



Services for older people in Finland

Challenges and reforms

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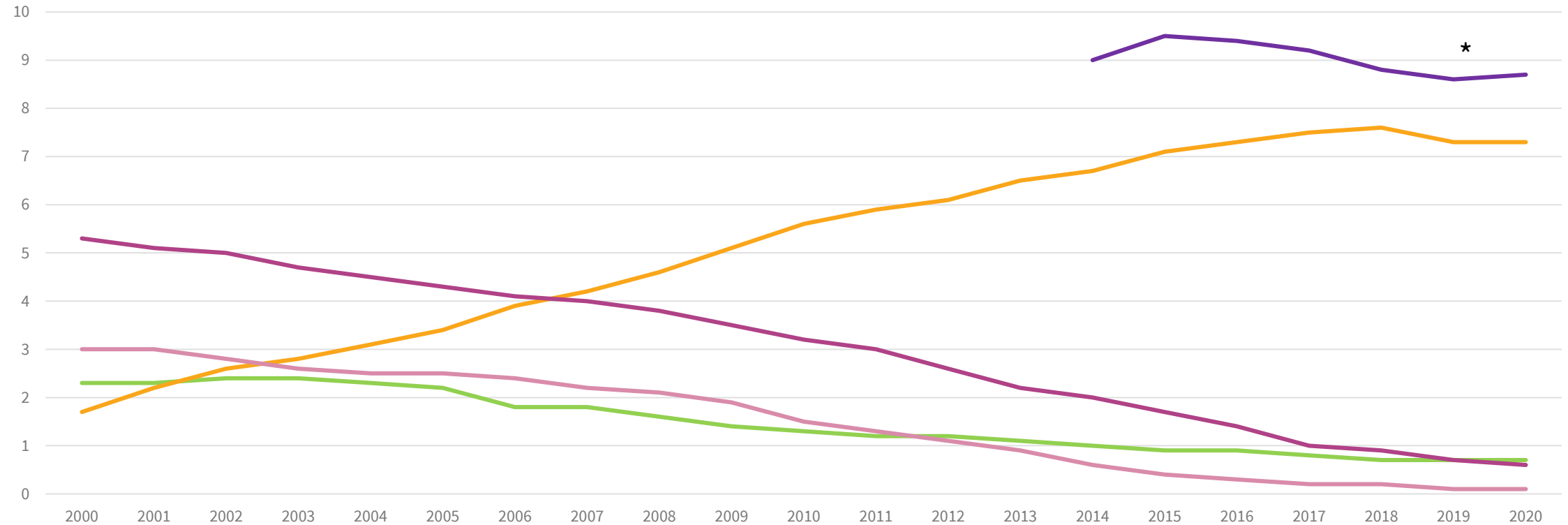
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Finnish Institute for Health and Welfare

Changes in the service system of older people

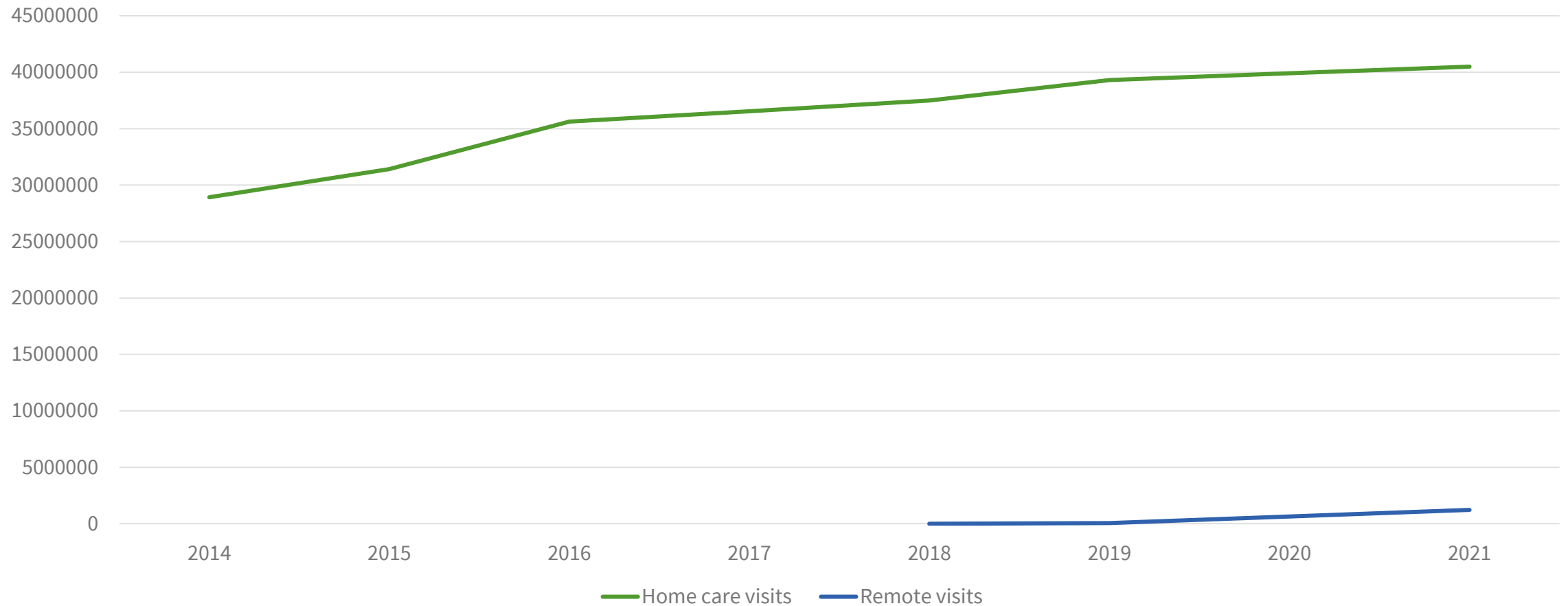
- From institutional care to home care
- Two major forms of care:
 - Home care (home help services and home nursing merged at 1990's)
 - Assisted living with 24/7 service
- Residential care and health center hospitals as long-term care almost ended (=institutional care)
- Lighter assisted living needed, now mostly purchased by clients
- Combination of normal and 24/7 assisted living needed -> no need to move from the facility to another
- Family care slowly increasing

Clients in services for older people (% of 75-year old)



- Regular home-care * Changed statistics
- Service housing with 24-hour assistance, 31 Dec
- Residential home care, 31 Dec
- Health-centre long-term care, 31 Dec
- Ordinary sheltered housing, 31 Dec

Development of home care, number of visits



Public and private elderly care

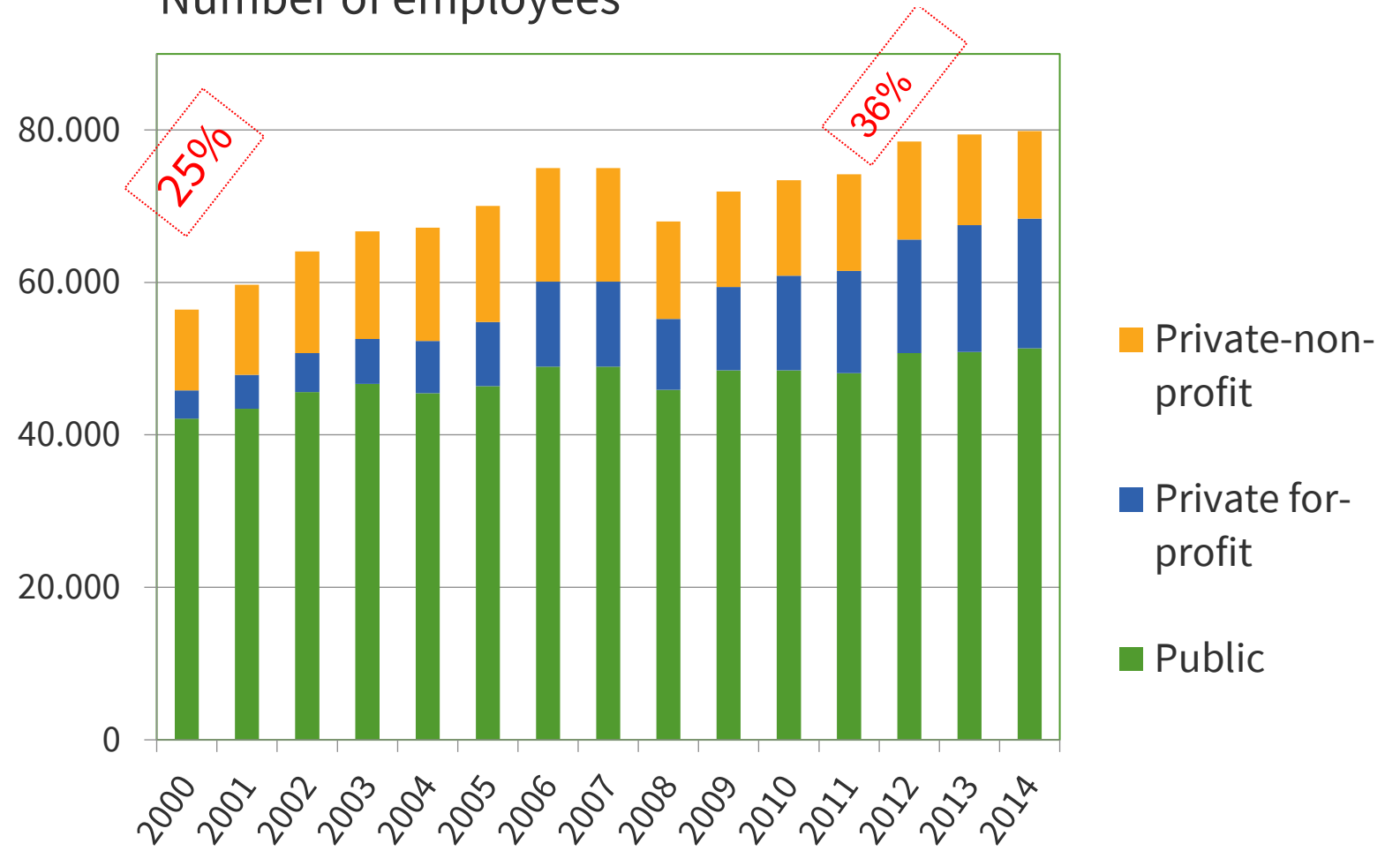
Obs! Publicly funded

In Finland proportion of for-profit elder care services 18-19%.

In Finland in assisted living over 60% by private or third sector.

In home care only small part private provision

Number of employees



Other services

- Normal health and social care services
 - Social and health centers developed as 'one-stop shop' for all primary services
- If a person in home care or in assisted living in many cases separate GP-services (good experiences)
 - In some municipalities organized by health centers
- Walk in client assistance services

Family caregiver support

- Services provided for the person being cared for
 - Care plan
- Care fees (rather small)
- Time off for the carer (two days per month or three days in some cases)
 - Services arranged for the person cared for
- Informal care support services given to the informal carer
 - Training, counselling

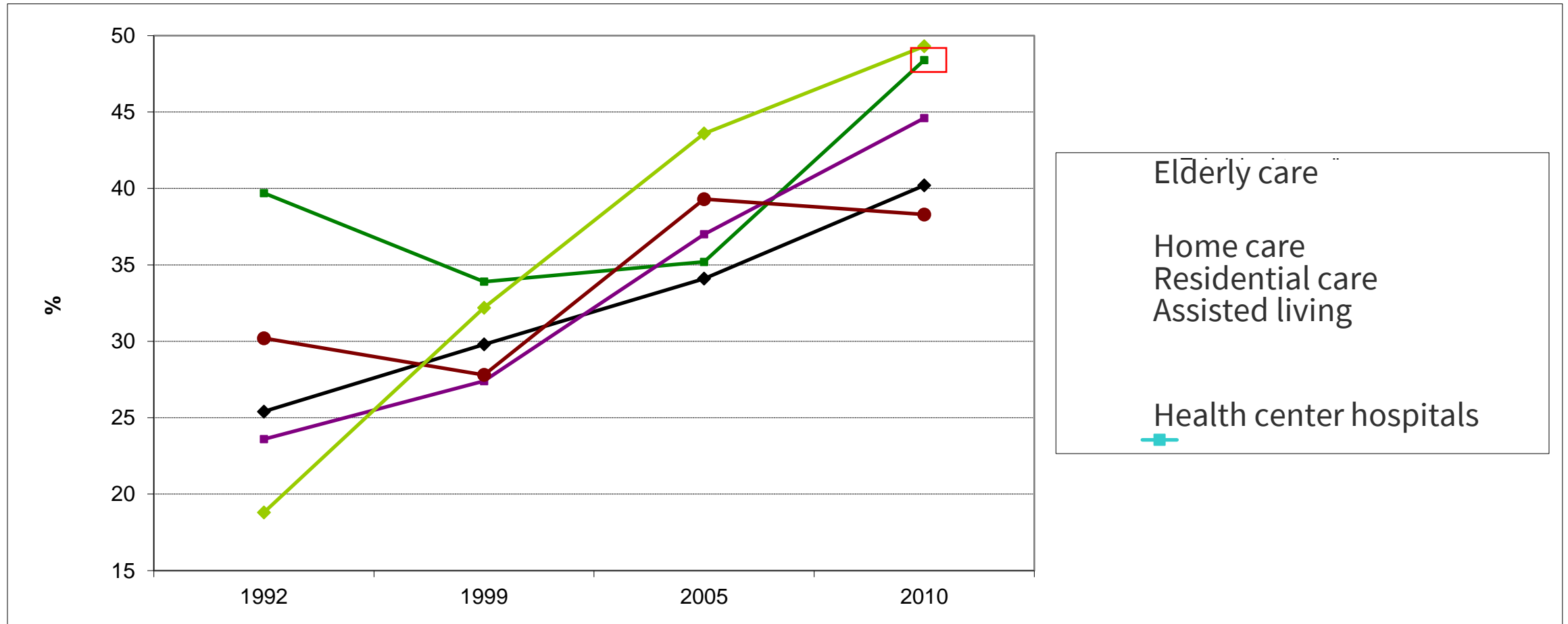
Personnel

- In assisted living (24h assistance) 85% of employees with vocational training: practical nurse (2,5 y education)
 - 5-10% registered nurses
 - 5-10% assisting personnel
- In home care practical nurses 90% and registered nurses 10%
 - Home help services and home care/nursing merged
- New law of minimum staffing levels in assisted living
 - Gradually from 0,5 to 0,7 (employees per clients)
 - Employees hired especially to assisted living, problems in home care
→ increasing the lack of personnel in home care

Challenges

- Quality problems in assisted living (24h service)
- Personnel problems: stress, sickness absence, turnover, shortage
- Shortage of personnel
 - Every fourth of home care units working with too few employees due recruitment problems
 - Increasingly working over time
 - Number of employees in home has not increased accordingly as the services have shifted towards home care
- In service system nothing between home care and 24h service housing
 - home help services outsourced to support service (cleaning, meals)

Too much responsibility of clients



Laine M. ym. 2011. Sosiaali- ja terveysalan työolot. Work environment in social and health care. 2010. Työterveyslaitos. Finnish Institute of Occupational Health

What has changed

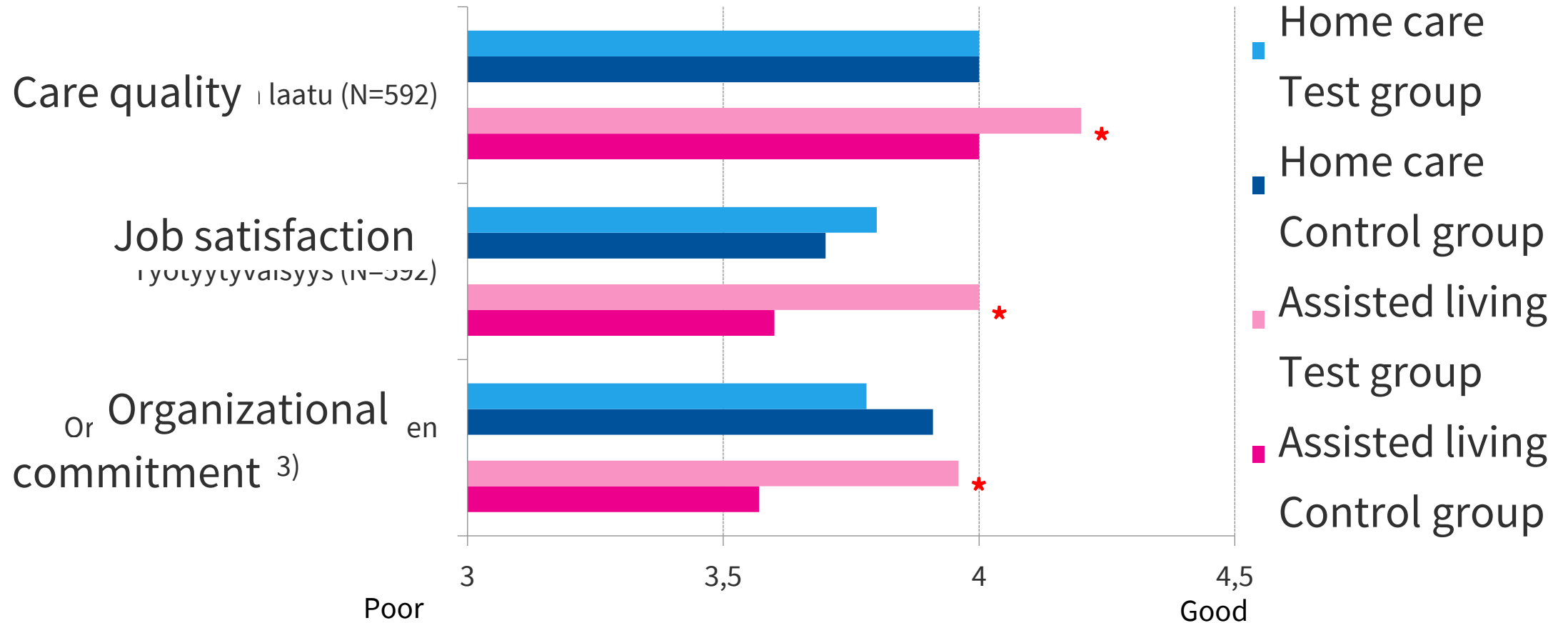
- Earlier institutional care was the most stressful place to work
- Now home care in almost all indicators most stressful
- Self-rated quality of care at lowest levels in home care
- Change:
 - Clients in home care more dependent, dementia, mental health problems, substance abuse
 - More clients but not more personnel
 - Worry of clients, after leaving client she/he is alone

Have we gone too far in keeping older people at home or do we have only too few resources in home care?

Trends in home care development

- Increasingly home rehabilitation (closing institutional rehabilitation units and moving personnel to home rehab)
- High pressure to increase efficiency, time for client
 - Resource planning systems (ERP) in use in home care
 - Digital services (distant visit, e-services)
- Staffing levels one important factor, a basis for high quality work, but work organization, team work and management too
- Self-organizing team work (Buurtzorg has gained plenty of interest)

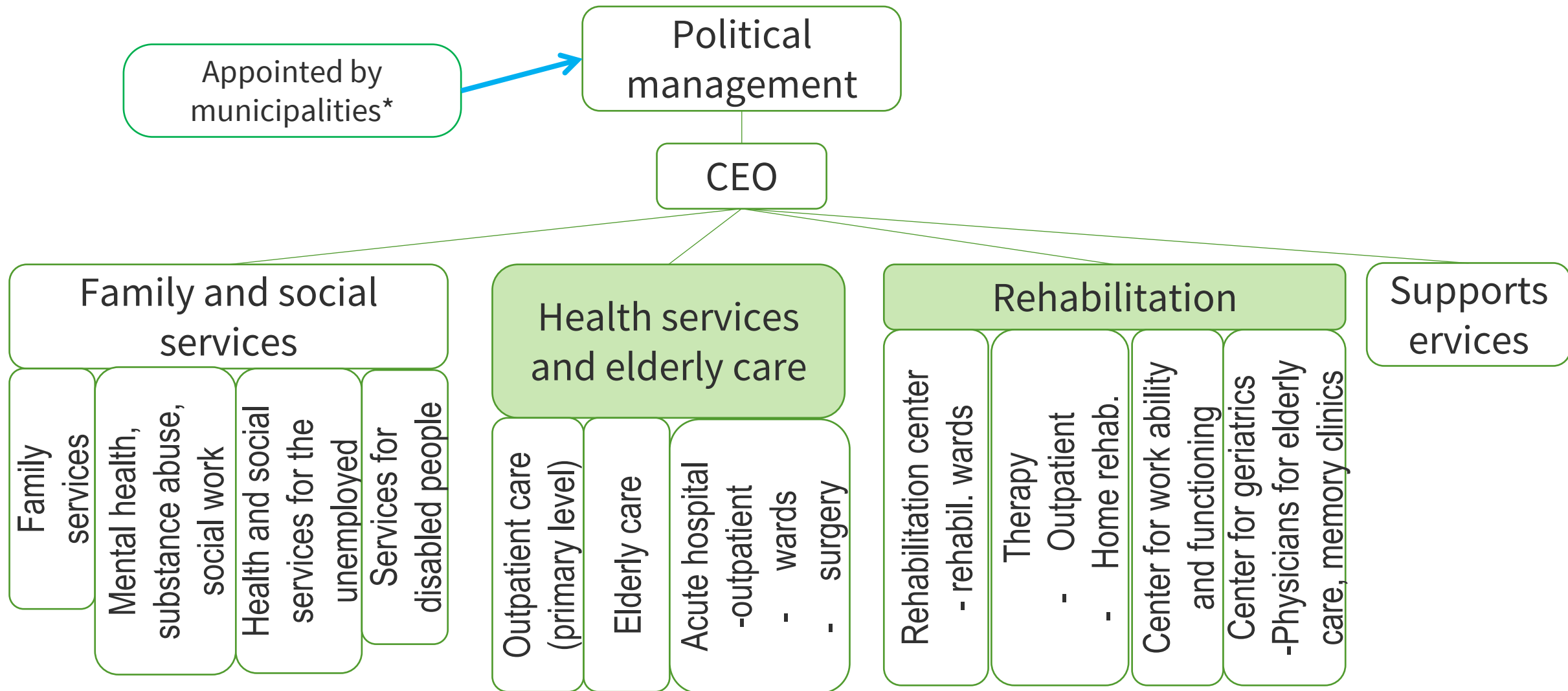
Care quality, job satisfaction and organizational commitment in test and control group (team coaching)



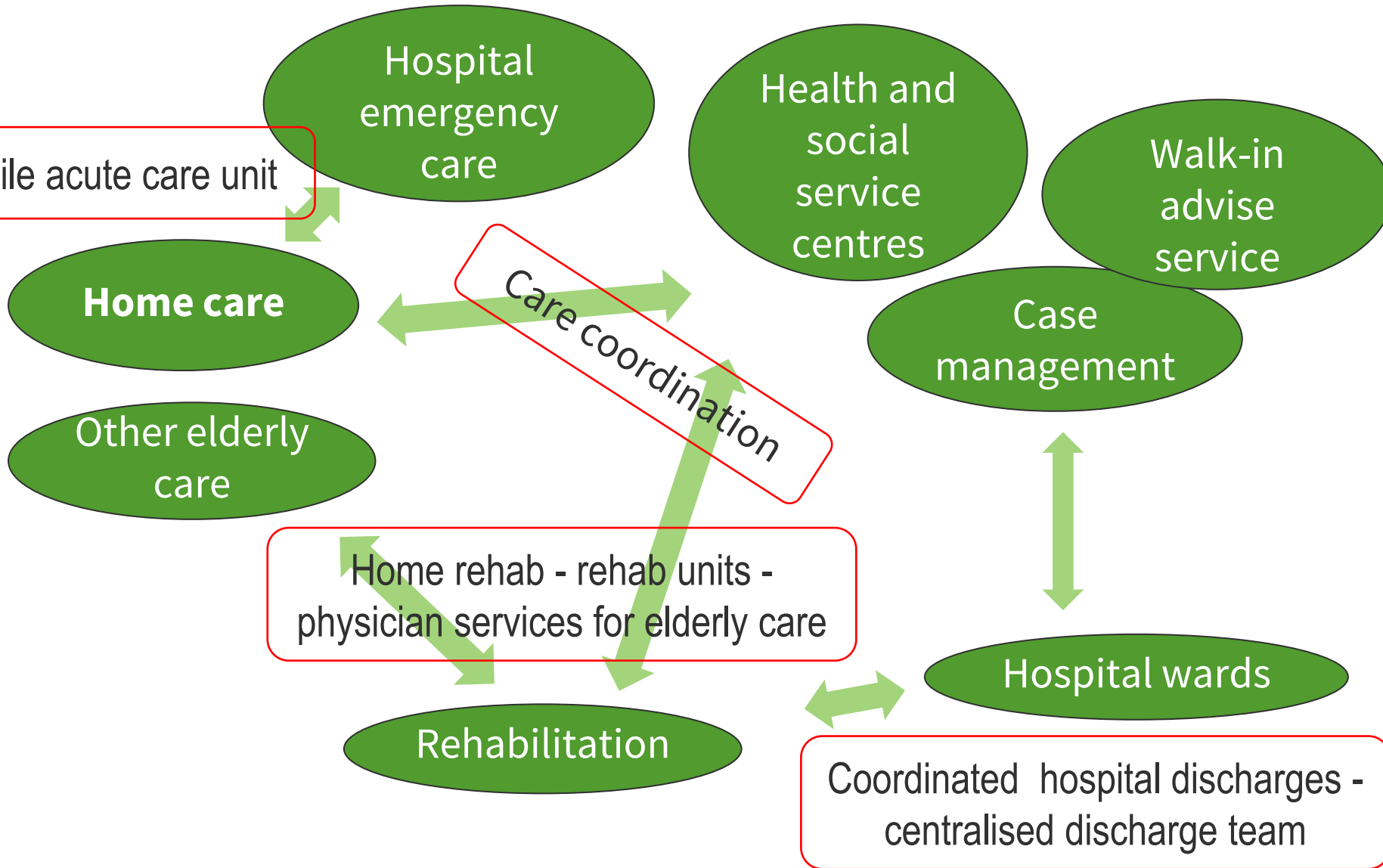
Local initiatives to develop integration

- Municipalities launched county-level joint authorities responsible for all health and social services
 - 8 integrated joint authorities established – 6 in 2018-2019
 - ~ 20% of the Finnish population → some promising experiences from these
 - 2023 starting in all country
 - Large comprehensive organisations enable innovative organisational integration
- What do the large organizations enable
 - Resource allocation, new ways to organize the system
 - Earlier the hospitals had a separate organization and strong in negotiations for example
 - More collaboration between hospitals – primary care - elderly care – social work

A structure of a county-like organisation



Example: Elements of care integration in elderly care



Focus on home care: **rehabilitation** and **part of emergency care** moved from institutions to supporting living at home

New service forms:

- walk-in clinics
- social care in health centres
- mobile acute care units
- case management strengthened
- Digitalized services: Remote home care visits
- Remote social lunches
- Different alarms

Example: Experiences and challenges

- Positive
 - Mobile acute care
 - **Home care workers** are able to consult a GP using ICT-services
 - **Small acute care units** of paramedics visits elderly patients in case of acute condition
 - Patients' transfer to **emergency care** or **hospital** can be avoided
- Challenges
 - Home care rehabilitation positive but...
 - High workload and too complex patients undermine the model

Positive experiences but challenges remain...

Success stories

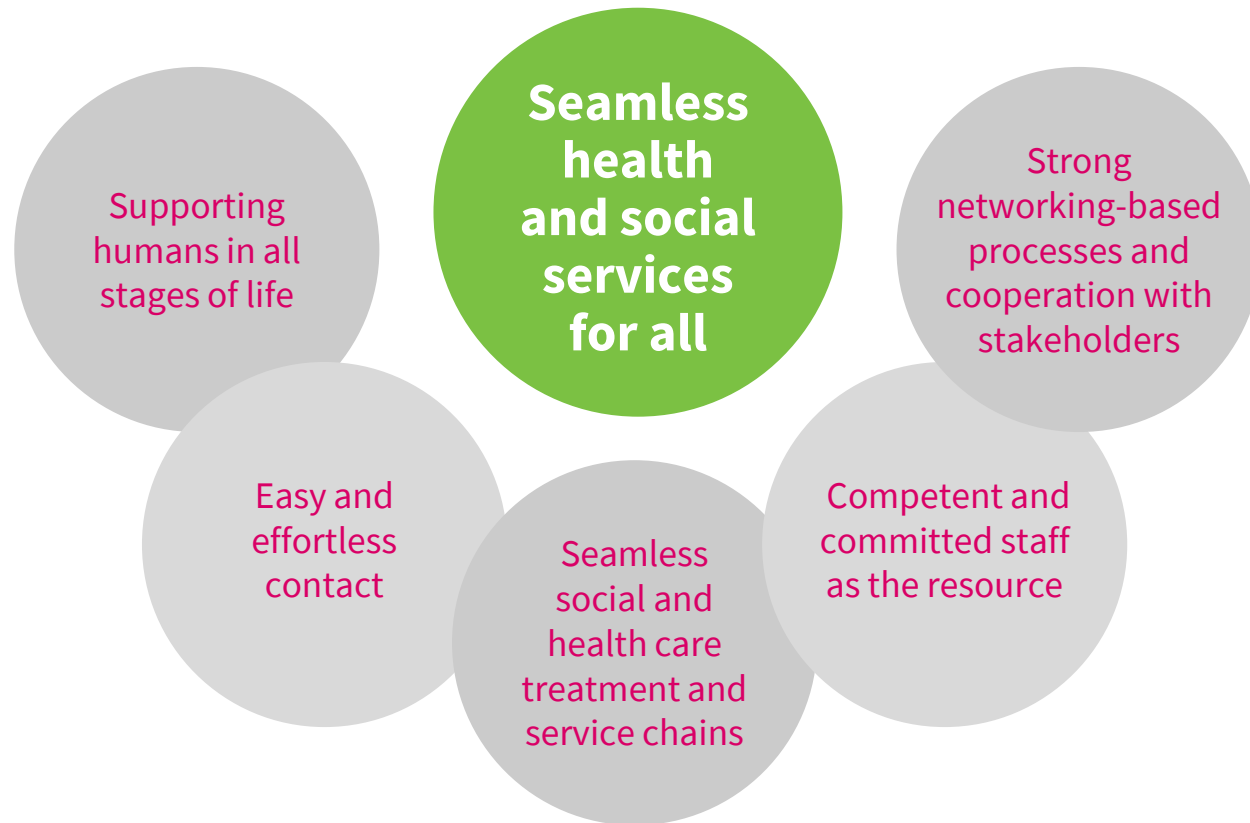
- Unified management works well
- Shared goals at all levels of management
- Shift from organisational and professional thinking to clients' needs
- Shared understanding of professional paradigms

Challenges

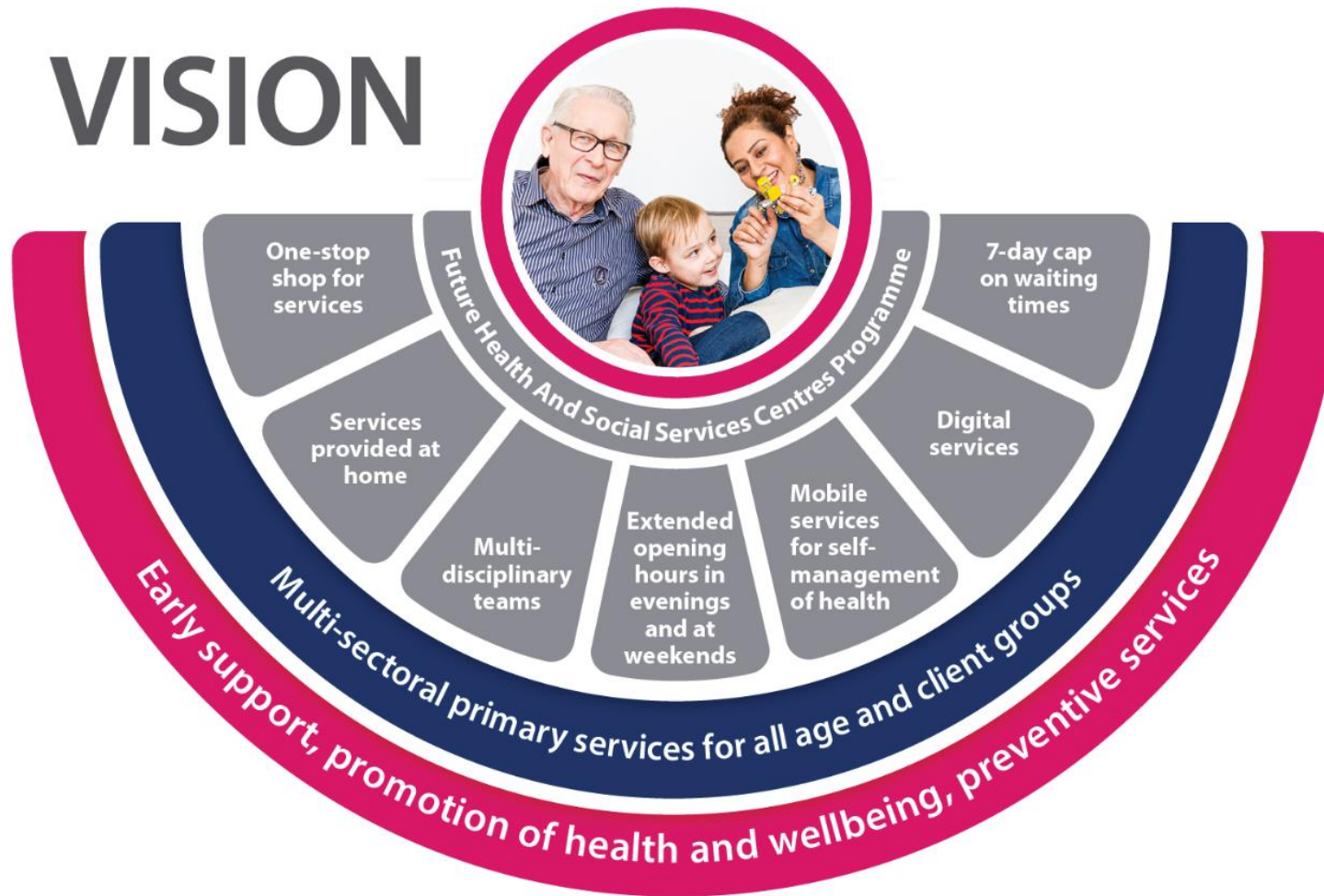
- Transferability?: Based on the Finnish system: strong local government – public funding and service provision
- Integration not always implemented at practical work processes – need for management of everyday tasks

The focus is on services development

Social and health centre of the future



Social and health centre of the future





Have a nice summer and holidays!