Finland

About

Background
Finland’s population is ageing fast, of the total population (5.5M inhabitants) one in ten was 75 years old or older in 2018, but in 2030 the ratio will increase to 14%. A new trend is the decreasing amount of children born. The fact that older people even in the oldest age groups are living longer can be seen as a success story of improving health and wellbeing in past decades. This change will be so significant in the coming decades that it will affect society as a whole. It poses challenges for the welfare society that require determined action. Society needs to adapt widely to the needs of an aging population.

Finland is observing and actively contributing to international development and policies for preparing for aging are in line with the MIPAA / RIS strategic objective "to mainstream ageing concerns in all policy fields with the aim of securing gender-sensitive and evidence-based co-ordinated and integrated policies to bring societies and economies into harmony with demographic change".

In 2004, the government issued a government forward-looking report on demography, population policy and aging preparedness. The report "A good society for all ages" set out the objectives of a comprehensive aging policy. The report also included obligation of a follow-up and the Aging Report was published in 2009. The report provided an overview of demographic trends and provided an overall view of the impact of aging, of preparedness policies implemented and decided and of the need for new policies. At that time, the key challenge was to prevent public finances from drifting into a path of accelerated indebtedness in order to ensure the welfare of the inactive population at a reasonable tax rate. The best policy response to the challenge was identified as reducing the sustainability gap in public finances through measures to increase employment rates, the efficiency of public service delivery and the health and functioning of citizens. The key aspects of the aging population raised in the Aging Report remain relevant.

Structures

Central level
At the national level Ministry of Social Affairs and Health is responsible for guidance and coordination of ageing policy and implementing MIPAA/RIS in Finland. Ministry of Social Affairs and Health is responsible for the pension systems as well as social- and healthcare systems. Other ministries also deal with specific areas of ageing. For example, the Ministry of the Environment is responsible for developing housing for the older people.
The current government program for years 2020-2023 outlines that Finland will be a more age-friendly society that recognises and prepares for the social effects of its ageing population. The Government will prepare a horizontal programme on ageing in collaboration with ministries, municipalities, third sector organisations and other actors.

**Regional level**

Finland’s population is ageing and will need more services than previously. At the same time, the birth rate is declining and the dependency ratio is changing. Finland will need a health and social services structure that will be able to respond to these changes. The reform will shift the responsibility for organising health and social services and rescue services from the local government level (municipalities) to the regional government level (counties). Healthcare and social welfare structures will be reformed to ensure the equal availability of services throughout Finland.

Studies indicate that larger organisers of healthcare and social welfare are better able to secure the equal availability of services as well as efficient operations and administration.

The public sector will remain the organiser and primary provider of services. Private sector actors and the third sector will supplement public health and social services.

The residents of counties will have the right to vote in county elections, where representatives will be elected to the county’s highest decision-making body, the county council. Provisions on the administration of counties will be laid down in an act (Counties Act).

**Local level**

Municipalities are responsible for implementing ageing policies as well as arranging social and healthcare services so far. The municipality grants services on the basis of an individual service needs assessment. Municipalities may produce the services themselves or buy them from other municipalities or from private service providers.

**Laws, Policies, and Strategic Framework**

The Social Welfare Act (2014) generally regulates the organization of social services. The purpose of the act is to promote and maintain wellbeing and social protection, reduce inequality and promote social inclusion and secure sufficient and high-quality social services.

We enacted year 2013 a piece of new legislation on the care of older people: **Act on Supporting the Functional Capacity of the Ageing Population and on Social and Health Care Services for Older People**. The main objectives of the Act are to support the wellbeing, health, functional capacity and independent living of the older population as well as to improve older persons' possibilities of receiving social and health care services of a high quality. Furthermore the act safeguards the diverse inclusion of older people to allow them to make their voices heard in all decision-making that concerns them. Legislation regulates also informal care and foster care for older people.

Ministry of Social Affairs and Health and the Association of Finnish Local and Regional Authorities have given [quality recommendations for ageing and services for older people](https://example.com) in 2001, 2008, 2013, 2017 and 2020. These recommendations aim to improve health and functioning of older population as well as to improve services for older people. Recommendations purpose is to support both municipalities that are responsible for providing public health and social services to their residents and for public and private service providers.
The current government program for years 2020-2023 outlines that Finland will be a more age-friendly society that recognises and prepares for the social effects of its ageing population. As part of the government program we have prepared a horizontal programme on ageing to 2030 in collaboration with ministries, municipalities, third sector organisations and other actors.

In a rapidly ageing society as Finland, the share of the active working life needs to be lengthened. Older persons are more fit, more active, more educated and more resourceful. In 2005, we implemented a flexible retirement age and Finns can now retire between ages 63 and 68. New pension reform took effect in 2017. The reform aims to secure adequate pension levels for all age groups and ensure intergenerational equity and solidarity. More years in working life would mean longer accrual of pension and consequently an increased pension level. In the pension reform the old-age pension age-limit will be gradually raised from the current 63 years to 65. For those born in 1965 or later, the age-limit is linked with increasing life expectancy. This means that part of the increased expected life years is used in working life. The reform also includes incentives to continue in working life longer that the old-age pension age-limit.

**Methods and tools**

**Data collection and analysis**

**Administrative registers**

Finland has traditionally had a wide amount administrative registers such as population and death registers, care and service registers, and patient and client censuses. In addition there are administrative registers on medications, old age pensions, and care allowances for pensioners as well as social assistance. In addition to national pension provided by Social Insurance Institute, there are organizations specialized for public sector pensions and national and statutory earnings pensions like the Finnish Centre for Pensions and KEVA. For the administrative registers information is gathering on individuals by an individual identification code based on separate legislation for each set of register.

Patient/client information is primarily recorded in information systems for therapeutic purposes from which the data is stored in the National Infrastructure for Health and Social Care Data (Kanta) services. The aim is to harmonize the data structures of the patient/client data with the data collection of statistical and register use so that secondary data (e.g. statistical data) can be extracted from the patient/client data pool to be implemented. The Finnish national health and social care IT infrastructure is based on centralized services used by electronic health record (EHR), social care record and pharmacy systems. The infrastructure is designed and implemented in a cooperation of three organizations: Ministry of Social Affairs and Health, National Institute for Health and Welfare, and Social Insurance Institution. The services are based on the Act on Electronic Prescription and the Act on the Electronic Processing of Customer Data in Social and Health care. As the services are centralized and used for storing massive amounts of health and social care data, they can serve as a good basis for knowledge management. This has been made possible with the introduction of the Act on the Secondary Use of Health and Social Data in 2019.

The Patient Data Repository stores patient health records, service event data, and consents and wills of care/advance directives of the patients with a unique identification code. All public healthcare providers are connected to the Patient Data Repository and must store healthcare records in the Patient Data Repository by law. Many private healthcare service providers and individual healthcare practitioners are connected to the Patient Data Repository, too.
The Prescription Centre stores prescription-related information: prescriptions, dispensations, prescription renewals. All prescriptions had to be electronic by law from 1.1.2017. Essentially all public and private organizations are connected to the Prescription Centre. For solo practitioners lacking electronic patient record systems, there is also an online service named Kelain for writing prescriptions. The newest Kanta services are the National data repository for social service data and national imaging archive. In addition to that there is added a Personal Health Record (PHR) system by which people are able to enter their own wellness data to Kanta services. KANTA service gives also to the client or his or her representative a possibility to check the documentation in their own records and to control who could have access to these data.

Population based surveys
Population based surveys provide information on health and wellbeing, and indicators also for evaluating both performance and wishes for the health and social services reform on citizens perspective. This kind of information is not easily available on administrative registers. The FinSote (National survey of health, well-being and service use) enables monitoring the changes occurring in the population's well-being and health by different population groups and regions. There are three different respondent age groups (20-54, 55-74 and 75+ year olds, total n=26422) in the mail surveys. The questionnaire asks how well the service needs of the respondents are met as well as their views on the social and health care service system, and availability, quality and use of these services. While FinSote contains parts of the Regional Health and Well-being Study (ATH), which began in 2010, it has been expanded to also include questions characteristic of the health and social services reform, such as those concerned with services and freedom of choice.

The purpose of the National FinHealth Study is to collect up-to-date information on the health and well-being of adults residing in Finland, and on the factors influencing their health and well-being.

Service provider, client and staff surveys
The elderly care act’s (980/2012) implementation has been followed-up by separate surveys since 2013, 2014, 2016, 2018, 2020 and the work is continuing in Finnish Institute for Health and Welfare. These electronic data collections include all units of home care and 24/7 hours care provider units in Finland, and a survey to municipality leaders of organizing services for their population. The implementation of the informal care act has been also followed and the data collection has been initiated by the Ministry of Social Affairs and Health.

The health and wellbeing and sick leaves of the staff working in municipalities have been followed in the Kunta10 study (TTL 2020). It has been conducted in the ten biggest cities in Finland. The health and social care workers also participate to this study. The perceived quality of care among clients in home and 24/7 hour care for older people has been conducted in 2016 for a small number of units in Finland. The subgroup of clients with less than severe memory disorders were interviewed as well as one their relatives. The nurses assessed quality of care of all clients in the unit. A regular national survey for perceived quality of care for elderly service users and their relatives is currently being planned.

The data used for unit level benchmarking is based on RAI system. RAI assessments of the clients in the units include information on care needs, functional abilities (cognition, physical, social and psychological) as well as health and medical issues. Benchmarking indicators calculated include performance and quality indicators on unit level. Service providers have participated voluntarily to the project which has had co-funding based on contracts since year 2000. The use of RAI assessment system will become mandatory for all units of home care and 24/7 hours care provider units of the services for the older persons in 2023.
The Sotkanet Indicator Bank
The Sotkanet Indicator Bank is a National Institute for Health and Welfare (THL) information service that offers key population welfare and health data from 1990 onwards on all Finnish municipalities, based on the current administrative division into municipalities. It allows the user to search for indicator data concerning different geographical areas in absolute numbers and percentages, for instance. Indicator descriptions provide information on data content, interpretations, data sources, years covered, and possible restrictions.

Statistics Finland
Statistics Finland combines collected data with its own expertise to produce statistics and information services. It produces the vast majority of Finnish official statistics and is a significant international actor in the field of statistics. Statistics Finland produces statistics like Employment Service Statistics
The Ministry of Employment and the Economy compiles Employment service statistics on the clients of the employment and economic development offices: jobseekers (most unemployed jobseekers) registered at the employment and economic development offices, vacancies reported by employers and services which aim to advance the employment of the job seekers.

Labour force survey
The Labour Force Survey collects statistical data on the participation in work, employment, unemployment and activity of persons outside the labour force among the population aged between 15 and 74.

Awareness raising, advocacy and education
NGO’s have a significant role to play in empowering older people and raising awareness of aging-related issues. The Social Assistance Center for Social and Health Organizations (STEA) manages grants for social and health organizations’ activities in the public interest that promote health and well-being, and thus supports their capacity to operate. One of the aid programs, among other things, strengthens the role of NGO’s and the formation of networks of actors in the field of social and provincial reform and in supporting the work of provincial and municipal social welfare and health. In addition, the program will support equal opportunities for citizens to participate in today’s information society.

Stakeholder engagement
Opportunities for the participation and influence of municipalities are provided for in the Municipalities Act. Municipal residents and users of services have the right to participate and influence the activities of the municipality. One of the municipal influencing bodies is the Elderly Council. The Elderly Council must be given the opportunity to influence the planning, preparation and monitoring of the activities of the various branches of the municipality in matters of relevance to the well-being, health, inclusion, living environment, housing, mobility or daily activities of the elderly population.

Good practices
Finger-model
Extensive Finnish Finger-research (the Finnish Geriatric Intervention Study to Prevent Cognitive Impairment and Disability) has shown that memory disorders can be prevented by controlling the associated risk factors. The lifestyle guidance used in the study provides a model for the future prevention of memory disorders. Intensive guidance include dietary instructions and participation in
different exercise activities and memory training as well as support in managing the risk factors of cardiovascular diseases.

**Strength in Old Age Programme**
Health exercise has proved to be an efficient and cost-effective method of promoting the comprehensive well-being of older people. The Strength in Old Age Programme aims to launch research-based health exercise for independently living older adults (75+) with decreased functional capacity. The activities are organized in cooperation between NGO’s and the public sector by implementing the good practices of health exercise developed in the programme. The implementation is carried out by municipalities supported with The Age Institute’s mentoring activities. 38 municipalities all over Finland participated in the programme in 2010-2015. In 2016 and 2017 there was a new selection of municipalities. At the moment there’s 30 municipalities in the programme.

**The Circle of Friends**
The Circle of Friends group intervention for lonely older people has been systematically and widely implemented and disseminated in Finland for 13 years. The main idea of the Circle of Friends group is to alleviate and prevent loneliness of older people. Circle of Friends group is a closed group, where the participants – older people – meet their peers 12 times in three months. The main objectives of the group are alleviation of the participants’ loneliness and to promote their well-being. The main aim is also to help the group to become self-supportive: facilitators encourage participants to continue meeting on their own. We have trained over 900 Circle of Friends group facilitators in Finland. More than 10 000 older people have participated in Circle of Friends groups.

**Vanheneminen.fi**
Vanheneminen.fi - Voluntary Preparedness for Good Old Age 2018-2020 aims to make voluntary preparation for old age more common and is a normal part of life planning. Prepare for old age is anticipation to enable a good old age. Being prepared increases the sense of security of older people, reinforces experiences of inclusion and creates opportunities for a good life after retirement. The project has produced with the partners a website for preparing for old age, Vanheneminen.fi, which provides information and tools to help you plan for your old age. The site provides information on the following themes: economy, housing, meaningful life, health, documents.

**Action program for the housing of the older people 2020 - 2022**
Housing policy aims to ensure that older people can live safely in their homes, regardless of functional ability or wealth. In order for old people to live in their home for as long as possible, they must have accessible housing and functional living conditions. It is important to anticipate future needs. Good housing conditions also delay the transition to service housing.

Ministry of the Environment administers the Action program for the housing of the older people in 2020 - 2022. It is also responsible for the state housing measures and funding. The targets of the program are to improve housing conditions of the older people and provide suitable housing options, support the older citizens themselves in their own preparations regarding housing, as well as to strengthen the forethought and preparation of municipalities in housing of older population. Also encouraging the development of age-friendly housing environments is part of the programme. The government provides various types of grants for improving existing housing stock and construction of new senior dwellings. The development support for municipalities is also provided. Co-operation, networking and communication with relevant actors and engagement of representatives of older persons are important part of the implementation of the program.