendation on the development of services for older people in 2001³, 2008⁴, 2013⁵ and 2017⁶. In preparing the quality recommendation, the current changes in the steering and operating environment have been taken into account and the available research data has been utilised.

¹ Programme of Prime Minister Antti Rinne's Government 6 June 2019. Inclusive and skilled Finland – a socially, economically and ecologically sustainable society. Government publications 2019:23.

² Programme of Prime Minister Sanna Marin's Government 10 December 2019. Inclusive and skilled Finland – a socially, economically and ecologically sustainable society. Government publications 2019:31.

³ Ministry of Social Affairs and Health and the Association of Finnish Local and Regional Authorities 2001. Quality recommendation on care and services for older people. Ministry of Social Affairs and Health guides 2001:4.

⁴ Ministry of Social Affairs and Health and Association of Finnish Local and Regional Authorities 2008. Quality recommendation for services for older people. Ministry of Social Affairs and Health publications 2008:3.

⁵ Ministry of Social Affairs and Health and Association of Finnish Local and Regional Authorities 2013. Quality recommendation for ensuring a good ageing process and improving services. Ministry of Social Affairs and Health publications 2013:11.

⁶ Ministry of Social Affairs and Health and the Association of Finnish Local and Regional Authorities 2017. Quality recommendation for ensuring a good ageing process and improving services 2017–2019. Ministry of Social Affairs and Health publications 2017:6.

The quality recommendation has been prepared as part of the work of the working group on the reform of services for elderly people in a subsection assigned for this purpose, in which representatives from various ministries and expert parties, private service providers and municipalities and organisations were represented (Ministry of Social Affairs and Health/927/2019; STM025:00/2019). The views of elderly people on the preparation were introduced by the organisational actors representing the elderly people who participated in the preparatory section. This quality recommendation shall replace the previous quality recommendation for 2017–2019. The preparation of the national cross-administrative age programme 2030 is also under way, which sets targets for preparing for ageing that are longer than one Government term.

When the quality recommendation work is completed, the Parliament will have discussed the first phase of the reform of the services for elderly people. Preparations for the second phase were also launched in the spring, as well as the reform of social welfare and health care services under the Marin Government Programme⁷. As part of these activities, the future social welfare and health care centre programme has been launched.

The quality recommendation is primarily intended to support the decision-makers and management of municipalities and cooperation areas, to support the development, assessment and implementation of services for elderly people, and to support control. It can also be utilised in planning and evaluating its own activities by many other parties, such as social and health care service providers, professionals in the sector and third sector actors as well as customers and their next of kin.

The finalisation of the quality recommendation was impacted by the COVID-19 pandemic, which arrived in Finland in March 2020. Due to the pandemic, it was necessary to abandon separate consultations and to postpone the start of the round of statements to a later date.

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⁷ The Future Social and Health Centre 2020–22 <https://soteuudistus.fi/tulevaisuuden-sote-keskus-valtionavustushaku>

1 Introduction

Ageing and the well-being and health of the elderly population, as well as services, are important and topical in Finland and internationally. This recommendation seeks solutions for ensuring the good health and functional capacity of the entire elderly population. The recommendations mainly follow the principle of normality.

The nature of the quality recommendation changes in relation to previous recommendations, as the recommendations on the number and quality of personnel, which have become normative in nature, are transposed into legislation. At the time of writing, the Parliament has just adopted an amendment to the Act on the Care Services for Older Persons, which contains provisions on the number of personnel for 24-hour care and the metrics used to assess service needs⁸. It is therefore justified that in the regulation on municipal tasks and obligations, norm steering and other types of steering are clearly separate entities. The recommendations are part of more general guidance, whose implementation leaves room for taking local conditions into account in their application.

The recommendation does not repeat what has already been recorded as obligations in the legislation. The number and structure of personnel included in the previous quality recommendations are excluded from the quality recommendation at hand. With regard to 24-hour care, the provisions on personnel are included in the new legislation, and the grounds for them are set out in the explanatory texts for the Act in question. The policies concerning home care personnel will be examined in the second phase of the reform of the Act on the Care Services for Older Persons. The quality recommendation is part of broader development work to prepare for the ageing of the population and service needs⁹. If a recommendation on a topic discussed has already been published elsewhere, it will be referred to, but it will no longer be discussed in more detail.

⁸ HE 4/2020: Government proposal to the Parliament on the Act on Supporting the Functional Capacity of the Older Population and amending the Act on Social and Health Services for Older Persons, <https://www.finlex.fi/fi/esitykset/he/2020/20200004>

⁹ Huhta J ja Karppanen S. Kohti ikäystävällistä yhteiskuntaa: läkkäiden henkilöiden palvelujen uudistamistyöryhmän raportti. Ministry of Social Affairs and Health Reports and memoranda 2020:16.

The number of older people is high and continues to grow. There are older people with very different functional capacities, health conditions and financial situations. In addition, different cultural and religious backgrounds and different sexual minorities are represented in the older population. The promotion of well-being, good health, functional capacity and inclusion¹⁰ is of primary importance and is therefore particularly emphasised in this quality recommendation. Increasing and reinforcing the inclusion of older people is an important and significant consideration.

The Finnish policy on elderly people has emphasised the priority of living at home even in situations where regular support and services are needed. To promote living at home, operating models are needed that support preventive activities which maintain functional capacity, daily rehabilitation and independent coping. Both older and working-age informal carers play a particularly important role¹¹, and supporting them is of primary importance.

Home care is part of the services provided at home, the number and diversity of which must be further increased and developed, also bearing in mind the development of digitalisation and well-being technology and increasing voluntary work. Good home care instils confidence and meets the expectations of older customers and home care personnel. In order to support living at home, it is also necessary to increase the number of different housing options.

Traditional long-term institutional care has been resolutely reduced in Finland. Today, the main 24-hour care consists of sheltered housing with 24-hour assistance. An estimated 1% of the population aged 75 or over needs long-term institutional care on specific medical grounds.

The WHO also published a global strategy and action plan on ageing and health in 2017¹². The strategy includes the preparation for a decade of healthy ageing in 2020–2030. In the same year, the WHO also published a global action plan to address memory disorders for 2017–2025¹³ and recommendations for integrated services to monitor the empowerment of older people and related interventions¹⁴.

¹⁰ See also the Government Resolution of 17 June 2020 on promoting well-being, health and safety in 2030.

¹¹ Kallioma-Puha L. Omaishoidon ja ansiotyön yhteensovittaminen : Selvityshenkilön raportti. Raportteja ja muistioita 60/2018.

¹² Global strategy and action plan on ageing and health. Geneva: World Health Organization; 2017.

¹³ Global action plan on the public health response to dementia 2017 - 2025 www.who.int/mental_health/neurology/dementia/action_plan_2017_2025/en/

¹⁴ Integrated care for older people: guidelines on community-level interventions to manage declines in intrinsic capacity. Geneva: World Health Organization; 2017.

The key themes of the quality recommendation are consistent, and they are impact targets in a similar manner as in the age programme in preparation for 2030. The topics are presented by figure: promoting the functional capacity of older people, increasing voluntary work, utilising digitalisation and technologies, developing housing and living environments, and developing and increasing equal, better coordinated and economically sustainable services.

The recommendation begins with a brief overview of ageing and service-related topics. Some proven practices and some evidence-based operating models have been highlighted as examples to support the recommendations. Themes and development themes have been compiled separately at the end of the recommendation for the preparation of the next quality recommendation. Indicators which support the monitoring of the implementation of the recommendations are described in the appended tables at the end of the report.

2 Trends in ageing and services

2.1 Change in the age structure of the population

The share of older people in the population is increasing, and in 2018, approximately 20 per cent of the population were aged 65 or over, and in 2030, some 26 per cent, or 1.5 million, may already be aged 65 or over. The share of the oldest age groups aged 75 and 85 (Figure 1) of the population is also increasing, and the growth rate varies between municipalities in different provinces. In 2030, at least one in four inhabitants will be aged 75 or over in a large number of municipalities.

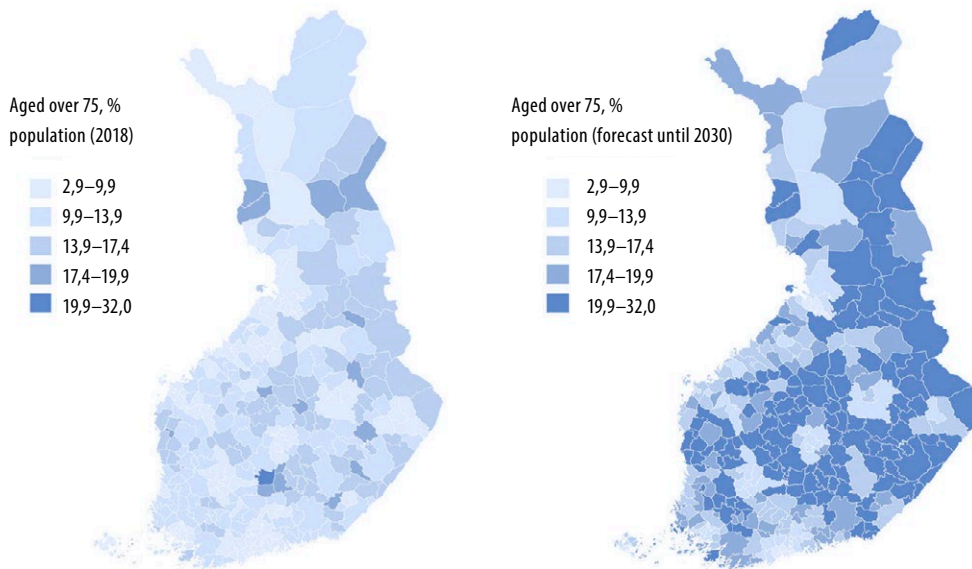
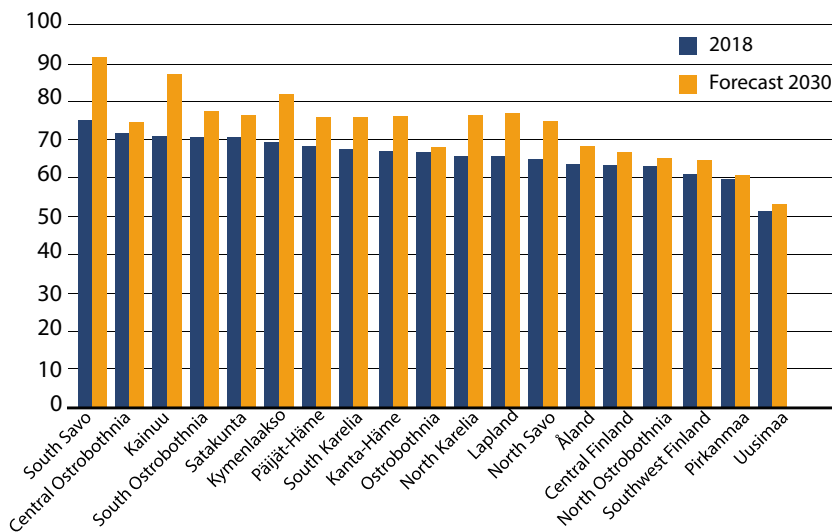


Figure 1. Share of those aged 75 or over (%), population by municipality A) in 2018 and B) forecast until 2030.

As the number of older people increases, the size of the working-age population decreases, but the length of working careers will also increase. The dependency ratio will decrease by 2030 (Figure 2). There are already major differences in the population dependency ratio between the provinces. The change in the demographic dependency ratio is clearly reflected in the need for services for older people and the implementation of services in different provinces.



Source: © Finnish Institute for Health and Welfare, statistical and indicator bank Sotkanet 2015–2019.

Figure 2. The population dependency ratio (%) in 2018 and the forecast until 2030 sorted from the largest to the smallest based on the situation in 2018.

2.2 Capacity to act

Functional limitations and the use of social and health services¹⁵ are not distributed equally among the population. The greatest problems with functional capacity have been observed among those with little education, those doing physical work and those with a low income. It has also been estimated that as much as half of the daily care needs of Finns would be eliminated if the entire population were as functional as those in the highest education group. Problems with functional capacity are also age-related¹⁶.

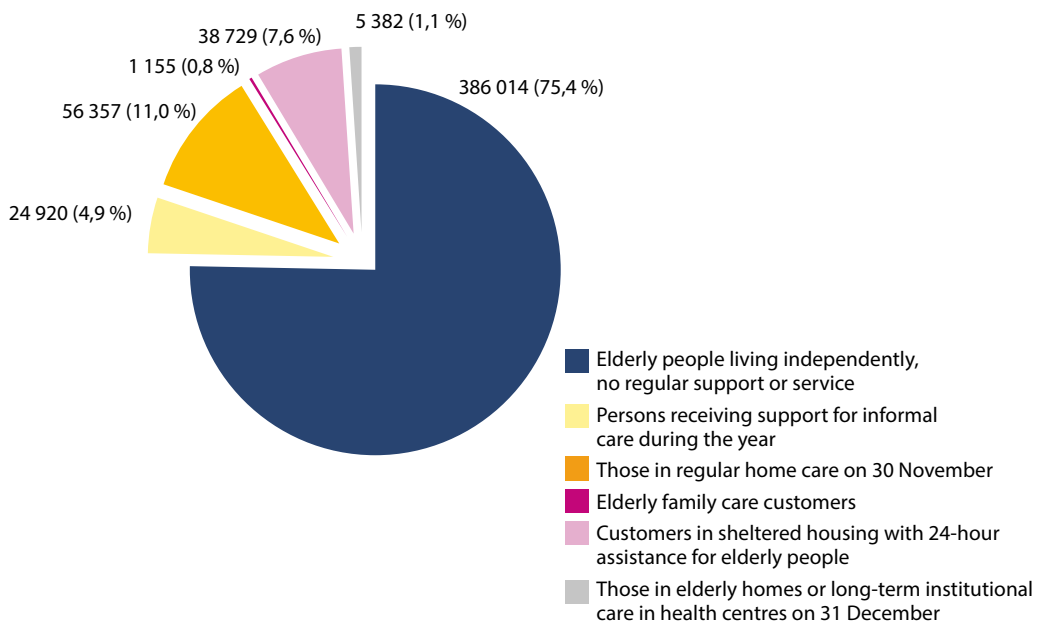
¹⁵ Hannikainen K. Ikääntyneiden sosiaali- ja terveyspalveluiden tarve ja käyttö eroavat tulotason mukaan. Suomen sosiaalinen tila 1/2018. Tutkimuksesta tiiviisti 3/2017. Finnish Institute for Health and Welfare, Helsinki.

¹⁶ Palosuo H ja Koskinen S. Terveyden eriarvoisuus Suomessa. Sosioekonomisten terveyserojen muutokset 1980–2005. Ministry of Social Affairs and Health publications 2007:23. Ministry of Social Affairs and Health 2007 <https://thl.fi/fi/web/hyvinvointi-ja-terveyserot/eriarvoisuus/toimintakyky>

In Sotkanet¹⁷ statistics (see Appendix Table 1), single-person households accounted for approximately half of those aged 75 or over, and the share of those living alone was 57 per cent between 2013 and 2018. The proportion of those who considered their health to be at least good increased from 31% to 42% during the monitoring period. Similarly, the number of people experiencing poor memory decreased by approximately 9%. Approximately one in ten people aged 75 or over said that they have not received enough help. The number of people experiencing loneliness decreased slightly from 13% to 9%. The number of those involved in organisational activities increased from 22% to 26%.

2.3 Use of services

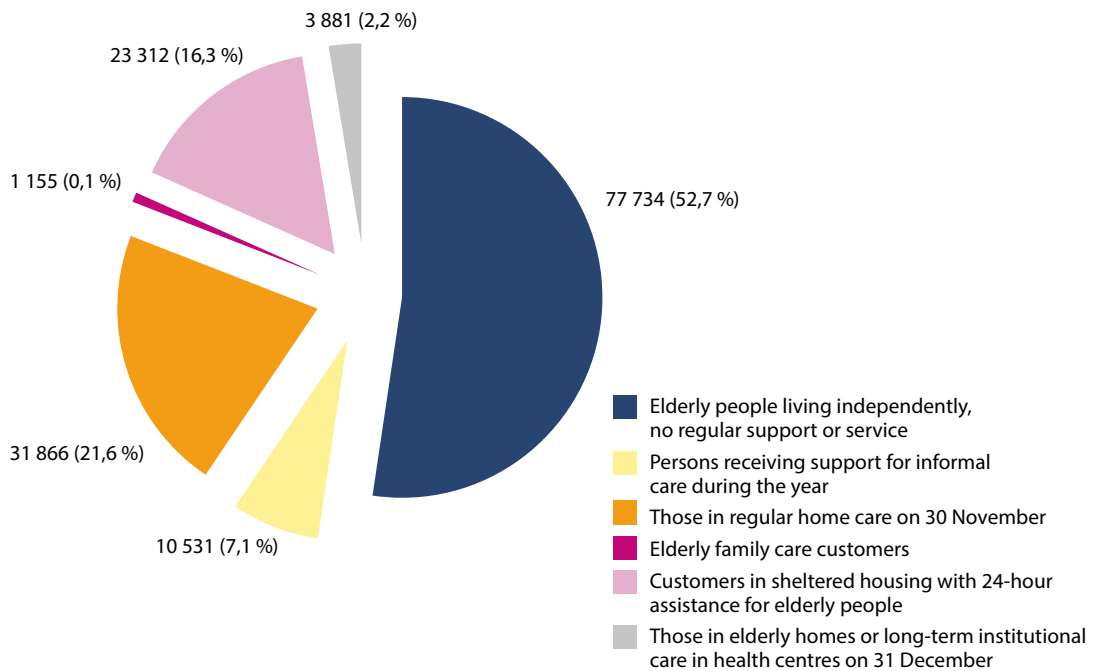
In 2018, one in four people aged 75 or over received support for informal care and regular services. Fewer than one in ten received 24-hour care services (Figure 3). Similarly, one in two persons aged 85 or over (Figure 4) received different types of support and services. One in five received 24-hour care services.



Source: © Finnish Institute for Health and Welfare, statistical and indicator bank Sotkanet.fi 2005–2019.

Figure 3. Population aged 75 or over (N = 511,969) in 2018 sorted by the service received.

¹⁷ Statistics and indicators bank Sotkanet.fi © Finnish Institute for Health and Welfare 2005–2020, CC BY 4.0



Source: © Finnish Institute for Health and Welfare, statistical and indicator bank Sotkanet.fi 2005–2019.

Figure 4. Population aged 85 or over (N = 147,621) in 2018 sorted by the service received.

At the population level, three out of four people aged 75 or over and one in four people aged 85 or over do not yet need regular services. An analysis of data from Oulu indicated that approximately 10 per cent of social welfare and health care customers accrue 81 per cent of the total costs. 38 per cent of this group had elderly people using both short-term and long-term services in social welfare and health care¹⁸.

There have been major changes in the use of regular services since 2001 (see also Appendix Table 2). The amount of institutional care has decreased to approximately 1 per cent for those aged 75 or over, while the amount of sheltered housing with 24-hour assistance has increased to 7.6 per cent. The amount of regular home care has remained unchanged, but in recent years, the number of family care customers has increased, particularly for older people, to more than 1,100 people.

According to Finnish Institute for Health and Welfare¹⁹ statistics, the share of regular home care customers aged 75 or over was 11% of the population of a similar age in 2018 (see also Figure 1). The share was lowest in Päijät-Häme (7.5%) and highest in Southern

¹⁸ Leskelä et al. Paljon sosiaali- ja terveystalveluja käyttävät asiakkaat Oulussa. Suomen lääkirilehti 48(68)/2013, ss. 3163-3169.

¹⁹ Säännöllisen kotihoidon asiakkaat marraskuussa 2018. Tilastoraportti 21/2019, 29.5.2019. Suomen virallinen tilasto, Kotihoidon laskenta 30.11.

Ostrobothnia (14%). At least 60 visits per month were made to more than one third of regular home care customers (35%). 1 to 9 home care visits were made during the month to slightly less than one third of the customers (31%).

A large proportion (62%) of regular home care customers received support or security services, such as meals, hygiene, transport, cleaning, escort, commercial and security services. Slightly less than half of the customers received one support service, and approximately one third received two different support services. Security services were the most commonly provided (57%) and the meal services the second most commonly provided (55%). Security services refers to, for example, a security phone and a safety bracelet. 10.4% of regular home care customers also received support for informal care.

According to Finnish Institute for Health and Welfare statistics²⁰, half of the customers in sheltered housing with 24-hour assistance lived in municipal service production units in 2018. The average age of the customers living in elderly homes and sheltered housing with 24-hour assistance was 84 years. During the reporting year, a total of 87,470 different customers were treated in old people's homes and sheltered housing with 24-hour assistance. They accumulated approximately 18.3 million care days in 2018.

Of those aged 75 or over, 8.5 per cent were in 24-hour care in social welfare, i.e. customers of retirement homes or sheltered housing with 24-hour assistance (see also Figure 3). In mainland Finland, the share varied between 6.4 per cent (South Karelia) and 9.7 per cent (Satakunta). Of those aged 85 or over, 18.2 per cent were customers of elderly homes or sheltered housing with 24-hour assistance.

More than half of the customers of institutional and housing services for elderly people visited specialised medical care during 2018. A total of 228,000 visits to specialised medical care were made. Approximately one quarter of the customers had periods of treatment. The total number of treatment periods was approximately 44,000. The visits and periods of specialised medical care for elderly customers of institutional and housing services cover both somatic and psychiatric specialised medical care.

Approximately half of the customers in elderly people's homes and sheltered housing with 24-hour assistance made visits to a primary health care physician in 2018. Similarly, there were one in four telephone appointments with a physician. Approximately one third of the customers made visits to a nurse and similar health care professionals. Less than one fifth of the customers had visited a physical therapist etc.

²⁰ Kotihoito ja sosiaalihuollon laitos- ja asumispalvelut 2018. Tilastoraportti 41/2019, 13.11.2019. Suomen virallinen tilasto, Sosiaalihuollon laitos- ja asumispalvelut.

The share of women using services for elderly people was approximately two thirds. The share of women was higher in the entire elderly population, particularly in the eldest age groups. On the other hand, women used services more than men also in proportion to the population of a similar age.

In operating units for services for the elderly and for home care and 24-hour care, customers are already able to use some technology (see Appendix Table 3), and most typically, they are related to security, e.g. safety bracelets and ERP systems related to targeting operating unit personnel which are already used in 72 per cent of home care operating units.

The customer structure of regular home care and 24-hour care is different. Home care customers still have a relatively good functional capacity, but the need for services is much greater in 24-hour care. Appendix Table 4 compares the customers' physical, mental and cognitive capacity by service type in 2018. Customers in 24-hour care needed a considerable amount of help in daily basic activities (ADL_H) such as hygiene, moving around the operating unit and eating, and they also had more cognitive problems compared to home care customers. On the other hand, home care customers experienced more difficulties with indirect daily activities such as shopping, moving around outside of their home etc. (IADL).

The main reason for the regular use of services for elderly people is a memory disorder. 200,000 Finns suffer from a memory disorder. Approximately 100,000 Finns suffer from a memory disorder which is at least moderately severe. The majority of those receiving regular services suffer from a memory disturbance or memory disorder in addition to other somatic diseases. Approximately half of the customers of regular home care and approximately 80 per cent of the customers of 24-hour care suffer from a memory symptom. Each year, approximately 14,500 people develop a memory disorder. A considerable number of memory disorders remain undiagnosed. Since age is an important risk factor for memory disorders, the total number of those suffering from a progressive memory disorder will increase each year as the population ages. The increase of other somatic diseases also impairs the functional capacity and health condition of elderly people as they age. In addition to services particularly targeted at elderly people, timely and sufficient health services are also required.

The quality of care as experienced by the customers should be monitored, particularly in home care and 24-hour care. Appendix Table 5 presents the outcomes of the quality of care as experienced in terms of social relationships. The outcomes presented are based on interviews with customers with good cognitive capacities. Their next of kin and carers have also been asked to provide answers about the quality of care as experienced by the customer. Generally speaking, it may be concluded based on the outcomes that the

customers and carers consider the experiences to be relatively good, but the next of kin are more critical in their assessments.

2.4 Evaluation data on the state of social welfare and health care

According to the latest social welfare and health care assessment report by the Finnish Institute for Health and Welfare²¹, the major challenges of ageing lie ahead in Finland. The report estimates that different regions will develop in different directions, and that the regional differentiation will result in many factors affecting service needs. The ability of the service system to identify hidden service needs at an early stage was also considered deficient in the report. In terms of the availability of services, access to basic health care physician's appointments was considered to be a bottleneck.

According to the Finnish Institute for Health and Welfare estimation, elderly people have rapid access to an assessment of service needs in urgent situations, but many municipalities and associations of municipalities have tightened the conditions for making certain services available. It was estimated that there were unsatisfied service needs for elderly people. Based on the information available, it was estimated that the quality of social and health care services was mainly good and that the customers were satisfied with the services received. Since 2018, supervisory authorities have paid particular attention to problems detected in the organisation, production and control of social welfare services. The notifications on irregularities in services for elderly people and the numbers of enquiries have increased.

²¹ Rissanen P ym. Sosiaali- ja terveyspalvelut Suomessa 2018. Asiantuntija-arvio. THL, Päätösten tueksi 2/2020.

3 Elderly people enjoy good functional capacity for a longer time

3.1 Promotion of well-being and the capacity to act

Those retiring today are already fitter than before, and in the future they will be an increasing resource for society, and on the other hand they will be increasingly significant as a group in financial terms and as social influencers. It is also noteworthy that the so-called silver economy is growing and that the number of pensioners who receive employment pension and have assets is increasing among consumers.

The functional capacity and good quality of life of the retirement-age population is maintained by the possibility of being involved in activities in society for as long as possible, to manage one's own affairs, to educate oneself, to meet friends and enjoy culture. This requires that different services, particularly transport services and pedestrian environments, are planned and cared for so that moving around is as obstacle-free and safe as possible. Services preventing the impairment of well-being and functional capacity, such as communal dining for elderly people, are also at the core of planning services for elderly people. By adding and developing them, it is possible to prevent the need for regular services.

Services preventing the impairment of the capacity to act have been developed by both organisations and municipalities. The use of preventative services and services promoting well-being is facilitated if they are easy to find, accessible, obstacle-free, and available in many forms, also digitally alongside other local services.

Municipalities have a large number of retirement-age people benefiting from the open activity of civil society, which promotes social relationships and well-being. The work with elderly people carried out by organisations which seeks and finds solutions, as well as various meeting places, are significant, particularly at the various turning points in the lives of elderly people. Organisations, congregations and other local operators have

developed functional forms of working with elderly people which reach the people at risk of requiring regular services.

To prevent infectious diseases, those aged 65 years or over are entitled to influenza vaccines free of charge in Finland. Currently, only half of this age group are vaccinated. It is the common objective of the WHO and the EU that at least three in four persons aged 65 years or over are vaccinated²². This is a significant public health issue, since it has been detected that the influenza vaccine reduces the risk of myocardial and cerebral infarction, and decreases the aggravation of heart failure and the sequelae of influenza. Attending physicians and other professionals such as home care employees are in charge of talking about vaccines and their benefits. To improve vaccine coverage, vaccination sites could be established outside of health centres, for instance in commercial centres and libraries²³.

On the population level, it is known that living alone and, in particular, loneliness increase these services. Those who have recently lost their spouse are also part of this group. Sleeping issues, drug addiction and other addictions, memory disorders, malnutrition, depression, impaired mobility and also acting as a carer may reduce the possibility of involvement compared to before. In the Act on the Care Services for Older Persons, municipalities have been placed in charge of mapping out risk groups. Extensive demographic studies, such as FinSote²⁴ and FinTerveys²⁵ may also provide regional data on the risk groups described above.

Progressive memory disorders in particular are a significant challenge for public health and the economy. The preparations made and the prevention of these disorders may be improved²⁶. Good brain health should be promoted in all stages of life. For instance, occupational health services can promote the good brain health of the working age population, and particularly the population approaching retirement. Thus, the working capacity of the population and people's ability to cope with daily life may be supported, and it may be ensured that people develop memory disorders less frequently than today, and at a more advanced age. Attention should also pre-emptively be paid to the promotion of the good brain health among the elderly population. An attempt should be

²² <http://www.euro.who.int/en/health-topics/communicable-diseases/influenza/vaccination/seasonal-vaccination-policies-and-coverage-in-the-european-region>

²³ <https://www.medi uutiset.fi/uutiset/vain-puolet-65-vuotta-tayttaneista-ottaa-ilmaisen-influenssarokotteen-rokote-vahentaa-sydan-ja-aivoinfarktirikiskia/55fe628b-8704-434f-b287-962fab5d25b>

²⁴ FinSote is used to monitor the changes in the well-being and health of the population in various population groups and regionally. The study provides monitoring and assessment data on satisfying the population's needs for services and on the population's views on the social and health care service system, the availability of services, their quality and use. Additional information: <https://thl.fi/tutkimus-ja-kehittaminen/tutkimukset-ja-hankkeet/finsote-tutkimus>

²⁵ The FinTerveys study monitors the health and functional capacity of the adult population. Additional information: <https://thl.fi/tutkimus-ja-kehittaminen/tutkimukset-ja-hankkeet/kansallinen-finterveys-tutkimus>

²⁶ Risk reduction of cognitive decline and dementia: WHO guidelines. Geneva: World Health Organization; 2019.

made to influence the attitudes of the population and social thinking, so that people with memory disorders may be equal members of an age-friendly and memory-friendly society, lead meaningful lives and receive the support and services required in a timely manner.

3.2 Municipal duties in the promotion of well-being and the capacity to act

Municipalities shall be obliged to draft (Act on the Care Services for Older Persons 980/2012, § 5) a plan on their measures to support the well-being, good health and functional capacity of the elderly population and their ability to cope independently, and for organising and developing services and informal care required by elderly people. Municipalities shall take the plan into account when preparing for municipal decision-making affecting the status of the elderly population and the services required by elderly people, the budget and economic plan referred to in § 110 of the Local Government Act (410/2015) and the report on welfare referred to in § 12(1) of the Health Care Act as well as reporting it to the Council²⁷. Similarly, § 10 requires that a sufficient amount of versatile expertise shall be available to the municipality for supporting the well-being, good health and functional capacity of the elderly population and their ability to cope independently, and for organising high-quality social and health services for elderly people.

Versatile expertise also means that when assessing the needs of the elderly population, there is cooperation across the administrative boundaries of the municipality, for instance in terms of housing and ability. § 12 of the Act on the Care Services for Older Persons requires that municipalities organise counselling services supporting the well-being, good health and functional capacity of the elderly population and their ability to cope independently. In addition, municipalities shall provide health inspections, receptions or home visits supporting the well-being, good health and functional capacity of the elderly population and their ability to cope independently, particularly for those elderly people whose living conditions or situation in life is believed to contain risk factors increasing the need for services based on research data or general experience in life. Counselling and guidance services should include guidance aiming at the promotion of well-being, a healthy lifestyle and the capacity to act, and the prevention of diseases, including memory disorders and various types of accidents.

The work carried out by the municipalities should be increased in order to find the elderly people with a decreasing capacity to act and who require support to maintain their

²⁷ <https://thl.fi/fi/web/hyvinvoinnin-ja-terveyden-edistamisen-johtaminen/tiedon-hyodyntaminen/hyvinvointikertomusten-minimitietosisalto>

functional capacity. The use of notifications informing of an older person's service needs (Act on the Care Services for Older Persons 980/2012, § 25) may also contribute to an awareness of elderly people whose capacity to act has significantly or suddenly decreased.

3.3 Recommendations

- Elderly people are encouraged to act independently to improve their own health and functional capacity, and they are supported by a collaborative body of various operators (municipalities, organisations, companies, congregations, councils for elderly people, councils of physicians, customers or carers).
- The cooperation between the various municipal branches of activity is reinforced for the promotion of good health and functional capacity of the elderly population.
- Municipalities will create functional cooperation structures with regional and local organisations as part of the promotion of the well-being and good health of the elderly population in their region, also benefiting from the competencies of national organisations.
- Municipalities will increase the implementation of interventions which have been proven to have an impact on exercise, nutritional counselling, arts and culture, the prevention of falls, the improvement of vaccine coverage and the prevention of memory disorders in order to promote the well-being and functional capacity of the elderly population.
- Municipalities will actively increase the search for elderly people benefiting from preventive services, focusing on the identified risk groups and directing them towards activities promoting their well-being and functional capacity.

3.4 Good practices

By means of the Finger operating model, based on verified information, it is possible to identify individuals at risk of developing a memory disorder and to support the preservation of memory functions with the aid of an versatile lifestyle programme. Additional information: <https://thl.fi/fi/tutkimus-ja-kehittaminen/tutkimukset-ja-hankkeet/finger-tutkimushanke>

Seeking and finding work with elderly people is carried out in conjunction with organisations, congregations and municipalities with the objective to reach elderly people in need of assistance, and to support and help them according to their needs and their situation in life. Additional information: <https://www.valli.fi/tyomuotomme/etsivan-vanhustyon-verkostokeskus/>

The **IKINÄ operating model** for the prevention of falls. Additional information: <http://www.ukkinstituutti.fi/filebank/1555-IKINa-opas.pdf> and the Finnish Institute for Health and Welfare website for the prevention of falls <https://thl.fi/fi/web/hyvinvoinnin-ja-terveyden-edistamisen-johtaminen/turvallisuuden-edistaminen/tapaturmien-ehkaisy/ikaantyneiden-tapaturmat/kaatumisten-ehkaisy> and KaatumisSeula Tools <https://www.ukkinstituutti.fi/kaatumisseula>

The **Iloa Arkeen®** Joyful Meetingplaces are meeting places established by organisations, which are open to the public and free of charge, locally supporting the active involvement and participation of ageing people by means of voluntary activities, social activities and social support. <https://www.valli.fi/jasenpalvelut/iloa-arkeen-pysakit/>

The exercise recommendation for people aged 65 years or over summarises the amount of weekly physical activity which is sufficient for maintaining good health and provides examples for increasing exercise in daily life. The recommendation emphasises muscle force and balance, which has a particular impact on the ability to cope in daily life, mobility and prevention of falls. The aim is to maintain or improve functional capacity by exercising. Additional information: <https://www.ukkinstituutti.fi/liikkumisensuositus/yli-65-vuotiaiden-liikkumisen-suositus>

The **Mielipakista elämänvoimaa** project is a developed and assessed operating model which has trained approximately 60 group activity instructors to use tools for reinforcing mental well-being in groups of elderly people in organisations. Additional information: <https://www.ikainstituutti.fi/mielipakista-elamanvoimaa/>

The **Muistiluotsi expert and support centre network** consists of 18 regional centres which provide low-threshold activities for those concerned about their memory, those with memory disorders and their next of kin in a comprehensive manner in the provinces. Additional information: <https://www.muistiluotsi.fi/>

Recommendation for improving the availability and accessibility of arts and culture in social and health care. Additional information: <http://urn.fi/URN:ISBN:978-952-263-599-0>

Terveyskylä provides information on ageing, illnesses, maintaining the capacity to act and coping in daily life. Additional information: www.terveyskyla.fi

The **TOIMIA** database contains assessed functional capacity indicators for various purposes as well as recommendations for measuring and assessing the capacity to act. Additional information: <https://www.terveysportti.fi/dtk/tmi/koti>

The objective of the **action Plan for improving the safety of the elderly**²⁸ was to increase the safety of the elderly in their daily lives and to pre-emptively and effectively deal with problems reducing the safety or the sense of security for the elderly. The action plan focused on measures affecting the improvement of cross-administrative cooperation and exchange of information, the promotion of positive models and the support of safety work carried out by the provinces and the municipalities.

The **Vanheneminen.fi website** reinforces the citizens' independent preparation for old age from the age of 50 onwards. The website contains information and tools for planning one's old age on the subjects of good health, finances, housing, and meaningful life and documents on proactiveness. Additional information: www.vanheneminen.fi

The **Vireyttä seniorivuosiin: ikääntyneiden ruokasuositus** the recommendations on using national quality recommendations promoting and supporting the nutrition of elderly people and steering the organisation of quality services based on the needs of elderly people. Additional information: <http://urn.fi/URN:ISBN:978-952-343-472-1>

The **Strength in Old Age** programme (2005-) promotes the functional capacity of elderly people (75+) with an onset of challenges to their capacity to act who can still cope independently at home, and their inclusion by means of exercise. The Strength in Old Age operating models are based on research and have been proven to be effective. Additional information: www.voimaavanhuuteen.fi

²⁸ Update of the Action Plan — A Safe and Secure Life for Elderly People. Ministry of the Interior publication 6/2018. <https://julkaisut.valtioneuvosto.fi/handle/10024/160520>

The **Yhdessä kotikulmilla** activities promote communal spirit for elderly people in housing cooperatives and residential areas. Elderly people mainly confined to their homes are particularly targeted. The activities are led by the Talotsempparit volunteers. Additional information: www.ikainstituutti.fi/kotikulmilla

The **Circle of friends group** international model deals with the loneliness of elderly people, which has been proven effective in studies. Additional information: www.vtkl.fi/ystavapiiri-toiminta

4 Voluntary work has an established position in the ageing society

4.1 Voluntary work on the population level

The size of the retirement-age population continuously increases. People may spend up to 40 years in retirement. Particularly young pensioners aged 65 to 79 are a significant resource for society. Voluntary work is an opportunity to experience and promote inclusion, and it is of great importance in supporting the good health and well-being of elderly people. Voluntary work provides meaningful goals and meaningful content to people's lives and also gives opportunities for life-long learning. Voluntary work is motivated by the possibility of supporting the well-being and good health of others, but at the same time it may improve the well-being of the volunteers themselves.

For the elderly, volunteers are particularly needed for promoting well-being and good health, for instance, for leading exercise groups, outdoor activities or other hobby groups, or for providing instructions for the use of digital tools and services. Volunteer support is needed by elderly people who are unable or unwilling to leave their homes, in which case they are at risk of marginalisation and isolation. Thus, volunteers are also needed to tell them about existing services, to accompany people to services, to advise them on the use of transportation and to direct them to participate in activities. Many elderly home care customers could also benefit from voluntary work, if it were available in a flexible manner. Voluntary work may be used in many activities which do not require professional competencies in social and health care.

Voluntary work mainly occurs in organisations and congregations, but there is also a need for occasional voluntary work or voluntary work by means of electronic tools²⁹. Though

²⁹ See also The Working Group's closing report regarding voluntary work, examining the coordination and development of the operational preconditions of voluntary activities, The Ministry of Finance report – 39/2015 and The closing report regarding the subordinate working group for civil society and voluntary work (Ministry of Justice, 2018).

there is a willingness to volunteer, the potential volunteers and those needing their help do not always meet. Support for voluntary work should also be considered from the point of view of the coordination provided by municipalities, particularly in cases where voluntary work is targeted at elderly people using regular services.

4.2 Voluntary work in organisations

Through organisations, approximately 500,000 volunteers are involved in activities related to the promotion of good health and well-being each year. According to an estimate of the organisations, one euro invested in voluntary work will produce a sixfold result when calculated per working hour. People aged over 65 years are the most actively involved in the voluntary work of organisations.

Organisations and congregations play an important role in developing and implementing voluntary activities. In this framework, volunteers often help those who are in challenging situations in life. Many of them are also experts by experience. The challenge of voluntary work in organisations is the difficulty of finding operators, the support given to their commitment and creating sufficient preconditions for volunteer operations. The establishment and development of voluntary work requires functional cooperation structures between organisations and the public sector, with clearly agreed roles and responsibilities and well-organised coordination of the activities, support and guidance to volunteers. Several functional cooperation practices have been developed between public services and organisations working with elderly people. Local work aiming at reaching elderly people is an example of increasing network activities between various parties. In order to succeed, it requires collaborative structures and coordination.

Organisations have many effective peer and voluntary work models where the elderly population are among both the operators and the recipients of support. Peer and voluntary work allow for inclusion and active involvement for the benefit of themselves and others. In the construction of social and health care centres, it is important that the effective peer and voluntary work practices are intertwined with the service paths for elderly people.

4.3 Recommendations

- Elderly and younger pensioners in municipalities will receive information on the possibility of participating in voluntary work in organisations and as providers of additional support for public service activities, and they are encouraged to become involved, and volunteers are offered opportunities to meet each other.
- In conjunction with organisations, congregations and other operators, municipalities create opportunities for voluntary work supporting the well-being of elderly people.
- Elderly customers already receiving regular services are given additional opportunities to improve their social capacity to act and interaction through voluntary work with the support of the municipalities and service providers, particularly in home care.

4.4 Good practices

Information, guides and materials for coordination and organisation to **support voluntary work**. Additional information: <https://www.toimeksi.fi/kansalais-ja-yhdistystoimijoille/vapaaehtoistoiminta/vapaaehtoistoiminnan-koordinointi-ja-organisointi/>

Hogeweyk – memory village and voluntary work. The memory village has approximately 158 customers and the normal and necessary number of personnel, as well as five different residential environments developed according to the customers' background. The memory village has an extensive network of volunteers, who are almost as numerous as the customers. The voluntary work is coordinated by a volunteer with an office at the memory village. Additional information: <https://hogeweyk.dementiavillage.com/front-slider/hogeweyk-11/>

Muisti-KaVeRi is a trained volunteer providing support to people suffering from memory disorders in order for them to continue their life on their own terms and to lead a dignified life. Additional information: <https://www.muistiliitto.fi/fi/tuki-japalvelut/tukea-arkeen/muisti-kaveri>

The **voluntary work network** service maintained by Kansalaisareena ry and Kirkkopalvelut ry. Additional information: <https://vapaaehtoistyö.fi/>

5 Digitalisation and new technologies have increased well-being

Digitalisation and new technologies create new types of possibilities to promote both good health and well-being, and offer alternatives for the implementation of services. Using proven solutions from the field of technology, artificial intelligence and robotics, they improve the well-being of elderly people and improve the efficiency of the service system. Technology may also help people lead healthier lives, receive support for the treatment of their illnesses and live independently and safely in their homes³⁰. The technology of traditional aids promoting living at home, mobility and the capacity to act, such as walkers, electric wheelchairs or hearing aids, continues to develop, and new properties are added to the aids. The possibilities offered by technology may provide professionals with new ways of providing better services and care, and when they function well, they may offer professionals free time to meet people. However, the use of digitalisation and technology also involve issues of usability, competencies and data security, particularly for elderly people.

In order to use technology optimally for the benefit of elderly people, strategic policies should be drafted on its use. The potential of technology to satisfy the service needs of elderly customers should always be established in connection with the assessment of service needs. If there is no technology available to satisfy the needs of the customers, the need for traditional services will be assessed. In addition, competencies are required to assess the cost benefits of technological solutions. When implementing new technology, operating processes shall be developed simultaneously.

³⁰ See also Lähteenmäki J, Niemelä M, Hammar T, ym. Kotona asumista tukeva teknologia – kansallinen toimintamalli ja tietojärjestelmät (KATI-malli). VTT TECHNOLOGY 373.

5.1 Digitalisation and services

Digitalisation and new technologies have an impact on almost all areas of society. Citizens are expected – or even required – to have the skills, the willingness and the ability to use electronic services. This is why the continuous availability of digital support shall be ensured for everyone, since elderly people in particular who are not involved in digital development are unable to use electronic services independently as a whole. Statistics Finland monitors the development in the use of information and communications technologies each year³¹.

Nationally, it has been stated³² that by 2020, reliable information on well-being and services supporting the use of this information is available and will assist citizens in managing their lives and in promoting their well-being. Electronic informal care services and the related management of personal data support the prevention of health problems, the self-assessment of service needs and independent coping. In the development of electronic services for public administration, user-orientation and digital skills have been prioritised. In society, it shall be ensured that digitalisation does not result in marginalisation³³.

The Government has issued a Resolution to promote the development of intelligent robotics and automation³⁴. The Ministry of Social Affairs and Health has launched the Well-being and Health Sector Artificial Intelligence and Robotics Programme which compiles and coordinates the development in the field³⁵. As part of the programme, the establishment of Home technology piloting environments has been prepared along with the creation of national operating models. Among other things, the programme has also prepared an operation model to assess the effectiveness of artificial intelligence and robotics solutions and to issue recommendations.

The availability of digital services benefits everyone. The Act on the Provision of Digital Services entered into force on 1 April 2019³⁶. The act will implement the European Union Directive³⁷ on the accessibility of the websites and mobile applications of public sector bodies. The act has contributed to the availability of digital services to everyone and a

³¹ http://www.tilastokeskus.fi/til/sutivi/2019/sutivi_2019_2019-11-07_fi.pdf

³² Digitalisation in support of health and well-being. Ministry of Social Affairs and Health digitalisation policies 2025 Ministry of Social Affairs and Health publications 2016:5. <https://julkaisut.valtioneuvosto.fi/handle/10024/75526>

³³ The Ministry of Finance Digi arkeen Advisory Board. <https://vm.fi/digi-arkeen-neuvottelukunta>

³⁴ Government Resolution to promote the development of intelligent robotics and automation. <https://valtioneuvosto.fi/paatokset/paatokset?decisionId=0900908f804c7484>

³⁵ The Well-being and Health Sector Artificial Intelligence and Robotics Programme Hyteairo, <https://stm.fi/hyteairo>

³⁶ The Act on the Provision of Digital Services 306/2019, www.finlex.fi

³⁷ EU 2016/2102

more customer-oriented approach to the development of services. The act concerned lays down the minimum requirements for the availability of administrative online services and on the methods of controlling the implementation of this availability.

On an individual level, the lack of information may make it more difficult to manage one's health condition, which is why various tools have been developed for citizens to transmit personal information on health and well-being. Self-care services would include features such as medical support for decision-making for citizens, risk tests, methods for independently assessing the need for assistance required for directing patients at health care services, electronic health inspections or reminder and calendar solutions supporting self-care³⁸. In terms of electronic online services, electronic appointments, electronic applications for benefits or services, monitoring the processing of cases and secure communications solutions are particularly promoted.

For services, keeping in touch electronically refers, for instance, to implementation of video connections in both care work and interaction between people. The potential offered by smart technologies, in daily life and in the monitoring of functional capacity and changes, has increased the development of smart watches and other wearable electronics. Personal health and healthy lifestyles are increasingly monitored, and various types of bracelets have become commonplace. In the future, it would be important to find a solution for a public service system which is independent of platforms. In such a system, this independently acquired smart technology could be used on the service system level (e.g. the data produced by a smart watch which meets certain criteria, acquired by the customer, could be used as part of the service system, for instance for security services).

For elderly people, the role of data security is emphasised, particularly in the areas of data protection and identity management. Poor data security exposes the data to misuse by unauthorised parties.

A more extensive implementation of digital services and technologies requires a reinforcement of employees' competencies, a change in working methods and technical support in the working community. The suitability of the technology to the user should also always be ensured. In this case, the professional skills and knowledge of the employee on features such as the restrictions entailed by memory disorders play a significant role. The functional capacity of elderly people may be promoted in advance, for instance by teaching them to use features such as the properties of their own telephone for keeping in touch with friends and relatives or to start using the calendar and reminder functions. Getting to know various technological solutions in advance may subsequently facilitate their implementation in daily life.

³⁸ see Omaolo <https://www.omaolo.fi/>

5.2 Technology to support living at home

An international report completed as a cooperation project between the Ministry of the Environment, the Ministry of Transport and communications and Tekes³⁹ for information on how the use of technology may be promoted to support the elderly living at home and how the obstacles related to it should be removed. In particular, technology suitable for living at home is needed. It should be easy and smooth for the elderly to use. The ageing generations will also benefit from this in the future, since they are more accustomed to using technology than previous generations.

Today, living at home is increasingly supported by technology. Various solutions and services related to safety and the sense of security have increased. Technologies for mobility, localisation, tracking (monitoring included) and alarms and use have increased. The protection of privacy and ethics are essential considerations when using technology which supports living at home.

Technology may support the initiative, independence and privacy of elderly patients requiring services. Currently, there are already interaction, companionship and therapy robots available for increasing social activity and reinforcing it. Contacts with physicians and care personnel may be enabled by means of video connections without actual visits, i.e. so-called remote visits may be made. Remote connections may also be used for group guidance, group discussions or dining in groups. In group dining, 4–5 elderly people will eat together using a remote connection and enjoying each other's company as the home service personnel 'hosts' the dinner. By means of a remote connection, next of kin may become involved in the care of their elderly relatives and participate in care meetings.

Smart household technology, such as refrigerators, will also be used by the elderly in the near future. Missing skills or unwillingness to use household technology will prevent people from using these tools unless there is sufficient guidance, support and motivation for the correct use of the devices and for ensuring safety.

5.3 Technology to support employees

Technology may support and facilitate the work of employees and in part substitute for it. Certain burdensome working stages may be facilitated by means of technological solutions, and various adjustable working surfaces and spaces will improve ergonomics. In addition, the customer's personal situation may be addressed increasingly well. The

³⁹ Smart Technology Solutions Supporting the Elderly Living at Home. Ministry of the Environment reports 7/2017.

working time and workload of care workers may be reduced by using robots for tasks such as lifting and moving customers and to support the customers' own mobility (exoskeletons and walking robots).

Robotics in particular may replace the indirect time spent on customers by nurses, such as time spent on moving devices, transporting meals and some aspects of medical care. The mechanical dose distribution of medicines will reduce the number of medication errors and medicinal losses, because the medicines to be taken are distributed to the customers in advance, for instance for one-week periods. The dose distribution of medicines and the medicine robots using it may leave nurses some free working time for other immediate customer work, and the elderly people themselves may benefit from using reminders to take their medicine.

Some home care visits may be implemented in the form of so-called remote care visits, bidirectionally either by means of video or audio materials. The subject of remote visits may be a reminder to take one's medicine and supervising it, nutritional monitoring and control, reminders of oral care, monitoring the condition of the customer and/or supporting their mobility and exercise. Remote visits may offer support and reduce the number of home visits, thus reducing the time spent on commuting by nurses. The motivation may be made more often and more effectively. Tablet connections may be used to assess the need for care as well. Remote connections may also allow for groups supporting social interaction and involvement in versatile cultural activities.

Robotics may be used for administrative duties as well. Technology may facilitate the planning of the work (ERP systems) and reduce the workload. Creating work shift lists is an example of an operation which is relatively time-consuming and which may also be managed by robotics.

It has been estimated that in a few years, about 20% of nurses' and practical nurses' duties could be managed by robotics and automation applications that already exist today⁴⁰. This cannot be directly generalised into services for elderly people, but it gives indications that there are also opportunities to use technology for them.

The investment and operating costs of technological solutions may initially be high, but the benefits will be realised over time. When introducing technologies, it must be ensured that not only the older person but also their families and staff are provided with sufficient support, guidance and advice. The development of compatible information systems also plays a key role in using technology.

⁴⁰ Kangasniemi M, Andersson C. Enemmän inhimillistä hoivaa. Publication: Andersson C, Haavisto I, Kangasniemi M, Kauhanen A, Tikka T, Tähtinen L, Törmänen A. Robotit töihin: Koneet tulivat – mitä tapahtuu työpaikoilla? Finnish Business and Policy Forum EVA Report, 2/2016 (in Finnish).

5.4 Recommendations

- Information on digital services, technologies and aids as well as information security is offered to elderly people as early as possible.
- Creating practices for making technology part of normal activities in preventive and regular services for elderly people.
- Technology, artificial intelligence and robotics are used, monitored and evaluated to support elderly people's well-being, health and functional capacity as well as services and employees.
- At workplaces, the development of technology is actively monitored, and the benefits gained through it are assessed in the organisation of work, strengthening customer safety and occupational safety and from the perspective of productivity.
- The employer ensures the competence of personnel working in services and, if necessary, their training in the use and information security of various digital services and technologies.
- Consultancy opportunities and technical support for customers and employees are ensured in terms of service- or work-related technology.
- ERP systems will be extensively implemented, and the information obtained from them will be utilised in management.

5.4 Good practices

Enter ry provides personal guidance free of charge in using computers, tablets and mobile phones. In addition to teaching activities, the association cooperates with other organisations to speak for senior citizens in development projects for electronic services. Additional information: www.entersenior.fi/

Remote rehabilitation has many implementation methods, such as group exercise, group guidance, group discussions or individual guidance as well as various experiments. Adaptation training is also carried out as remote rehabilitation. Additional information: www.muistipuisto.fi; www.luontosivusto.fi.

The **Technology for Elderly Centre** produces, assembles and transmits information on technology for elderly people, technological solutions that support elderly people's living at home and digitalisation. It also brings together actors in the field: it collaborates across sectoral boundaries, cooperating also with technology developers and equipment manufacturers. Additional information: <https://www.valli.fi/tyomuotomme/ikateknologiakeskus/>

Konstikoppa[®] is a technology exhibition in the form of a suitcase that can be used to familiarise elderly people with small devices which can make their everyday life safer and easier. Additional information: <https://www.valli.fi/tyomuotomme/ikateknologiakeskus/>

Mechanical dose distribution of medicines/medicine robots⁴¹. Additional information: https://www.kela.fi/laakkeet-ja-laakekorvaukset_annosjakelu

Omaolo provides social and health services quickly and easily 24 hours a day. Additional information: <https://www.omaolo.fi/>

SeniorSurf activities support digital guidance activities nationally and produce guidance material both for instructors' use and to support independent learning. Additional information: www.seniorsurf.fi

Guidelines for remote healthcare services, Valvira. Additional information: https://www.valvira.fi/terveydenhuolto/yksityisen_terveydenhuollon_luvat/potilaille-annettavat-terveydenhuollon-etapalvelut

⁴¹ Lääkkeiden potilaskohtaisen annosjakelun hyvät toimintatavat (in Finnish). Reports and memorandums of the Ministry of Social Affairs and Health 2016:1.

6 Housing and living environments are age-friendly

In promoting living at home, age-friendly living conditions and living environments, or taking the needs of an ageing population into account, are of great importance. Most elderly people live and want to live at home. In 2018, more than 91 per cent of those aged 75 or over lived at home. Most of them lived in owner-occupied dwellings, either in detached houses or apartment blocks.

Physical accessibility of the living environment is a prerequisite for everyday activities and inclusion. The greatest challenge with old blocks of flats is the lack of lifts and the small size of some lifts. Small houses have issues with accessibility and safety as well as property management tasks, such as heating. In living environments, removing obstacles to mobility and increasing walking routes and resting and meeting places promote exercise and improve social security. The creation of living environments which support the well-being of elderly residents involves a variety of factors. These include improving housing stock, various housing options, physical and social factors in the living environment and transport solutions.

6.1 Elderly people's perspective on housing

Assessing the functionality and safety of housing and living conditions well before the onset of old age supports living at home and independent living and reduces, for instance, the risk of accidents. Individual needs and life situations have a significant impact on what is a suitable housing solution for each person, and age in itself is not a decisive factor. It is essential to anticipate changes in housing needs in sufficient time and to prepare for these needs, for example by adapting housing by means of renovation or moving to suitable housing in good time. Many elderly people wish to live safely in their own homes. When everyday activities are carried out without difficulty, fewer regular services are needed. Thus, it is also important for the municipality that the housing conditions of the elderly population are good.

According to reports on the housing needs of elderly people, the majority of older people want to live in an apartment block and close to services in the future. They hope that living will be effortless and accessible, that they will enjoy the company of people of all ages and that there will be good communal spirit. In the future, elderly people will increasingly live alone. This is why we need housing solutions in which people of all ages can live together. The housing needs of elderly people will be solved by promoting accessibility in the current housing stock. Accessibility should be examined more extensively than on the level of the apartment or building. It must extend to the entire living environment, which can also be reflected in access to services.^{42,43,44,45,46,47,48.}

It is important to take the needs of the residents into account already in the planning or renovation stage of the apartment. The implementation of housing adaptation work is particularly important in new life situations. Elderly people must have the freedom to choose a housing solution. It is important to map out different solutions, such as accessible housing in urban areas, community housing or group homes. In particular, it is necessary to examine the so-called intermediate housing opportunities between lighter, ordinary housing and sheltered housing with 24-hour assistance. Suitable rental apartments must also be available to elderly people in different parts of Finland.

The residential and other facilities of sheltered homes should be built to support activity and independence, to be comfortable and sufficiently spacious. The housing environment should be designed to encourage physical activity. An attractive living environment promotes not only mobility but also a stimulating operating environment. The most important thing is to create a functional and stimulating age-friendly everyday environment where the resident feels safe.

Elderly people and organisations representing them must also have the opportunity to participate in planning the safety of their living environment. Safety-related physical and psychological safety of living and the necessary security reports. The assessment of the home and of coping at home must be carried out as part of the assessment of functional

⁴² Demand for housing solutions for the older population and how to meet the demand. Ministry of the Environment Reports 16/2017.

⁴³ Asumisen yhteisöllisyydestä hyvinvointia iäkkäälle. Prime Minister's Office, Policy Brief 7 June 2017.

⁴⁴ Development of home care for older people and enhancement of informal care for all age groups (I&O) 2016–2018. Reports and memorandums of the Ministry of Social Affairs and Health 2016:32.

⁴⁵ Asumisen yhteisöllisyys ja hyvä vanhuus publication (in Finnish), Government publication series on studies and research 47/2017.

⁴⁶ Memory-friendly and age-friendly housing and living environment. Ministry of the Environment & Age Institute.

⁴⁷ Muistiystävällisen ympäristön pikaopas (in Finnish). Additional information: https://www.muistiliitto.fi/application/files/5615/0912/0018/Muistiystavallisen_ympariston_pikaopas_web.pdf

⁴⁸ Communal spirit in housing and a good old age. Publications of the Government's analysis, assessment and research activities 47/2017.

capacity and service needs, taking into account individual needs, accessibility and the necessary aids.

6.2 Housing and mobility challenges for municipalities

Municipalities must take the needs of elderly people into account extensively and in the long term in the planning and development of living environments. Information on the functional capacity, demographic structure, housing and living conditions of the elderly population in the municipality and their future development will help to meet the needs of elderly residents of the municipality. The planning and development of housing and transport systems is affected by the memory disorders of the municipal population, poor physical capacity to act, inadequate local services, living alone, inaccessibility in the neighbourhood and lack of social networks.

An age-friendly municipality has different housing options and accessible and safe living environments for the elderly population, especially considering the needs of people with memory disorders. In addition, there are sufficient and affordable transport and transportation services which enable the use of services, access to services and participation in events. Support for foresight in relation to personal housing solutions. People's own preparedness involves taking into account the possibilities of housing and the surroundings and taking the necessary measures as their functional capacity changes with age. Examining housing conditions as part of the assessment of service needs helps in personal decision-making on housing (repairs, possible moving) and increases anticipation in relation to future housing needs.

The needs of elderly people will be taken into account in promoting the renovation of housing stock and the planning and maintenance of living environments. Living environments that are more accessible, safer, and more supportive of communality and inclusion will be developed. This requires cooperation between different administrations and other actors in the municipality, and in the future, between the municipality and the province.

When planning different housing solutions, the principle of normality is followed so that the housing of older people is included in the normal housing stock or connected to them. We need accessible, communal solutions supporting security and self-determination which take into account changes in functional capacity. Local conditions affect solutions.

From the outset, the planning of new residential areas can take into account how potential changes in the residents' needs and functional capacity are coordinated with the living environment. Improving accessibility, streamlining traffic arrangements and promoting walking in the development of existing residential areas are key means of supporting the functional capacity of the elderly population. Nature and other green areas can be used to strengthen well-being and promote rehabilitation. This involves an opportunity to use different senses to experience nature.

The functional capacity of elderly people is also promoted through services which support mobility both in the city and in sparsely populated areas (rural areas). It is important to enable the mobility of elderly people, the availability and safety of transport services and service transportation.

The municipal technical measures must pay sufficient attention to the accessibility and safety of the road and street environment and transport services as well as the usability and accessibility of all communications, including information on public transport. Because transport services, including taxi services, are mainly managed by private entrepreneurs, and a large number of new entrepreneurs have entered the sector, particular attention must be paid by the municipalities in their contractual terms, not only as regards the suitability of the fleet, but also in terms of the tenderers' capacity and ability to serve elderly people.

Facilities in the immediate surroundings and stimuli for working together and strengthening communality are ways to reduce loneliness and insecurity. The living environment must have natural places for encounters between people of different ages and elderly people. Village houses / common facilities, low-threshold school facilities, congregations and parishes as well as cafeterias/cafés provide, for instance, opportunities for organising joint activities.

The creation of age-friendly living areas is a process of continuous development. It is essential to include elderly people, the organisations representing them and other actors in the development of residential areas. The councils for elderly people are key actors in planning age-friendliness, as they participate in the preparation of policy strategies on ageing and often make statements on planning and construction projects.

6.3 Recommendations

- The needs of elderly people will be taken into account in the organisation of transport environments, including pedestrian and bicycle paths, public transport and services supporting mobility.
- Anticipation of the housing needs for elderly people will be included in the municipal plan for supporting the elderly population as required by the Act on the Care Services for Older Persons: it includes objectives and measures concerning the housing and living environments of elderly people, as well as support measures for the anticipation of housing needs for municipal residents, such as housing counselling and renovation counselling.
- Cross-administrative cooperation in housing matters will be strengthened as a joint action of the municipality's social and health care, housing and technical services as well as companies and organisations
- Assessment of living conditions will be included as part of the assessment of functional capacity and service needs, and the residents' coping in their living environment will be ensured, where necessary, through adaptation of housing.
- Promoting the implementation of housing solutions suitable for elderly people, such as intermediate and communal housing and correcting the stock for the Housing Finance and Development Centre of Finland to suit elderly people.
- Attention will be paid to the age-friendly planning of residential areas and the development of existing living environments.

6.4 Good practices

The ‘New housing options and a good old age’ project mapped Finnish and international methods for improving the communality of housing. Additional information: <https://tietokayttoon.fi/julkaisu?pubid=20103>

Housing renovation counselling: Renovation counselling provided by the Finnish Association for the Welfare of Older People helps people over the age of 65 in carrying out renovation and alteration work throughout the country. The aim is to enable older people to live at home for as long as possible. Alteration works improve the accessibility of housing, reduce safety risks and make housing conditions healthier. Additional information: <https://vtkl.fi/toiminta/korjausneuvonta>

In Espoo, the accessibility plan for the living environment, housing, urban structure and mobility extensively instructs the city’s operating units to plan, construct and maintain an accessible, safe and high-quality environment. Additional information: Plan for supporting the well-being of the elderly population in Espoo 2016–2021.

A **checklist for good care** helps people with memory disorders and their families and friends to choose a place of residence, rehabilitation or care which suits their needs and wishes. Additional information: https://www.muistiliitto.fi/application/files/1615/3354/8361/HHK-tarkistuslista_2018_tulostettava.pdf

The **Home Safety Guide** offers advice on how to increase the safety of elderly people living at home. The guide offers advice on matters such as consumer protection and crime prevention, renovation and the selection of technological security solutions. Additional information: <http://www.kodinturvaopas.fi/hyvinvointi/ikaihminen-turvallisuus/>

The **Muistava project** has developed a tool for raising issues to promote good and safe care for memory disorder sufferers (selection of the form of residence and a tool that supports bringing up related questions). Additional information: <https://www.hotus.fi/muistava/>

The aim of the **Täydentäen toimivaa (TÄYTY)** project⁴⁹ was to find new concepts for the housing and services for the ageing population by developing urban areas and residential areas by means of welfare centre and service block solutions. In order to serve the well-being of elderly people, the environment must be accessible, and the special needs of people with memory disorders must also be taken into account.

⁴⁹ Partanen M, Lehtovaara M. Täydentäen toimivaa – Asumisen ja palveluiden yhdistäminen (in Finnish). Reports and memorandums of the Ministry of Social Affairs and Health 2019:38.

7 Services are implemented in a socially and economically sustainable manner

7.1 Customer-oriented approach as a starting point

The implementation of the services is guided by customer-oriented thinking. A customer-oriented approach means that care and services meet the needs of elderly customers and patients, they are easy to use, located close by and support a sustainable care and service relationship. The implementation of a customer-oriented approach requires the coordination of different perspectives, especially when planning and implementing services for elderly people⁵⁰. From the perspective of the implementation of care, important principles include individuality, continuity, safety, trust, meeting people and the professional skills of the staff.

Customer orientation also involves taking the family members and next of kin of an elderly customer into account. Informal carers in particular need support and information to support their work and being met on an equal footing. Improving the flow of information and taking family members into account in the implementation of services requires smooth cooperation with the staff. Technology enables communication with relatives, including remote relatives. The next of kin will benefit from the fact that the service staff are easily reached, and the staff will also benefit from coaching on how to meet the next of kin.

Customer orientation means that elderly people must be genuinely included, and their opinions must be heard when implementing the service. When implementing the service for elderly people, special attention will be paid to maintaining the customer's functional capacity and rehabilitation as well as safe pharmacotherapy.

⁵⁰ Kangasniemi M, Voutilainen A, Kapanen S, Tolmala A, Koponen J, Hämäläinen M, Elovainio M. Työn uusjako - Sosiaali- ja terveydenhuollon ammattiryhmien työnkuvien ja keskinäisen työnjaon kohdistaminen ja tehostaminen SOTE-reformissa (in Finnish). Publications of the Government's analysis, assessment and research activities 66/2017.

7.1.1 Customer needs guide the production and organisation of services

The majority of elderly customers receiving regular services are people with memory disorders, who also have a milder or more challenging impairment of functional capacity and many other diseases requiring treatment. For this reason, an extensive and comprehensive assessment of functional capacity, service needs and dependency on care must be carried out carefully when assessing the customer's need for services and, at fixed intervals, the need for services of those receiving them. Customer care and service plans must be comprehensive, up to date and regularly monitored and evaluated. It is recommended that the wishes and operating options related to care are discussed with the customer at the earliest possible stage, including the advance directive and the power of attorney, which may become relevant when the customer is no longer able to express their wishes. These wishes and advance directives should be recorded in the customer's care and service plans.

The implementation of services for customers is supported by information obtained from researched and good and evidence-based treatment and operating practices. The diverse service needs of customers make great demands on the staff operating in the services and on their competence, especially for customer-oriented encounters and the implementation of care measures for customers with a memory disorder. Elderly customers within the scope of regular services have a high risk of decreasing functional capacity, which is why activities that maintain rehabilitation results and functional capacity in daily life are needed.

Customers' functional capacity can be influenced by nutrition in both home care and 24-hour care. People receiving these services have an increased risk of incorrect nutrition, among other things. The availability, timeliness and quality of oral health services should also be developed as part of the development of the quality of nutrition. Oral diseases and problems can cause pain, discomfort and eating difficulties for elderly customers. The ability to take care of oral hygiene deteriorates particularly as memory disorders progress and functional capacity decreases, in which case oral care measures are often difficult to implement. Elderly customers often have a lot of medicines at their disposal. Ensuring safe and appropriate medication is part of good care.

The production and organisation of services involves challenges related to the elderly customer base and their needs. In making a priority of living at home, it is important to support the prerequisites of family and friends to participate in the treatment and care of elderly people. Particular attention must be paid to the interfaces between various services and the transitions necessitated by changes in a customer's service needs, including when a customer is discharged from the hospital. Another major challenge is the provision of good palliative and terminal care both at home and in 24-hour care. This requires multiprofessional work with both basic services and specialised medical care.

Managing clinical pathways requires commonly agreed and efficiently communicated targets and a clear and documented division of responsibilities and work.

The availability of medical services must also be ensured when producing and organising services on a multiprofessional basis. Elderly customers have a lot of medical problems and usually a reasonably large number of medicines in use, which means that cooperation with a physician is needed in implementing the treatment. The physician is responsible for medical research, diagnostics and treatment and also serves as consultation support for other personnel in services for elderly people. The implementation of primary health care medical services for customers of social welfare services, such as home care and sheltered housing with 24-hour assistance, should be ensured in terms of both private and public service provision. This also requires good procurement and tendering skills in municipalities.

As part of the services provided at home, informal care and informal care support, especially for elderly people, increase the possibilities of living at home for elderly people, but these alternatives are not yet fully utilised in municipalities⁵¹. Participation in the informal care of elderly people is particularly challenging for the working-age population⁵². Municipalities therefore need a common understanding and willingness to support informal carers in paid employment, for example through coaching, counselling and substitution arrangements. In addition to self-care, family care for elderly people is an alternative solution for organising services⁵³. Particularly good experiences have been obtained from the work of so-called family carers in substituting for informal carers. Family care homes for elderly people and professional family care homes have proven promising alternatives.

⁵¹ Noro A (toim.). Omais- ja perhehoidon kehitys vuosina 2015–2018: Päätelmät ja suositukset jatkotoimenpiteiksi (in Finnish). Ministry of Social Affairs and Health Reports and memorandums 61/2018.

⁵² Kalliomaa-Puha L. Omaishoidon ja ansiotyön yhteensovittaminen: Selvityshenkilön raportti (in Finnish). Ministry of Social Affairs and Health Reports and memorandums 60/2018.

⁵³ Koinsaari J ja Rautio E. Osallisuus, monitoimijuus ja arjen tuki: Käsikirja onnistuneeseen omais- ja perhehoidon tukeen sekä sektorirajat ylittävän palveluohjausverkoston perustamiseen (in Finnish). Ministry of Social Affairs and Health Reports and memorandums 55/2018.

7.1.2 Recommendations

- In the implementation of a service provided to an elderly person, their right to self-determination shall be respected, and they shall be met on an equal footing. Elderly people must be genuinely included, and their opinions must be heard when planning and providing the service.
- A goal-oriented individual care and service plan, including oral care, is prepared for the customer when the elderly person is still able to actively participate in the planning and decision-making of their care. The customer is encouraged to sign an advance directive and a power of attorney.
- The care, rehabilitation, support and services for an elderly person must be implemented in accordance with the decision on care and services, and the implementation must be monitored.
- As far as possible, the services will be implemented on the basis of research data and good and evidence-based treatment and operating practices.
- The implementation of the services is divided between service providers and producers who, in accordance with their own roles, are in charge of ensuring that services which meet the service needs of elderly people are available and that the services provided for customers form a functional whole, and they
 - ensure adequate health services for elderly customers receiving regular services, including regular health examinations, oral health examinations, medical consultations and overall assessments of pharmacotherapy.
 - modernise the structure and content of services as required by changing customer needs and local conditions
 - ensure the availability of necessary skills related to features such as the promotion of well-being and health, geriatrics, gerontological nursing and social work, multidisciplinary rehabilitation, elderly people's learning, substance abuse and mental health work, nutrition, terminal and palliative care, oral health care and pharmacotherapy

- ensure that expertise related to the early identification, treatment and rehabilitation of memory disorders is available and that the special needs related to memory disorders are taken into account in treatment and rehabilitation
- ensure that the rehabilitation needs of elderly customers are assessed especially during transition phases and in connection with the assessment of service needs before the decision is made to start providing regular services (rehabilitative evaluation periods), and that rehabilitation is primarily implemented at the customer's home, drawing on the possibility of remote rehabilitation and the expertise of professionals in the rehabilitation sector
- are in charge of ensuring that the service provided to an elderly person promotes and maintains functional capacity and rehabilitation in all service forms, including hospital care
- ensure that, during the implementation of the service, customer contact is maintained in a manner which is appropriate for customers and next of kin, for example through remote contacts with customers, families and personnel, in order to share information and create a common view on the implementation of customer care
- ensure that pharmacotherapy utilises special expertise in the pharmaceutical sector, that pharmacotherapy plans are up to date, that the effects of pharmacotherapy are monitored and that the mechanical dose distribution of medicines is increased
- As the service provider, the municipality is responsible for
 - special attention being paid to the quality of services in the procurement and tendering of services: the service provider implements the procurement process and formulates the procurement contracts in such a way that good quality is at the centre of the procurement and that it is possible to deal with poor quality.

7.1.3 Good practices

Home, everyday and remote rehabilitation: Timely rehabilitation services are needed for elderly people, which are implemented in accordance with an updated rehabilitation plan or service plan at home or in sheltered housing⁵⁴. Elderly people's rehabilitation looks at the whole, in which physical activity, nutrition, sleep and social and living environment are also taken into account. As memory disorders increase, cognitive rehabilitation that supports memory must be added to traditional rehabilitation. The daily rehabilitation of elderly people has been found to increase the quality-weighted years⁵⁵ in the life of the rehabilitees and to support elderly people's independence in everyday life⁵⁶.

Fundamentals of the delivery of medical rehabilitation aids. Additional information: http://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/162395/STM_2020_23_J.pdf?sequence=1&isAllowed=y

Supporting a dignified old age and safe everyday life – AVOT project in North Karelia: The report describes the practices resulting from cooperation between the rescue services, especially emergency care and home care, for instance for intensified home care and the management of acute situations. In the future, home care will also gain multiprofessional strength from the special expertise of nutritional therapists, pharmacists, oral hygienists and rehabilitation personnel as well as better utilisation of well-being technology. (Reports and memorandums of the Ministry of Social Affairs and Health 2018:48)⁵⁷.

Hyvää perhehoitoa ikäihmisille (in Finnish) – commissioned family care information package, available at www.perhehoitoliitto.fi

Results and recommendations of the home rehabilitation experiment in Central Finland – partial report of the Kukoistava kotihoito project: The report describes the basics, challenges and development targets for everyday and home rehabilitation for elderly people as well as the results of the study carried out in spring 2018 in the Kukoistava kotihoito project, and its recommendations. (Reports and memorandums of the Ministry of Social Affairs and Health 2018:52)⁵⁸.

⁵⁴ Kuntoutuksen uudistamiskomitean ehdotukset kuntoutusjärjestelmän uudistamiseksi (in Finnish). Reports and memorandums of the Ministry of Social Affairs and Health 2017:41

⁵⁵ Zingmark M, Nilsson I, Fisher A.G. and Lindholm L, 2016. Occupation-focused health promotion for well older people – A cost-effectiveness analysis. *British Journal of Occupational Therapy*, 79(3), pp. 153-162

⁵⁶ Aspinall F, Glasby J, Rostgaard T, Tuntland H and Westendorp R, 2016. Reablement: supporting older people towards independence. *Age and Ageing*, 0, pp. 1-5

⁵⁷ AVOT project in North Karelia (2016–2018) (ed. Jämsen A). Reports and memorandums of the Ministry of Social Affairs and Health 2018:48. <http://urn.fi/URN:ISBN:978-952-00-4018-5>

⁵⁸ Paltamaa Jaana, Pikkarainen Aila ja Janhunen Eija. Keski-Suomen kotikuntoutuskokeilun tulokset ja suositukset. Kukoistava kotihoito -hankkeen osaraportti (in Finnish). Reports and memorandums of the Ministry of Social Affairs and Health 2018:52. <http://urn.fi/URN:ISBN:978-952-00-4008-6>

Diverse forms of support for living at home in Lapland – functional home care

handbook: The development and diversification of services provided at home will strengthen the possibilities of living at home for elderly people. Smooth service and care chains support the work of different actors and increase the trust and sense of security of elderly people towards the service system. The handbook describes the development work carried out in the project through concrete experiments, research and study work with their models, and development steps with their successes and challenges. (Social Affairs Learning Centre of Northern Finland, 2018)⁵⁹.

Successful home care is a matter of willingness! Reform of support for the well-being of elderly people at home in Central Finland. The project designed and implemented customer-oriented, effective and cost-effective 24-hour home care. The operating models are presented in the manual. (2018)⁶⁰. Additional information:

Kinaesthetics: New practices that have been proven good, including kinaesthetics, encourage the customers to be mobile and also support the staff's work⁶¹.

The **age-standardised incidence of pelvic fractures** is a key quality indicator of care for elderly people. Additional information: Osteoporosis, Current Care guideline <https://www.kaypahoito.fi/hoi24065> and Pelvic fractures, Current Care guideline <https://www.kaypahoito.fi/hoi50040>

Organising physician services in sheltered housing with 24-hour assistance, Valvira's instructions. Additional information: <https://www.valvira.fi/sosiaalihuolto/sosiaalihuollon-palvelut/vanhustenuolto>

Manual for promoting mental health in housing and care services for elderly people and using it: <http://www.julkari.fi/handle/10024/110485>

Criteria for **good care for people with memory disorders**. Additional information: <https://www.muistiliitto.fi/fi/tuki-ja-palvelut/luettavaa-ja-tekemista/hyvan-hoidon-kriteeristo>

Memory disorders, Current Care guideline. Additional information: <https://www.kaypahoito.fi/hoi50044>

⁵⁹ Monipuoliset tuen muodot kotona asumiseen Lapissa. Toimivan kotihoidon käsikirja (in Finnish). Social Affairs Learning Centre of Northern Finland – the Lapland operating unit of Lapland. Rovaniemi 2018. <http://www.sosiaalikallega.fi/hankkeet/toimiva-kotihoito-lappiin/toimiva-kotihoito-lappiin/hankkeen-tulokset>

⁶⁰ Successful home care is a matter of willingness! Reform of support for the well-being of elderly people at home in Central Finland (2018). <http://www.ks2021.fi/uudistuksen-karkihankkeet/kotihoito/ajankohtaista>

⁶¹ <https://www.kinestetiikka.fi/>

Self-care coaching is coaching implemented in groups for those with early-stage memory disorders and their spouses. The activities are based on a broad and long-term research and development background. Timely targeting of customer-oriented, multidimensional and goal-oriented group activities may improve the cognitive skills of participants with memory disorders and shift the need for long-term care. In the case of spouses, the impacts can be seen as an improvement in quality of life. Additional information: www.vtkl.fi/omahoitovalmennus

Terminal and palliative care: Recommendations and reports on terminal and palliative care^{62, 63, 64, 65}.

Oral health: The services for elderly people must provide expertise on oral health, and treatment opportunities must be increased by means of mobile dental care which comes to the customer⁶⁶.

Safe pharmacotherapy guideline (in Finnish)⁶⁷. The purpose of this guideline is to harmonise the principles for the provision of pharmacotherapy, to clarify the division of responsibilities related to its provision and to define the minimum requirements that must be complied with in all units providing pharmacotherapy. The general guidelines and principles of pharmacotherapy are the same for all public and private social and health care units. See also publication for rational pharmacotherapy⁶⁸.

The **Vireyttä seniorivuosiin: ikääntyneiden ruokasuositus** the recommendations on using national quality recommendations promoting and supporting the nutrition of elderly people and steering the organisation of quality services based on the needs of elderly people. Additional information: <http://urn.fi/URN:ISBN:978-952-343-472-1>

⁶² Palliative and terminal care. Current Care Guideline <https://www.kaypahoito.fi/hoi50063>

⁶³ Saarto T ja Finne-Soveri H. Palliatiivisen hoidon ja saattohoidon tila Suomessa. Alueellinen kartoitus ja suositusehdotukset laadun ja saatavuuden parantamiseksi (in Finnish). Reports and memorandums of the Ministry of Social Affairs and Health 2019:14.

⁶⁴ Palliatiivisen hoidon ja saattohoidon järjestäminen, Työryhmän suositus osaamis- ja laatuksiteereistä sosiaali- ja terveydenhuollon palvelujärjestelmälle (in Finnish). Reports and memorandums of the Ministry of Social Affairs and Health 2017:44.

⁶⁵ Saarto T, Finne-Soveri H. Suositus palliatiivisen hoidon palveluiden tuottamisesta ja laadun parantamisesta Suomessa. Palliatiivisen hoidon asiantuntijaryhmän loppuraportti (in Finnish). Reports and memorandums of the Ministry of Social Affairs and Health 2019:68.

⁶⁶ Yhtenäiset kiireettömän hoidon perusteet 2019 (in Finnish). Ministry of Social Affairs and Health Publications 2019:2.

⁶⁷ Inkinen R, Volmanen P, Hakoinen S & (ed.). Turvallinen lääkehoito - Opas lääkehoitosuunnitelman tekemiseen sosiaali- ja terveydenhuollossa (in Finnish). Finnish Institute for Health and Welfare Guidelines 14/2015. <http://urn.fi/URN:ISBN:978-952-302-577-6>.

⁶⁸ Hämeen-Anttila K, Närhi U, Tahvanainen H. Rationaalisen lääkehoidon toimeenpano-ohjelma Loppuraportti (in Finnish). Reports and memorandums of the Ministry of Social Affairs and Health 15/2018.

7.2 Customer and service counselling

Centralised customer and service guidance is a central operating model of the municipality/service provider which was developed as part of the key project on home care for older people and informal care for all ages between 2016 and 2018^{69,70,71,72,73,74}. The key to customer and service counselling is the one-stop-shop principle. The customer does not need to know what and where the service is sought. Instead, one contact is sufficient. The purpose of customer and service counselling is to make applying for support and services easier and to coordinate and streamline the allocation of services on the basis of customers' assessed service needs.

7.2.1 Customer and service counselling operating model

The objective of customer and service counselling is to render transparent a) the activities of organisations, services provided and subsidies granted by other municipal sectors, social welfare and health care subsidies and services, and services of private companies and services providers, which are available in the area in question, b) the criteria for obtaining public social welfare and health care services and c) ensuring and monitoring the implementation of the service granted.

A person seeking advice, support or service may contact customer and service counselling through several different routes. Customer and service counselling also plays an important role in advisory work that promotes well-being and health, in which customers are directed to municipal activities, NGOs and other voluntary activities. Only some of the contacts lead to an assessment of service needs, starting with the planning and implementation of the services required by the elderly person (see Figure 5). The examination of customers' service needs is guided by both the Act on the Care Services for Older Persons (980/2012) and the Social Welfare Act (1301/2014). As part of the reform of

⁶⁹ Project plan. Project plan on developing home care for older people and enhancing informal care in all age groups. Reports and memorandums of the Ministry of Social Affairs and Health 2016:41.

⁷⁰ Call for applications: Home care for older people will be developed and informal care will be enhanced in all age groups in 2016–2018. Call for applications. Ministry of Social Affairs and Health publications 2017:6.

⁷¹ Ikäneuvo käsikirja (in Finnish). Tampere.

⁷² Kettunen M. IkäOpastin asiakasohjaus Kymenlaaksossa. Periaatteet ja toimintamalli (in Finnish). Reports and memorandums of the Ministry of Social Affairs and Health 54/2018.

⁷³ Ritvanen J. KomPAssi-hanke: Maakunnallisen iäkkäiden asiakas- ja palveluohjauksen toimintamallin perustaminen Varsinais-Suomeen. KomPAssi-hanke (in Finnish). Reports and memorandums of the Ministry of Social Affairs and Health 53/2018.

⁷⁴ Noro A, Karppanen S. Ikäihmisten kotihoidon ja kaikenikäisten omaishoidon uudistus 2016–2018: Tuloksia ja toimintamalleja (in Finnish). Reports and memorandums of the Ministry of Social Affairs and Health 2019:29.

the Act on the Care Services for Older Persons (HE 4/2020), an RAI assessment system has been laid down as a method for assessing national service needs^{75, 76, 77}.

Customer and service counselling makes decisions on services, and service providers are selected together with the customer. Customer and service counselling thus cooperates closely with organisations, congregations, other municipal sectors, such as physical activity, culture, education, housing, and primary health care, social welfare, rehabilitation and specialised medical care service providers, taking into account the critical importance of various transitions (from home to services, from services to home, from one service to another) for elderly people. In particular, persons with memory disorders and multiple illnesses, customers with mental health and intoxicant abuse problems, older persons with disabilities and war veterans are important customer groups that will benefit from service coordination. By grouping the customers and managing service packages targeted at different customer groups methodically, a smoothly running and economical service package that supports an older customer in coping with everyday life can be guaranteed.

The operations of centralised customer and service counselling (see Figure 6) are supported and monitored by common key figures and indicators which describe the treatment processes, information flow and make visible the decisions made by the service instructors and also their comparability and costs. Work related to customer and service counselling will become part of the future social welfare and health centre programme⁷⁸.

⁷⁵ <https://thl.fi/fi/web/ikaantyminen/palvelutarpeiden-arviointi-rai-jarjestelmalla>

⁷⁶ www.interrai.org

⁷⁷ See also measuring the functional capacity of elderly people in connection with the assessment of service needs, <https://www.terveysportti.fi/dtk/tmi/tms00015>

⁷⁸ The Future Social and Health Centre 2020–22 <https://soteuudistus.fi/tulevaisuuden-sote-keskus-valtionavustushaku>

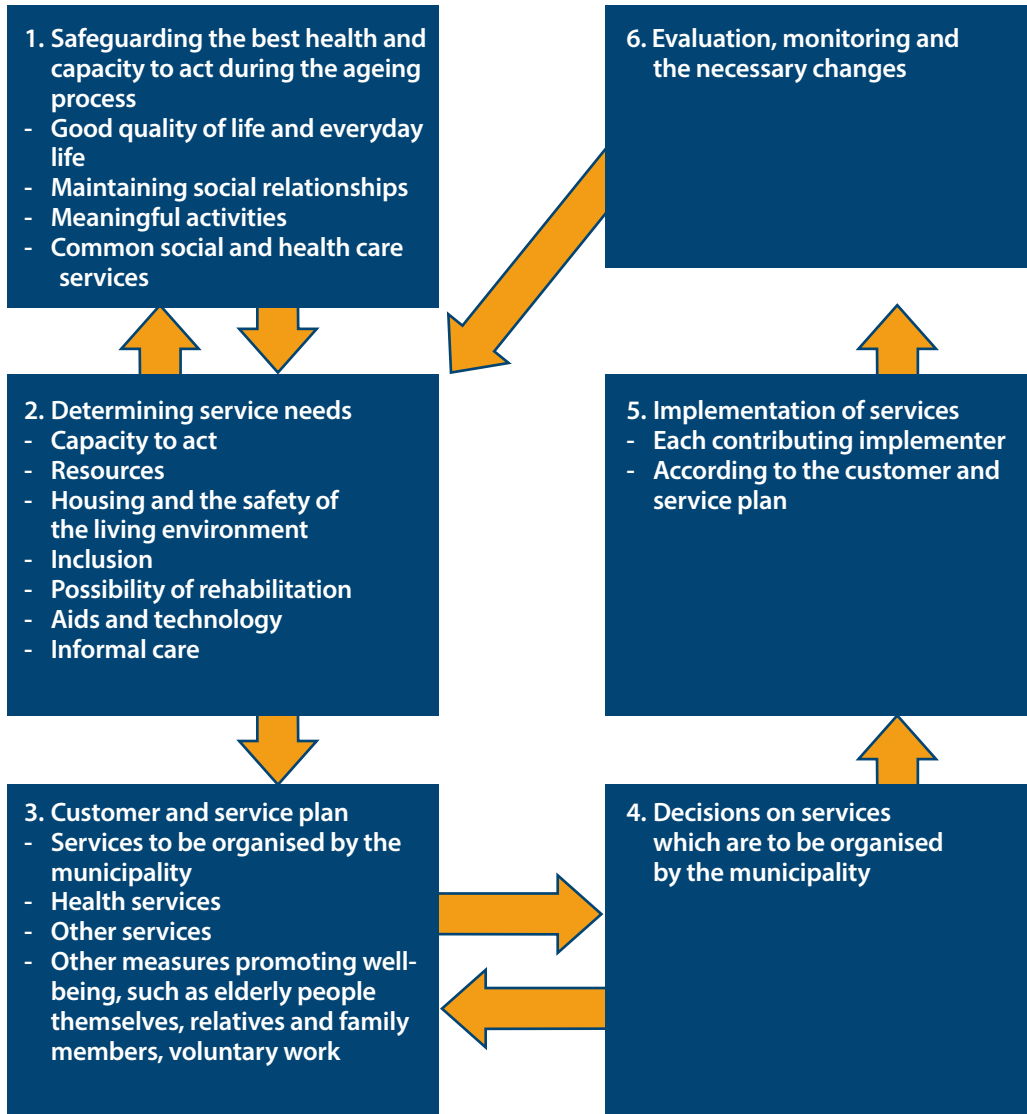


Figure 5. Assessment, implementation and monitoring of service needs.

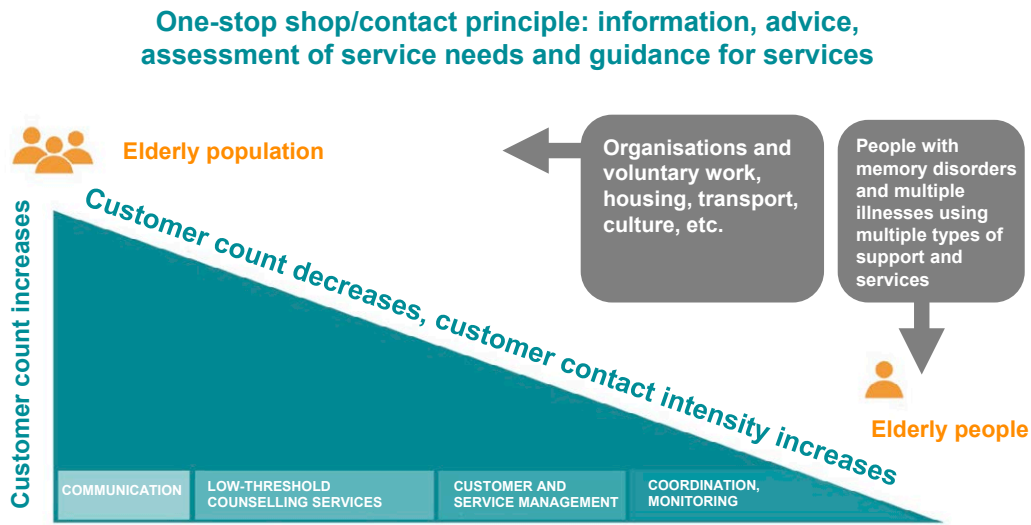


Figure 6. KAAPO model for centralised customer and service counselling⁷⁹.

7.2.2 Recommendations

Customer and service counselling

It is recommended that customer and service counselling is organised according to the following principles:

- a low threshold – a single contact triggers the process
 - the services must be easy to use: electronic self-assessments, contacting by chat, telephone, e-mail or visits
 - possibility of using e-services
 - information on the service providers operating in the area and the activities of organisations should be available electronically for everyone, especially customer advisors.
 - form a customer service package which includes advice, assessment of service needs, service decisions and monitoring their implementation
 - the coordination of service packages for customers with multiple and memory disorders and especially those who use a lot of services at home will be ensured

⁷⁹ Noro A, Karppanen S. Ikäihmisten kotihoidon ja kaikenikäisten omaishoidon uudistus 2016–2018. Tuloksia ja toimintamalleja (in Finnish). Reports and memorandums of the Ministry of Social Affairs and Health 2019:29. <http://urn.fi/URN:ISBN:978-952-00-4060-4>.

7.2.3 Good practices

Customer and service counselling tool. The accessibility of customer and patient information, the information produced by the ERP systems and the information required by the customer supervisors are key tools in service counselling⁸⁰.

Centralised customer and service counselling – I&O key project experiments. Additional information: <https://stm.fi/hankkeet/koti-ja-omaishoito>

IkäOpastin customer counselling in Kymenlaakso – Principles and operating model: The centralised customer counselling model is based on the social welfare service process for provision of services to elderly people insofar as the services in question are those specified by social welfare for elderly people and they are provided to the customer. The customer counselling concepts and principles modelled in the project can be utilised in the customer counselling of people in all age groups. The customer counselling operating model can be applied to other social welfare service tasks. (Reports and memorandums of the Ministry of Social Affairs and Health 2018:54)⁸¹.

KomPAssi project – Establishing a regional operating model for customer and service guidance for elderly people in Southwest Finland. A preliminary framework for the management of customer guidance was established in the project. Using the ICT system created in the project, the performance of the centralised customer guidance function can be properly monitored and the reports on the work can be compiled as required. (Reports and memorandums of the Ministry of Social Affairs and Health 2018:53)⁸².

The Ikäneuvo handbook for planning advice and customer counselling. The handbook describes the key elements of centralised regional customer and service counselling for elderly people (KAAPO). It also highlights critical factors to be taken into account in the planning and implementation of the operating model based on the experiences of the Ikäneuvo project (2018)⁸³

⁸⁰ Silius-Miettinen P, Noro A, Lähesmaa J, Vuokko R. Kokonaisarkkitehtuurin kuvaus – Kehitetään ikäihmisten kotihoitoa ja vahvistetaan kaiken ikäisten omaishoitoa (in Finnish). Reports and memorandums of the Ministry of Social Affairs and Health 50/2018.

⁸¹ Kettunen M (ed.). IkäOpastin asiakasohjaus Kymenlaaksossa. Periaatteet ja toimintamalli (in Finnish). Reports and memorandums of the Ministry of Social Affairs and Health 2018:54. <http://urn.fi/URN:ISBN:978-952-00-4010-9>

⁸² Ritvanen J. KomPAssi- hanke. Maakunnallisen iäkkäiden asiakas- ja palveluohjauksen toimintamallin perustaminen Varsinais-Suomeen (in Finnish). Reports and memorandums of the Ministry of Social Affairs and Health 2018:53. <http://urn.fi/URN:ISBN:978-952-00-4009-3>

⁸³ Ikäneuvo. Käsikirja neuvonnan ja asiakasohjauksen suunnitteluun (pdf, 5.26 MB) (in Finnish). https://www.tampere.fi/tiedostot/i/suGxPrFw3/ikaneuvo_kasikirja_neuvonnan_ja_asiakasohjauksen_suunnitteluun_1218.pdf

7.3 Safeguarding competent and thriving personnel

Under their responsibility for organising the services, municipalities have an obligation to ensure the quality of the services and the sufficient number and competence of staff. Employers, such as municipalities and private service providers, are responsible for ensuring the competence of their staff in terms of their activities.

7.3.1 Development of local management

The development and monitoring of the quality of management and management competence in social and health care services is a continuous activity, especially in order to increase the availability of personnel and the attractiveness of working with elderly people. The management competence of local managers close to the staff and elderly customers is significant. In addition to competence, it must be ensured that there is a sufficient number of local managers to enable them to work in contact management. Local managers are required to have sufficient knowledge of the work of their personnel and its development needs as well as adequate training. Support from senior management is important for success in the work of local managers.

The purpose of local management is to ensure that the operating culture takes the rights of elderly customers into account in the operating units and respects the customer and that the activities promoting rehabilitation are implemented. In order to develop well-being at work and occupational safety, the immediate supervisor must ensure a sufficient number of staff and the systematic development of competence. Other local management challenges include recognising physical and mental stress factors that put the employees' well-being at work at risk, which include e.g. factors related to customer relationships, repetitive routines, a lack of independence, being rushed and problems in the workplace atmosphere.

Management work takes its own time, in which case the local manager's time may not be available for immediate customer work, particularly in larger operating units. In order to eliminate factors that have been recognised as a threat to well-being and to promote possibilities for recovering from work, new solutions must be actively sought in work communities. To ensure the well-being of personnel working with elderly people, participatory management methods are needed, which also builds up trust. The staff must have the possibility of taking part in developing their work.

The well-being of staff plays a key role in the provision of services for elderly people. The employees' opportunities to influence their work will increase their well-being. Reforming the operating methods as part of the staff's tasks means that staff can participate in the planning, implementation and monitoring of changes. These can also be accompanied by

support for education and research. There are good experiences in the operation of self-directed multiprofessional teams abroad and to some extent in Finland as well.

Immediate managers need training and coaching to support customer-oriented activities and to support the technical and functional tools of management, such as ERP systems, for targeting the work of staff and for facilitating substitute arrangements by regional skilled substitute staff. It is necessary to involve staff in joint planning in the use of ERP systems.

A customer-oriented and safe service requires multiprofessional cooperation and the development of its management. In addition to multiprofessional teams, an adequate number of nurses must also be ensured, particularly for the implementation of pharmacotherapy with elderly customers. In addition, special expertise of rehabilitation staff is needed both in promoting and maintaining customers' functional capacity and in supporting the staff working in services for elderly people.

7.3.2 Competence development

Skills related to the early identification, treatment and rehabilitation of memory disorders and meeting those with memory disorders is vital in all services for elderly people. Patients with several different types of illnesses with reduced functional capacity are also a challenging customer group. The assessment of their service needs, meeting them, their treatment and care and an encouraging and rehabilitative approach to work require competence from the staff. More training is needed for all professional groups on safe pharmaceutical, terminal and palliative treatment as well as pain treatment. Increasing technology and its use and ensuring the security of electronic information systems require continuous additional training and coaching for employees. The assessment of service needs and functional capacity and the use of information in customer plans and in the implementation and monitoring of care remain a competence-related challenge. Customer-oriented activities which maintain and rehabilitate the functional capacity of elderly people also require coaching and further training for staff.

Staff competence can be increased in many ways. In addition to traditional further training, peer development, participation in experiments, development and research projects, job rotation, e-learning environments and developer employees should also be utilised. The level of competence must be monitored and assessed periodically.

7.3.3 Recommendations

- Ensuring the number of personnel in home care
 - The minimum staffing needs in home care are determined as the working time available for staff's direct customer care time (in hours) needed to provide the services (in hours) granted to older people.
- Ensuring the competence of staff
 - In addition to traditional further training, staff competence can be improved by utilising peer development, participation in experiments and research and development projects, job rotation, e-learning environments and developer employees.
 - training and coaching can support the implementation of indicators for assessing service needs, functional capacity and dependency on care, improve assessment competence and the use of the information obtained in customer care, services and management
 - locally, it is recommended that research, development, innovation and training cooperation be carried out in the development of the service system, services and staff for elderly people
 - the content and attractiveness of expert and management tasks in services for elderly people are developed
 - the expertise of professionals involved in the treatment and care of memory disorders is increased
- When directing the work of the staff, the aim will be to
 - act in a customer-oriented manner and to improve encounters between employees, customers and family and next of kin to improve experiences of service quality
 - promote customer and patient safety so that pharmacotherapy errors in particular will be reduced and so that the safety of older persons will be improved by systematically increasing competence and the use of security technology
 - promote the staff's job satisfaction, commitment, motivation and well-being, especially in order to reduce sick leave and staff turnover

- ensure the competence of the staff so that the staff continuously develop their competence and use methods demonstrated to be effective in their work, and can influence their own work and its implementation
- In order to ensure the availability and well-being of staff, different working time flexibility can be utilised depending on their life situation, and regional substitute staff systems may be created and utilised
- for the systematic implementation of self-monitoring, ERP systems
 - can be utilised to allocate employees' working hours to customer work, particularly in home care
 - various routinely repeated administrative activities, such as the creation of shift lists, may be supported by applications which free up working time for working with customers and managing staff

7.3.4 Good practices

A functional work community – a functional work community has a common goal and objective as well as a clear division of work and responsibilities: everyone knows what is expected of them at work. The operating methods have been agreed upon together and decision-making is transparent. Any conflicts will be quickly dealt with. In a good work community, supervisory work is fair and equal. Additional information: <https://www.ttl.fi/tyoyhteiso/>

7.4 Ensuring the quality of services

Ensuring the quality of services is part of knowledge management and the development and use of the related knowledge base. Various parties compile a knowledge base that is refined into information management indicators. Quality assurance consists of establishing the service needs of older customers in a versatile manner and implementing services in accordance with customer plans and decisions. Feedback from customers, relatives and staff on the quality of care and service helps to find the areas of quality which are already well delivered and also areas where there is room for improvement.

7.4.1 Monitoring systems

The number and structure of staff in 24-hour care and home care were monitored in 2013, 2014, 2016 and 2018 as part of the Finnish Institute for Health and Welfare study on the state of services for elderly people, and the intention is to carry out monitoring regularly and more frequently in the future. The plans also include the regular implementation of a national customer satisfaction survey (ASLA survey, previously implemented as a pilot study in 2016)⁸⁴. The customer structure, service needs and quality of care are described by the indicator data collected from customers' RAI assessments, and if the well-being and sickness absence data of unit-level personnel is used alongside it, a much broader picture can be obtained of the activities of the units, the different dimensions of the quality of care and the working atmosphere.

Ensuring the quality of services and the related multidimensional information helps to monitor and manage units, service providers and the allocation of resources based on evidence, and also to utilise the information in self-monitoring. In order to compare the activities of different municipalities and service providers at a national and regional level, jointly approved data structure and functional service monitoring systems are needed which serve as the basis for knowledge-based management. Openness and reporting on the quality of the operating units and service providers' own activities make it possible for customers and their relatives to also receive information on the quality of the service in the operating unit.

In order to compare the activities of different municipalities and service providers at a regional and national level, there is a need for wide-ranging and functional service monitoring systems that serve as the basis for knowledge-based management. Appendix 6 lists the available monitoring indicators and partly outlines new ones for monitoring the implementation of the services and quality recommendation for elderly people. Some of these have already resulted in good experiences in the comparative development of services for elderly people in cooperation between the Finnish Institute for Health and Welfare and service providers and organisers.⁸⁵ This requires local evaluation, monitoring and feedback systems and ERP systems which produce real-time data.

Units monitored in feedback systems are operating units that refer to a functional entity maintained by a public or private service provider, in which social or health care services are mainly provided to elderly persons either in the service provider's own premises or at the home of an elderly person (§ 3 of the Act on the Care Services for Older Persons). The local managers of the operating unit are responsible for the appropriate organisation of

⁸⁴ Huhta J ja Karppanen S. Kohti ikäystävällistä yhteiskuntaa: läkkäiden henkilöiden palvelujen uudistamistyöryhmän raportti (in Finnish). Ministry of Social Affairs and Health Reports and memoranda 2020:16.

⁸⁵ Assessment of service needs using the RAI system and comparative development, <https://thl.fi/fi/web/ikaantyminen/palvelutarpeiden-arviointi-rai-jarjestelmalla>

work, for the reform of work practices and personnel skills, and for increasing the well-being and safety at work of the personnel working in the operating units.

The following issues that are important for quality improvement require particular attention:

- personnel competencies,
- the specific needs resulting from memory disorders,
- the up-to-date status of service plans,
- the daily implementation of services in accordance with the service plan and the decision on granting services,
- monitoring the implementation of services,
- recording the division of responsibilities between the various service providers and/or the families and next of kin involved in treatment and/or care in the service plan,
- identifying opportunities for rehabilitation,
- pharmaceutical errors as part of customer/patient safety,
- coordination of services provided by different service providers, especially when an elderly person needs a wide range of services and/or has a memory disorder;
- anticipation of the special needs of a person towards the end of their life and developing the skills and implementation related to palliative and terminal care.

7.4.2 Self-monitoring as part of normal operations

Self-monitoring can be structured at three levels: personal self-monitoring by professionals, self-monitoring by service providers and self-monitoring by municipalities responsible for organising services (supervision related to organisational responsibility). The objective of self-monitoring is that the units carry out systematic assessment and supervision of their own operations, ensuring customer and patient safety and the quality of services. Self-monitoring prevents irregularities and deals with them without delay. Producers and organisers have the opportunity to direct, monitor and evaluate their activities in real time and to immediately deal with any irregularities and risk factors identified.

In practice, self-monitoring refers to the same thing as customer safety work in social welfare and patient safety work in health care. Self-monitoring is essential and crucial to the appropriateness, quality and safety of the services. As a result, the primary task of regulatory oversight is to promote and ensure self-monitoring, as this will achieve the best proactive impact in official supervision. However, the supervisory authority must intervene as quickly and effectively as possible when it becomes apparent that self-monitoring does not work. A follow-up intervention by the supervisory authority (for

example, by means of a notification of irregularities or in connection with an inspection) always includes guidance or monitoring sanctions aimed at making self-monitoring functional.

The self-monitoring plan⁸⁶ issued by Valvira and its evaluation as well as the Ministry of Social Affairs and Health patient and customer safety strategy⁸⁷⁸⁸ are part of the systematic steering and operating culture of the quality and safety of services implemented in the unit. Service providers are responsible for monitoring the quality and self-monitoring of the service produced in the management of their operating units. The monitoring and evaluation of the quality and safety of services for elderly people is carried out systematically in the operating units, drawing on uniform evaluation tools and indicators.

7.4.3 Recommendations

- The quality of services is monitored
 - systematically, using reliable assessment methods,
 - as part of self-monitoring; the self-monitoring plan and its monitoring indicators must be visible and also available electronically,
 - systematically and consistently collecting feedback from elderly persons and their relatives/next of kin, using inclusive feedback systems,
 - collecting information using reliable and comparable methods on customers' functional capacity, service needs and dependency on care, safety and well-being
- Quality information produced by different systems
 - are used to improve and develop the quality of services for elderly persons and
 - are published openly using appropriate channels for disseminating information.

⁸⁶ <https://www.valvira.fi/sosiaalihuolto/sosiaalihuollon-valvonta/omavalvonta>

⁸⁷ Government resolution Patient and customer safety strategy 2017–2021. Ministry of Social Affairs and Health publications 2017:9.

⁸⁸ Patient and customer safety strategy 2017–2021. Implementation plan. Ministry of Social Affairs and Health publications 2020:1.

7.4.4 Good practices

Monitoring systems:

Quality experienced from the perspective of customers. Additional information:

<https://thl.fi/fi/tutkimus-ja-kehittaminen/tutkimukset-ja-hankkeet/asla>

The **Kunta 10 study** examines the work of local government staff and changes in their work as well as their impacts on their health and well-being. Additional information:

<https://www.ttl.fi/tutkimushanke/kunta10-tutkimus/>

How are you? Well-being survey for social welfare and health care personnel. Additional

information: <https://www.ttl.fi/palvelu/mita-kuuluu-hyvinvointikysely-sote-alan-henkilostolle/>

RAI – knowledge-based management. Additional information: [https://thl.fi/fi/web/](https://thl.fi/fi/web/ikaantyminen/palvelutarpeiden-arviointi-rai-jarjestelmalla/rai-tiedolla-johtaminen)

[ikaantyminen/palvelutarpeiden-arviointi-rai-jarjestelmalla/rai-tiedolla-johtaminen](https://thl.fi/fi/web/ikaantyminen/palvelutarpeiden-arviointi-rai-jarjestelmalla/rai-tiedolla-johtaminen)

Statistics on the health and well-being of Finns. Additional information: www.sotkanet.fi

The **state of services for elderly people** investigates the state of services for elderly people in municipalities and provinces as well as operating methods, customers, staff and management in home care, ordinary sheltered housing and 24-hour care.

Additional information: <https://thl.fi/fi/web/ikaantyminen/muuttuvat-vanhuspalvelut/vanhuspalvelujen-tila>

8 Assessment of the recommendations' impacts on expenditure

The methods of promoting health and functional capacity, cooperation and activities targeting risk groups as well as effective customer and service counselling highlighted in the recommendations have been proven to be both effective and cost-effective in the studies. The introduction of these evidence-based activities will curb the rising of expenditure, for example by preventing the need for 24-hour care. The cost impacts of healthier older people with better functional capacity will be realised over a period extending beyond 2023.

Figure 7 contains scenarios of expenditure on 24-hour care based on different assumptions. The cost data for 2017 used in the calculations were collected from the National Institute for Health and Welfare's report Health Expenditure and Financing, and the costs of sheltered housing with 24-hour care were estimated separately on the basis of these data. The data are based on a more detailed distribution of the expenditure on services for older persons in the six largest Finnish cities, and this distribution has been adjusted for the national level. The increase in expenditure has been calculated using the Ministry of Social Affairs and Health's prediction model that takes population growth into account. Three scenarios on trends regarding the need for services for older population were produced using this model. In the first graph, it is assumed that the current need for services by each age group will not change. The ageing of the population will thus result in increased expenditure. The second scenario assumes that older persons will be healthy for half of the expected additional years of life (as the life expectancy increases). The third scenario assumes that older persons will be healthy for all the additional years and that the increased life expectancy will thus not increase the period spent in care in the final years of life. All three scenarios are based on the 2017 cost levels.

The scenarios show that expenditure on 24-hour care would double by 2050. If a situation can be reached where the service needs can be reduced and older persons will be healthy for half of the additional years brought about by the ageing of the population,

the increase in expenditure will slow down. If older persons will be healthy for all the additional years, the increase in expenditure will be even more moderate.

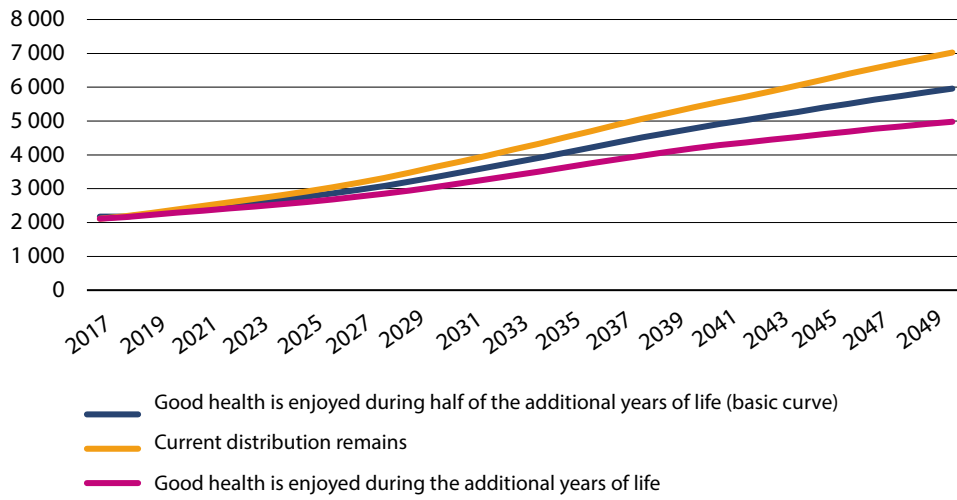


Figure 7. Operating costs of 24-hour care for elderly people, EUR million at the 2017 level.

9 Quality recommendation development needs

Quality recommendations have been adapted to meet the needs and opportunities of learning in the current situation. Following the entry into force of the Act on the Care Services for Older Persons in July 2013, the role of the quality recommendation was to support the implementation of the Act and to specify its contents. During the government term of Sipilä, the Government Programme set financial targets for the reform of the quality recommendation, and those targets were taken into account in the update concerned. The nature of the quality recommendation is now influenced by the fact that the recommendations concerning the dimensioning and structure of personnel, which have become normative, are transferred to the level of an Act. Thus, general counselling is emphasised more strongly in the role of the recommendation.

In the feedback opinions, it was widely hoped that target levels related to services for elderly people and their quality would be defined. Defining knowledge-based target levels is a process that requires a lot of work, so it is necessary to prepare it well in advance of the next quality recommendation. It is also necessary to carefully assess the form in which target levels are recommended, to avoid them becoming categorically applicable standards.

The additional challenge for both setting and monitoring quantitative target levels is how well they can be monitored and evaluated. Now that we are moving towards a broader and more detailed national monitoring of both the need for services and the customer structure as well as the number and structure of staff and the quality of care experienced by the customers, it is also possible to define quality levels. In the best case scenario, it is possible to monitor the effects.

The use of data from the RAI system to describe, among other things, the changed resident structure of regular home care and 24-hour care and/or changes in functional capacity was requested in several statements. Once RAI becomes a national tool for assessing functional capacity, it will be appropriate to utilise the information obtained

from it also in the steering of national activities in the future, and the necessary policies need to be prepared for the next quality recommendation.

Other development work will also be carried out during the current government term, for example in connection with well-being at work and operating models for the staff of services for elderly people and the technology to be exported home, the results of which can be utilised in the preparation of subsequent recommendations. The results of the Future Social and Health Centre programme, which has also been launched, will certainly contain many things that should be taken into account in the following quality recommendation, such as models for lifestyle guidance.

Appendices

Appendix Table 1. Functional capacity of elderly people, their nutrition and housing in 2013–2018.						
	2013	2014	2015	2016	2017	2018
Share of respondents who feel lonely (%), 75 years or older	13.0	12.1	11.2	11.5	9.4	9.1
Share of respondents with significant mental strain (%), 75 years or older	10.3	9.8	9.4	10.4	8.3	9.0
Share of respondents who considered their health to be good or very good (%), those aged 75 or over	31.2	32.4	34.0	34.5	36	42.1
Respondents not engaged in leisure-time physical activity (%), those aged 75 or over	42.0	40.0	42.2	44.3	40.8	35.0
Share of respondents with at least major difficulties in taking care of themselves (%), those aged 75 or over	14.2	13.5	11.9	15.9	12.2	11.1
Share of respondents who consider their memory to be poor (%), those aged 75 or over	11.5	11.3	9.8	8.5	7.5	8.7
Share of respondents aged 75 or over showing excessive consumption of alcohol (AUDIT-C) (%)	16	16.7	15.8	19.5	17.6	15.5
Share of overweight respondents (body weight index BMI >= 30 kg/m ²) (%), aged 65 or over	20.5	20.7	20.0	22.0	20.6	21.7
Share of respondents consuming few fresh and cooked vegetables (%), aged 75 or over	30.5	28.9	30.8	29.7	24.5	-
Respondents aged 65 or over being reimbursed for depression medication, % of the population of a similar age	11.5	11.5	11.5	11.2	11.5	11.8
Influenza vaccination coverage, respondents aged 65 or over	36.7	41.3	40.1	43.1	47.4	47.7
Received influenza vaccination in the last 12 months, respondents aged 75+ (%) ¹	-	-	-	-	-	62.8
Respondents aged 75 or over living alone, % of the housing population of a similar age	48.2	47.8	47.7	47.2	47.3	47.0
Single-person homes of persons aged 75 or over, % of households of persons of a similar age	58.2	58.1	58.0	57.7	57.8	57.6
Share of respondents actively involved in the activities of organisations (%), those aged 75 or over	22.1	22.8	22.9	23.1	26.9	26.2

Finnish Institute for Health and Welfare, statistical and indicator bank Sotkanet.fi 2005–2020

FinSote 2017–2018, Finnish Institute for Health and Welfare. Data CC BY 4.0.1

• No data available

Appendix Table 2. Information on the coverage of regular services for elderly people, % of the population of a similar age between 2001 and 2018.					
	2001	2008	2013	2017	2018
Those aged 75 or over living at home	89.6	89.3	90.3	91.1	91.3
Those aged 80 or over living at home	84.0	84.5	86.0	87.1	87.4
Those aged 85 or over living at home	75.9	76.6	79.5	81.2	81.4
People aged 75 or over receiving support for informal care during the year	3.2	4.1	4.6	4.8	4.9
Persons cared for through informal care aged over 80 during the year	-	-	5.5	6.0	6.0
People aged 85 or over receiving support for informal care during the year	5.6	5.9	6.5	6.9	7.1
Customers aged 75 years or over who regularly received home care on 30 November	11.8	11.0	11.9	11.3	11.0
Customers aged 80 years or over who regularly received home care on 30 November	16.4	15.2	16.6	15.9	15.5
Customers aged 85 years or over who regularly received home care on 30 November	20.9	20.2	22.1	21.8	21.6
Customers aged 75 or over in sheltered housing with 24-hour assistance on 31 December	2.2	4.6	6.5	7.5	7.6
Customers aged 80 or over in sheltered housing with 24-hour assistance on 31 December	3.4	6.6	9.3	10.9	11.0
Customers aged 85 or over in sheltered housing with 24-hour assistance on 31 December	4.8	9.8	13.6	15.9	16.3
Those aged 75 or over in elderly homes or long-term institutional care in health centres on 31 December	8.0	5.9	3.1	1.3	1.1
Those aged 80 or over in elderly homes or long-term institutional care in health centres on 31 December	12.4	8.7	4.5	1.8	1.5
Those aged 85 or over in elderly homes or long-term institutional care in health centres on 31 December	19.1	13.3	6.6	2.7	2.2
Number of family care homes for elderly people on 31 December, number of services paid for by the municipality	39	31	76	239	224
Elderly people in family care on 31 December, number of services paid for by the municipality	70	64	126	729	1155
Care days for elderly people in family care during the year, number of services paid for by the municipality	25837	23232	40752	96422	119573

Source: © Finnish Institute for Health and Welfare, statistical and indicator bank Sotkanet.fi 2005-2019

Appendix Table 3. For some of the unit's customers, well-being technology is used in % of the units, by service type in 2016 and 2018.				
Utilisation of technology in the operating unit, %	Home care		24-hour care	
	2016	2018	2016	2018
Smart mat	4.8	6.5	10.1	10.8
Safety bracelet	95.4	97.7	67.6	74.3
Access control, door guard	-	67.1	-	-
Smart stove	-	68.3	-	-
Fall sensor	-	17.1	-	-
Electric door opening system	-	10.9	-	56.2
Automatic lighting	-	30.4	-	-
Meal machine	17.9	19.8	-	-
GPS monitoring	-	34.1	-	-
Remote therapy connections	-	26.6	-	-
Technology facilitating the work of staff	65.8	71.2	95.3	97.5
Contact equipment	60.9	68.5	-	-
Tablet or phone	79.8	91.3	60.7	77.7
ERP system	-	72	-	40.5

Source: Follow-up study on the state of services for 2014–2018, Finnish Institute for Health and Welfare (online material)

Appendix Table 4. Customer structure in services for elderly people based on the indicators of the RAI system in 2018.

	Outpatient treatment	24-hour care		
	Home care	Sheltered housing with 24-hour assistance	Old people's home	Health Centre, long-term care
Estimated number of customers	27046	22862	3265	645
Age in years, average	81.8	83.5	83.8	83.3
Treatment period in years, average	3.5	2.9	3.1	2.5
IADL difficulties (0–6) ¹ , average	3.2	5.4	5.8	.
Hierarchical ADL (0–6) ¹	0.8	3.4	4.1	4.6
Depression scale (1–14) ¹	1.1	2.0	1.8	1.5
Social activity indicator (0–6) ¹	-	2.3	2.2	1.5
Service need MAPLe (1–5) ¹	3.4	4.4	4.4	4.2

Source: RAI database, Finnish Institute for Health and Welfare, 2019.

¹ The higher the number, the more there are difficulties or restrictions.

Appendix Table 5. The assessments of customers, family members and carers of the customer's experienced quality of care by service type on average (responses scale 1–4) in 2016.

	Assessor	Customers		Next of kin		Carers	
	Service type	Private	Public	Public	Private	Private	Public
There is still room for new relationships in the customer's life.	Home care and ordinary sheltered housing	2.7	2.7	2.7	2.5	2.5	2.7
	24-hour care	2.8	2.7	2.1	2.1	2.5	2.5
The customer has the opportunity to do things together with their friends and acquaintances.	Home care and ordinary sheltered housing	3.0	2.7	2.6	2.5	2.7	2.6
	24-hour care	2.9	2.7	2.4	2.3	2.8	2.7
The customer feels lonely.	Home care and ordinary sheltered housing	3.1	3.0	2.9	2.8	3.1	3.1
	24-hour care	3.1	3.0	2.9	2.8	3.2	3.1
The customer is satisfied with their current relationships.	Home care and ordinary sheltered housing	3.4	3.4	3.2	3.1	3.1	3.1
	24-hour care	3.4	3.4	3.0	3.0	3.1	3.0
The customer feels that they have the opportunity to keep in touch with their family and next of kin (e.g. using technological aids such as a telephone, computer).	Home care and ordinary sheltered housing	3.7	3.5	3.3	3.1	3.4	3.2
	24-hour care	3.3	3.1	2.3	2.1	2.6	2.5

Source: ASLA, Cube updated on 30 May 2016, (c) Finnish Institute for Health and Welfare 2019, CC BY 4.0

Appendix Table 6. Recommended indicators for monitoring the quality recommendation.			
Quality aspect	Indicators	Data source	NB
Promoting functional capacity in municipalities	Implementation of cooperation with different stakeholders (public, private, parishes, NGOs), percentage of municipalities	Status of services for elderly people (2013, 2014, 2016, 2018, 2020→)	National representativeness
Functional ageing	Proportion of people aged over 75 who take recreational exercise Proportion of people aged over 75 who feel lonely Proportion of people aged over 75 who find their memory poor Proportion of people aged over 75 who feel depressed Proportion of people aged over 75 who binge drink Proportion of people aged over 75 who find their state of health average or poorer than average The proportion of people aged over 75 who experience at least great difficulties with their daily activities	Regional Health and Welfare Study (ATH), Finnish Institute for Health and Welfare, later FinSote study 2017, Finnish Institute for Health and Welfare → SHARE, Family Federation of Finland, 2018 →	Sample-based
Health promotion measures	The coverage of influenza vaccinations among people aged over 75	Vaccination register, Finnish Institute for Health and Welfare; RAI databases, Finnish Institute for Health and Welfare	National
Putting customer and service counselling at the centre	Contacts with customer and service counselling, number and proportion of people aged over 75 Further measures of service counselling 1. Advice, percentage of contacts 2. Service counselling, percentage of contacts 3. Service coordination and monitoring, percentage of contacts A service coordinator appointed for customers receiving services, proportion of customers receiving services, number, percentage Resources allocated by customer and service counselling in euros, customer/unit/municipality etc. A common electronic database of local service providers available to all, proportion of provinces Experiences of customers/families/population of service counselling and its effectiveness	Data collection to be considered	Separate surveys will be needed. It also needs to be assessed if this can be implemented as part of data collection for the AvoHILMO register on outpatient primary healthcare, and if data can be produced on contacts made with service need assessment/ service counselling, on how these contacts have been responded to, and on service need assessments, their outcomes and services granted, Developing information systems for customer and service counselling
Quality aspect	Indicators	Data source	NB
Personnel and resources of services for elderly people	Personnel structure: planned and actual staff numbers and proportions by service type Customers: numbers and proportions by service type Staffing level: planned and actual level by service type Operating models in the units	Status of services for elderly people (2013, 2014, 2016, 2018, 2020→)	National

Appendix Table 6. Recommended indicators for monitoring the quality recommendation.			
Quality aspect	Indicators	Data source	NB
Customer structure, functional capacity and dependency on care and clinical quality	Customer structure: e.g. service need (Maple), physical (ADL and IADL), cognitive (CPS), social (Social) and psychological functional capacity (DRS) Clinical treatment quality indicators Impact indicators	RAI evaluation system, operating units and Finnish Institute for Health and Welfare	Coverage for customers in 24-hour care approx. 50%, for home care customers 35%. National system from 1 April 2023 onwards.
Service granted to and provided to the customer	Comparison of the service time granted to customers and the actual service time (implementation of the customer, care and service plan). Direct and indirect time in operating units Direct customer-specific time of home care personnel.	ERP systems, producers and organisers	ICT systems Time measurement study 2020–2021
Personnel well-being and absences	Personnel well-being: physical and psychological, experience of fair management and balance between competence and the requirements of the work Personnel absences by professional group/year. Personnel turnover by professional group/year.	KuntaKymppi, Finnish Institute of Occupational Health How are you? Finnish Institute of Occupational Health Sick leave and turnover, separate data collection.	
Treatment quality experienced by customers	Experienced quality of care and service, including customer, family and staff experience of the service provided	ASLA, Finnish Institute for Health and Welfare, separate surveys or as part of normal activities	Sample-based, national in the future?
Change in service structure	Proportion of those living at home, persons aged over 75, 80 and 85 in a population of a similar age Proportion of informal care customers, persons aged over 75, 80 and 85 in a population of a similar age Proportion of those in family care, persons aged over 75, 80 and 85 in a population of a similar age Proportion of those receiving support services, persons aged over 75, 80 and 85 in a population of a similar age receiving services delivered at home Proportion of those receiving regular home care, persons aged over 75, 80 and 85 in a population of a similar age Proportion of those in intermediate housing, persons aged over 75, 80 and 85 in a population of a similar age Proportion of those in sheltered housing with 24-hour attention, persons aged over 75, 80 and 85 in a population of a similar age Proportion of those living in old people's homes, persons aged over 75, 80 and 85 in a population of a similar age Proportion of people in long-term care in health centres, persons aged over 75, 80 and 85 in a population of a similar age Proportion of customers with memory disorders in different service forms, customers aged over 75, 80, 85 Service packages for customers who use several different services, proportion of customers aged over 75, 80, 85 Deaths by service type, proportion of customers over the age of 75, 80 and 85 Home care customers' access to outdoors, customers aged over 75, 80 and 85	www.Sotkanet.fi Output data: HILMO registers AvoHILMO	National information

Appendix Table 6. Recommended indicators for monitoring the quality recommendation.			
Quality aspect	Indicators	Data source	NB
Use of technology by those within the scope of services	Use of electronic pharmaceutical distribution for customers of operating units, number and share Use of safety technology for the customers of the operating unit, number and share Use of technology which facilitates the work of personnel Smart floor and carpets Lifters	Status of services for elderly people (2013, 2014, 2016, 2018, 2020→)	National
Use of technology, population excluded from regular services	Security technology Maintaining social functional capacity	As part of population surveys	
Use of medication	Number of medicines Review of pharmacotherapy at least every six months for home care customers Review of pharmacotherapy at least every six months for 24-hour care customers	RAI database	Coverage for customers in 24-hour care approx. 50%, for home care customers 35%. National system from 1 April 2023 onwards.
Voluntary work	Volunteers by age group Voluntary work coordinator/municipality/province	As part of population surveys SHARE, Family Federation of Finland, 2018 →	Sample-based



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