



Implementation of the Madrid International Action Plan on Ageing

Finland's follow-up report 2018–2022

Reports and Memorandums of the Ministry of Social Affairs and Health
2021:30

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2018–2022

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Implementation of the Madrid International Action Plan on Ageing Finland's follow-up report 2018–2022

Reports and Memorandums of the Ministry of Social Affairs and Health 2021:30

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Abstract The review and appraisal of the Madrid International Plan of Action on Ageing adopted at the Second World Assembly on Ageing in 2002 is carried out once every five years. This follow-up report by Finland describes the development work carried out in Finland since the previous report which ended in 2017. In Finland, preparedness for the ageing of the population has been developed for a long time, and the development work described now is based on a continuation.

Promoting well-being and health, as well as work ability and functional capacity are key areas for development work. The aim is to help maintain the functional ability of older people, which enables independent living as well as the working and functional capacity of older working-age people, so that they can continue to be competent, healthy and motivated until retirement age. Social security has also been developed to meet the needs related to the ageing of the population. The change in the earnings-related pension system in 2017 has supported the continuation of careers and postponed transitioning to old-age pension. The reform of the service system aims to respond to service needs in a timely and effective manner.

The ageing policy implemented in Finland, its objectives and contents, are largely in line with the UN objectives. The report links the development work carried out in Finland to international context.

Keywords ageing, follow-up, elderly, international cooperation

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Madridin ikääntymistä koskevan kansainvälisen toimintasuunnitelman seuranta Suomen seurantaraportti vuosilta 2018–2022

Sosiaali- ja terveysministeriön raportteja ja muistioita 2021:30

Julkaisija Sosiaali- ja terveysministeriö

Yhteisötekijä Sosiaali- ja terveysministeriö

Kieli englantia **Sivumäärä** 66

Tiivistelmä

Madridissa 2002 pidetyn toisen ikääntymistä käsittelevän maailmankokouksen hyväksymän ikääntymistä koskevan toimintasuunnitelman tarkistus ja arviointi suoritetaan viiden vuoden välein. Tässä Suomen seurantaraportissa kuvataan kehittämistyötä, jota Suomessa on tehty edellisen, vuoteen 2017 päättyneen raportin jälkeen. Suomessa väestön ikääntymiseen varautumista on monelta osin kehitetty jo pitkään, ja nyt kuvattu kehittämistyö on jatkumoa aiemmalle työlle.

Hyvinvoinnin ja terveyden sekä työ- ja toimintakyvyn edistäminen ovat olleet keskeisiä kehittämistyön kohteita jo pitkään, ja työ jatkuu edelleen. Kehittämistyöllä tavoitellaan sekä itsenäisen elämisen mahdollistavan toimintakyvyn säilymistä iäkkäillä ihmisillä että ikääntyvien työikäisten työ- ja toimintakyvyn säilymistä, jotta työssä voidaan jatkaa osaavina, hyvinvoivina ja motivoituneina eläkeikään saakka. Myös sosiaaliturvaa on kehitetty vastaamaan väestön ikääntymisestä johtuviin tarpeisiin. Työeläkejärjestelmän muutos vuonna 2017 on tukenut työurien jatkamista ja lykännyt vanhuuseläkkeelle siirtymistä. Palvelujärjestelmän kehittämis- ja uudistamistyöllä tavoitellaan palvelutarpeisiin vastaamista oikea-aikaisesti ja vaikuttavasti.

Suomessa toteutettu ikääntymispolitiikka on pitkälti yhteneväistä YK:ssa asetettujen tavoitteiden kanssa. Raportissa Suomessa tehty kehittämistyö liitetään osaksi kansainvälistä kontekstia.

Asiasanat ikääntyminen, seuranta, vanhukset, kansainvälinen yhteistyö

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Referat En översyn och en utvärdering av den handlingsplan för åldrande som antogs av den andra världskonferensen om åldrande i Madrid 2002 kommer att genomföras vart femte år. I den här uppföljningsrapporten beskrivs det utvecklingsarbete som har gjorts i Finland efter den föregående rapporten som gällde fram till 2017. I Finland har beredskapen för en åldrande befolkning i många avseenden redan utvecklats under en lång tid, och det utvecklingsarbete som nu beskrivs är en fortsättning på det.

Främjandet av välfärd och hälsa samt arbets- och funktionsförmåga har sedan länge varit centrala utvecklingsmål, och arbetet fortsätter. Med utvecklingsarbetet strävar man efter att bevara såväl den funktionsförmåga som möjliggör ett självständigt liv som arbets- och funktionsförmågan hos äldre, så att man kan fortsätta vara kompetent, välmående och motiverad fram till pensionsåldern. Även den sociala tryggheten har utvecklats för att svara på behoven hos en åldrande befolkning. Ändringen av arbetspensionssystemet 2017 har gett stöd till en förlängning av arbetslivet. Genom att utveckla och förnya servicesystemet strävar man efter att svara på servicebehoven i rätt tid och på ett effektivt sätt.

Den äldrepolitik som bedrivs i Finland sammanfaller till mål och innehåll i hög grad med FN:s mål. I rapporten inkluderas det utvecklingsarbete som gjorts i Finland i en internationell kontext.

Nyckelord åldrande, uppföljning, åldringar, internationellt samarbete

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FOREWORD

The Madrid International Plan of Action on Ageing (MIPAA), which was adopted by the Second World Assembly on Ageing in Madrid in April 2002, provided a systematic review of its implementation. Follow-up was considered necessary in order to ensure that the objectives of the plan could be met. This requirement was confirmed in the MIPAA Regional Implementation Strategy (RIS) adopted at the Ministerial Conference on Ageing of the United Nations Economic Commission for Europe (UNECE) held in Berlin in 2002.

The review and appraisal of the Madrid Action Plan are carried out every five years. The process includes an inclusive 'bottom-up' element, involving civil society and older people themselves, and its purpose is to help Member States attain feedback on their policies and programmes. Member States are encouraged to use this process parallel with traditional reporting methods.

After a review and appraisal at the national level, the UN Regional Commissions will coordinate the pooling of data in their respective territories. The review and appraisal processes will culminate in an overview by the UN Commission for Social Development (CSocD).

The first three review and appraisal rounds for the implementation of the MIPAA/RIS in the UNECE region have been completed at ministerial meetings in 2007 (Leon, Spain), 2012 (Vienna, Austria) and 2017 (Lisbon, Portugal).

National reports are an important part of review and appraisal and provide the basis for a regional summary report on the implementation of MIPAA/RIS. The ageing policy implemented in Finland, its objectives and contents, are largely in line with the UN objectives. This report describes the development work carried out in Finland and links it to the international context.

1 Introduction

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[National Programme on Ageing 2030 -For an age-competent Finland](#), 2 October 2020

2 Abstract

2.1 Methods used in the report

The Ministry of Social Affairs and Health used a number of different statistical and other written materials to prepare this report. The Ministry also requested statements from various ministries and expert organisations as well as representatives of the municipal sector, NGOs, interest groups and social partner organisations. 26 of the 31 organisations that received the request for an opinion responded.

2.2 A brief overview of national progress in meeting the MIPAA/RIS commitments

Systematic development work has been carried out in Finland to prepare for the ageing of the population. Promoting well-being and health, as well as work ability and functional capacity have been key areas for development work for a long time, and the work is still ongoing. The aim of development work is to help maintain the functional ability of older people, which enables independent living as well as the working and functional capacity of older working-age people, so that they can continue to be competent, healthy and motivated until retirement age.

The service system must also be developed so it can respond to service needs in a timely and effective manner. An effort has been made to take the different life situations of older people and the elderly into consideration in the development of the service system and service contents. With regard to services for the elderly, the national policy in Finland has long been that the services brought home take precedence over housing services, which require people move from their homes. The principle is that older people have the right to live in their own homes even when their functional ability declines for as long as this is safe with the help of subsidies and services.

The key measures related to the above entities are described below.

2.2.1 Assuring the quality of measures concerning ageing

Work to develop national quality recommendations on ageing has been underway for 20 years. They have served as significant information steering tools and supported the implementation of current national and international objectives. The Ministry of Social Affairs and Health and the Association of Finnish Local and Regional Authorities have published Quality Recommendations in 2001, 2008, 2013, 2017 2020 and 2013. The drafting of quality recommendations was outlined in connection with the latest update so that these will in future be prepared for the duration of a government term, in which case the weightings of the seated government programme can be taken into account.

The most important contents of the Quality Recommendation 2020-2023 are in line with the National Programme on Ageing and include recommendations for their implementation. The Quality Recommendation is a key instrument for the development and assurance of quality that can be used by different actors to support preparedness for ageing and the development, evaluation and implementation of services for older people. The objective of the Quality Recommendation is to facilitate good ageing as well as high-quality and effective services, which will be discussed in more detail more later.

2.2.2 Strengthening the multi-sectoral and cross-administrative nature of measures concerning ageing

Safeguarding good ageing is the common objective for all operators and to ensure co-operation the cross-administrative National Programme on Ageing 2030, which will help prepare for the social change following the ageing of the population in the longer term, was launched. The National Programme on Ageing has been prepared and is now being implemented in cooperation with various ministries, municipalities, the third sector, labour market organisations and other actors.

The theme areas promoted in the National Programme on Ageing address the safeguarding of functional capacity of the ageing population, including ensuring the functional capacity and work ability of ageing workers, the use of technology to improve the well-being of older people, strengthening the role of volunteer work, age-friendly housing and living environments as well as customer-oriented services. A development project or a package of measures lasting for the duration of the government

term is under way in each theme area. Based on the results and experiences gained, the work will be implemented until 2030.

Matters related to the social security and income security of older people have not been included in the National Programme on Ageing. The pension reform was implemented in Finland in 2017. The aim of the reform is to extend working careers at their end, and it will increase the retirement age by two years to 65 years by 2025. After this the retirement age will be determined on the basis of life expectancy. Income security for older people will be developed in its entirety so that essential expenditure, such as service fees and pharmaceutical costs, will also be taken into account.

Measures that improve the functional capacity of older working-age people and extend working careers have an impact on the situation of both people who are employed and older people seeking employment. These measures have been developed, for example, in the Work Ability Programme and the WORK2030 Programme and the projects prior to these.

2.2.3 Ensuring the social and economic sustainability of the service system

A key instrument used in national steering is legislation that imposes binding regulations on operators. In recent years, legislation on services for older people has been reformed to ensure that the availability and quality of services meet the needs of clients. Legislation concerning services for older people has also been reformed in order to curb the increase in costs. In the first phase of the legislative reforms to be implemented during the current government term, provisions were laid down on staff size in 24-hour care, as according to the findings of the supervisory authorities, a key factor in service quality problems was a lacking amount of staff at units. In the first phase, provisions were also laid down on the use of risk assessment indicators (RAI) to assess the service needs and functional capacity of clients. In addition to assessing the service needs of individual clients, national use of the RAI can be used to ensure and assess the uniform availability of services. The second phase of the legislative reform has focused on securing the adequacy of home care and strengthening the service monitoring system. The legislation is still partly in its preparatory phase, and the legislation as a whole will enter into force in 2023.

Finland's population is aging and will need more services than previously. At the same time, the birth rate is falling and the dependency ratio is changing. Finland will need a social and health service structure that will be able to respond to these

changes. According to research data, a larger social welfare and health care providers are better able to secure the equal availability of services as well as efficient operations and administration. The preparation of the health and social services reform has been under way for quite some time. In June 2021, Parliament adopted the legislation concerning restructuring, and implementation can now begin. The reform of social and health services will see the responsibility for organising social and health services shift from municipalities to health and social services regions. The responsibility for promoting well-being and health remains with municipalities, and, for this reason, it is important to create structures for cooperation between municipalities and health and social services regions. The reform will see the public sector will remain the organiser and primary provider of services. Private sector actors and the third sector will supplement public social and health services. Third-sector organisations will be given a stronger role in the promotion of health and wellbeing and their possibilities to provide services will be safeguarded. The disease-group-specific rehabilitation courses and multiprofessional individual rehabilitation organised by the Social Insurance Institution of Finland (Kela) support the preservation of the independent functional capacity of older people. The aim of rehabilitation is to enable older people to act as independently as possible in everyday life, regardless of their disease.

In addition to structural reform, the development of content is also needed. The aim of the health and social services reform is to strengthen basic services and to shift its focus to preventive work. Basic services will be developed as part of the Future Health and Social Services Centres programme. The purpose of the programme is to establish health and social service centres with wide-ranging services in Finland, from which people can get the services they need during one contact. The reform of operating practices and making use of digital and technological solutions in a manner that meets the client's needs are crucial. Development will be based on wide-ranging competence and cooperation between social and health sector professionals.

The aim of the Work Ability Programme is to promote and support the ability of unemployed persons with partial work capacity and the long-term unemployed to gain employment and stay employed through, for example, appropriate work ability support services. In addition, the aim is to prevent the prolongation of unemployment and prevent disability and to increase the participation of those in a weak labour market position in working life. The Work Ability Programme also produces information to be used in the coordination of services and benefits for unemployed persons with partial work ability and to support the development of legislation. All these issues also concern the ageing population.

Between 2004 and 2017, Finland was able to raise the future career expectancy by 1–2 years both in age groups aged 50-59 and 60-69 and for both women and men. This has been influenced by both a reduction in disability pensions and an increase in

retirement age. Especially for older workers (over 50 years of age), health factor for participation in employment and gaining employment, for example after unemployment. In 2015, two-thirds of men and half of women who were on disability pension due to mental health issues were aged 30-54.

2.2.4 Future development areas

Development must continue in the future in order to ensure good ageing and correct the economic sustainability gap. The aim is to make Finland an age-friendly society that recognises the diverse and partly differing needs resulting from population ageing and the related opportunities and prepares for these. Key measures to ensure a good ageing of the population in coming years include:

1. ensuring the work ability and functional capacity of older working-age people and the adequacy of the workforce
 - a. maintaining/improving the work ability and functional capacity of older workers
 - enabling a good quality of life for as long as possible
 - extending working careers, increasing employment rates with various means
 - supporting work ability through services and support measures at workplaces
 - providing early support for people with partial work ability and supported employment
 - supporting work ability and functional capacity, supporting the working life skills, employment and coping at work of those with partial work ability by providing multisector services in a timely manner
 - b. improvements and adjustments to some parts of the pension system
 - c. promoting work-related immigration, including
 - the flexible acknowledgement of health and social sector qualifications completed in third countries
 - the acceleration of the long work permit process
 - d. ensuring the appeal and holding power of the health and service sector and its support services

2. ensuring the social and economic sustainability of the service system
 - a. implementation of the health and social services reform
 - b. implementation of legislation on services for older people
 - c. the extension of National Programme on Ageing
 - d. developing multisector and multi-professional service models and service structures to improve effectiveness

- Equal work ability support services for the working-age population, regardless of their position in the labour market
 - e. support for the development of working life
 - f. Quality recommendation for 2024-2027 (health and social services)
3. Strengthening knowledge base and developing monitoring systems
- a. national quality indicators for the quality recommendation
 - b. the development of a monitoring system for national quality indicators
 - c. the development of a national client experience monitoring system
 - d. Strengthening knowledge-based management (assessment of service needs and services), development of digital solutions
 - e. Communicating about work ability and management of an ageing workforce, influencing the reception capacity of the labour market and keeping older people at work

2.3 Summary

For many years, the ageing of the population has been recognised as a key challenge in Finland. Issues related to the ageing of the population are of political importance in Finland. Key challenges are the rapid ageing of the population and the pressure it exerts on the sustainability of public finances. There is also concern about the adequacy of the workforce in general and services for older people in particular. In spite of positive developments in many respects, public finances will not remain sustainable without new policy measures. For this reason, the solution concerning the health and social services reform is also very important from the perspective of good ageing, and the successful implementation of the reform in coming years will be crucial for the construction of an age-friendly society.

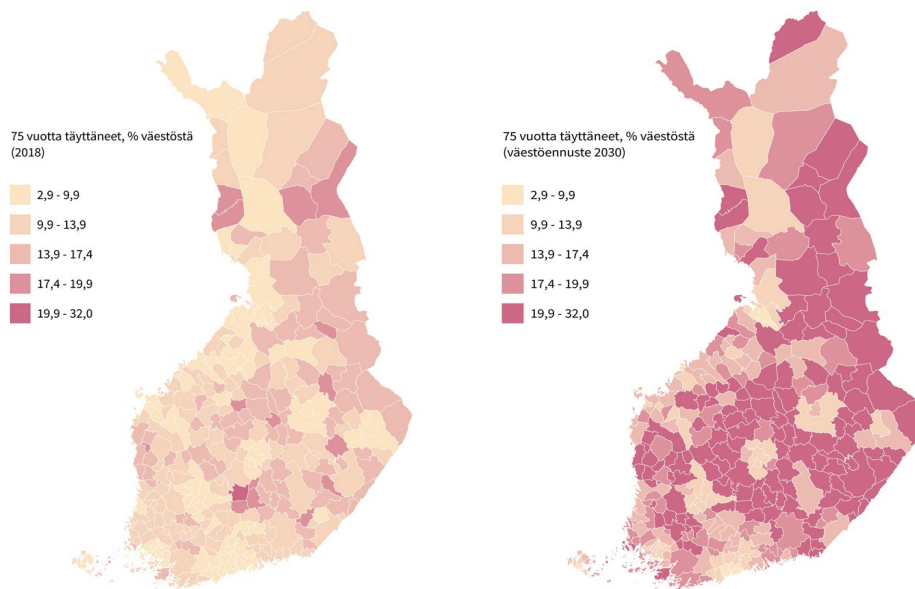
In order to safeguard the prerequisites for the good ageing of the population, it is still necessary to take measures to improve the employment rate, to improve the provision of public services and to promote the health and functional capacity of citizens. The ongoing reforms for the reorganisation of administration and services and the development their contents, the reform of legislation on health and social services and on access to and quality of services for older people play an important role in improving the rights of the ageing population. In addition, the implemented reforms will ensure that both the ageing population and the rest of the population have equal opportunities to receive services that meet their needs in a timely and high-quality manner.

3 National situation

3.1 Population indicators

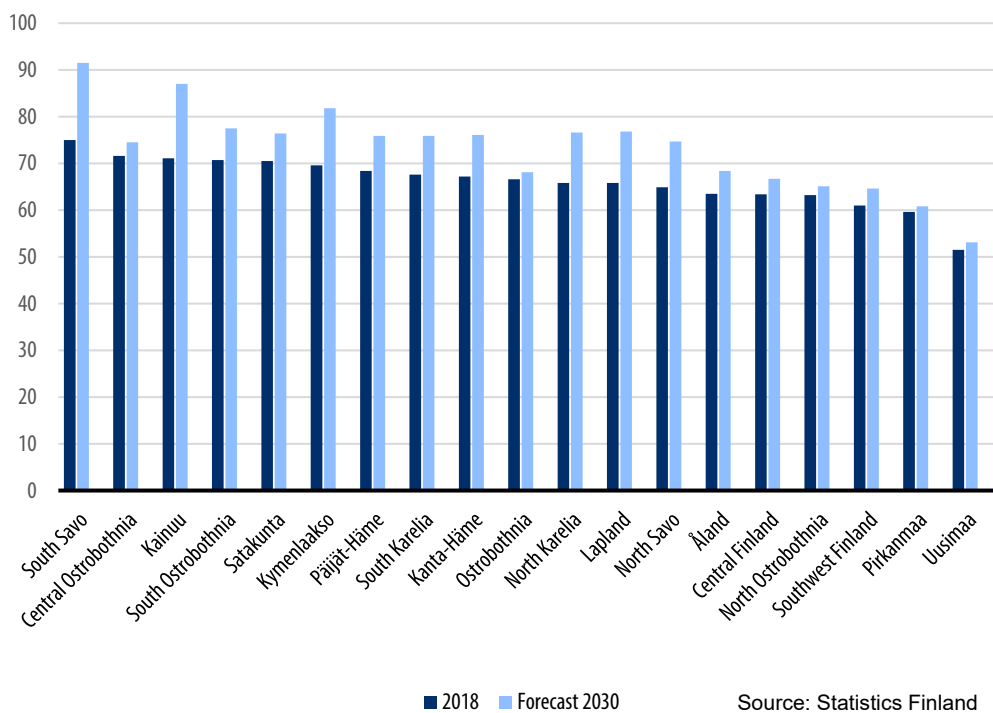
The share of older people in the population is increasing, and in 2018, approximately 20 per cent of the population were aged 65 or over, and in 2030, some 26 per cent, or 1.5 million, may already be aged 65 or over. The share of the oldest age groups aged 75 and 85 (Figure 1) of the population is also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

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



As the number of older people increases, the number of people in the working-age population decreases, but working careers are also expected to be longer. The dependency ratio will decrease by 2030 (Figure 2). There are already major differences in the population dependency ratio between the health and social services regions. 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 health and social services regions.

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



3.2 Social and economic indicators

According to the Ministry of Finance forecast, the Finnish economy will only experience clear recovery from the corona pandemic at the end of 2021, as a strong increase in the number of cases in spring 2021 continued to create uncertainty for the economy.

Finland's general government deficit will decline sharply in 2022, as the support measures decided on due to the coronavirus epidemic will end and the economy will recover. A substantial deficit in public finances will persist into the mid-2020s. The deficit forecast for the mid-2020s is 1.6 per cent of GDP or EUR 4.6 billion.

Government debt as a share of gross domestic product (GDP) will also continue to grow. The public debt-to-GDP ratio will increase from the current level of 70 per cent to over 75 per cent by 2025, meaning that the debt ratio will then be about 16 percentage points higher than in 2019. It is estimated that the debt ratio will continue to grow beyond 2025. The long-term imbalance (sustainability gap) between general government revenue and expenditure amounts to almost 3 per cent of GDP, (about EUR 8 billion at the 2025 level).

Public finances are adversely affected by an ageing population that has been increasing public spending for a long time. The outlook for economic growth is also subdued as we approach the mid-2020s. This also reflects the decline in the working-age population.

The economic recovery is boosting employment figures. However, the number of people employed will only exceed the 2019 level in 2023, when the employment rate will increase to just over 73%. The rate of unemployment will fall sharply, approaching the level of structural unemployment. This will boost the rise in earnings in 2022 and 2023. Inflationary pressures will grow over the forecast period as demand returns.

From the perspective of the availability of services required by older persons, the continuous shortage of personnel in public health and social services is significant. This is evident as problems with access to basic services. There are also problems in the quality of services, as understaffed units cannot, for example, implement all measures, such as rehabilitative or recreational activities, in nursing homes. The Ministry of Finance has estimated that over the next 15 years, as many as 200,000 new employees will be needed in the health and social services sector. Recruitment problems in the health and social services sector are more common than in other sectors on average. In its country report, the European Commission has recommended that Finland take steps in 2020 and 2021 to address the personnel shortage in health care to improve the carrying capacity of its health care system and to improve the availability of health and social services. In the autumn 2021 government budget session, a decision was made to launch a cross-administrative programme under the leadership of the Ministry of Social Affairs and Health to ensure the availability of social welfare and health care personnel in both the short and long term.

According to a Finnish Institute for Health and Welfare (THL) survey sent to units providing services for older people in November 2020, recruitment problems are common. In the survey, 9% of all units providing services for older people reported that they had continuous recruitment problems for professional staff and 80% reported intermittent recruitment problems. According to a survey conducted in May 2021, the number of total personnel had increased slightly compared to the previous survey, but the increase was mainly directed at personnel assisting in care work, i.e. the number of professionals has not increased.

In spite of recruitment difficulties, the most common form of employment of the most recently employed employee in the health and social services sector have been fixed-term employment (about 60%). More attention should therefore be given to the number of fixed-term employment relationships and the large share of the turn-over from the point of view of appeal and holding power.

The phased increase in the old-age pension age included in the earnings-related pension reform implemented in 2017 had seemed to postpone retirement.

In 2018, the number of people who began receiving their old-age pension fell by some 8,000 from the previous year. This is mainly due to an increase in the age limit for old-age pensions. In 2018, 35 per cent of the insured persons born in 1955 retired. The previous year, the corresponding number for those born in 1954 was 47%. The change is significant. While the number of people retiring on old-age pension decreased, people postponed retirement. In addition, while the share of the insured who are employed has remained approximately unchanged until the new retirement age, work after the age of 63 seems to have increased.

In 2020, the expected retirement age for persons in the earnings-related pension scheme was 61.9 years. The increase was 0.4 years from the previous year. The expectation for persons aged 50 increased by 0.4 years (to 63.8 years). The increase in the expected retirement age was due to a decrease in the transition to disability pension and, in particular, a delay in retirement to old-age pension as a result of the increase in the minimum age for old-age pension. The impact of the change on the retirement age has been roughly what was anticipated.

In 2020, over 61,000 people began to receive an earnings-related pension, of whom 42,000 were retired. The age limit change has also reduced the number of people retiring on old-age pension, which decreased by more than 2,000 persons from the previous year. From 2017, the number of persons retiring has decreased by nearly 15,000. The greatest drop has been in the retirement of 62- and 63-year-olds.

According to the Finnish Centre for Pensions, the average total pension for pensioners living in Finland (excluding part-time pension and partial old-age pension), based on the structure of the pension and the gender of the recipient, totalled EUR 1,762/month on 31 December 2020. The average total pension for women was €1,579/month and for men €1,983/month. The median pension at the end of 2020 was €1,534/month.

In 2018-2020, the Gender Pension Gap project was implemented in Finland. As part of this, the differences between women's and men's pensions and their causes were examined. According to the report, the pension gap between women and men is still significant in Finland and is of average level within the EU countries. According to the report, women's pensions are on average one fifth lower than those received by men. The gender pension gap has narrowed over the last two decades, albeit slowly.

By European standards, the pay gap between women and men is considerable in Finland. There are currently no major differences in the average employment rate of women and men, the length of their working careers or their retirement rate. On the other hand, the income gap is also significant internationally, and the gender income gap has a significant impact on the gender pension gap. The uneven distribution of family leaves between women and men and, in particular, long periods of support for home care increase the income and pension gap.

Although, starting a family often causes a significant interruption in women's careers, women's employment then returns to a good level. Finland is the only country in Europe where the employment of sixty-year-old women is even higher than that of men of the same age.

In 2085, the median pension for women is expected to still be 15 percentage points lower than that of men. The effects of changes in the labour market and income levels and the reforms in the earnings-related pension system will only be evident after years or even decades.

The report notes that the risk of poverty among older women is more than double that of men. Retirement accounts for a substantial portion of one's life cycle, and pension is a pensioner's most important source of income, often also the only source of income. Low income is a strongly gendered phenomenon, especially in older age groups. In fact, the gender pension gap does not only concern the realisation of equality, but also involves income and social justice.

3.3 Social, economic and political situation

The ageing of the population has become a societal issue that will affect society in various ways and will also require political policies and decision-making. At the same time, there are many other trends, such as climate change, globalisation, urbanisation and technological development, which must be taken into account in decision-making and be coordinated. We continue to believe that our Nordic welfare state is a sustainable and fair model for responding to the challenges of the future.

One part of this entity comprises objectives related to the health and social policies set out in the Government Programme and their implementation. These include the health and social service sector reform and improving the quality of older services, which have a direct impact on older people and the services they use. The effects of these now depend largely on the success of their implementation.

Another key entity is economic policy objectives, which aim to safeguard the social and economic sustainability of society. Prime Minister Marin's Government has outlined that the objective of economic policy is to increase prosperity. It means ecologically and socially sustainable economic growth, high employment and sustainable public finances. Key economic policy objectives for the Government term have been set

1. Increasing the employment rate to 75%, in which case the number of employed will increase by at least 60,000 by the end of 2023.
2. Balancing of public finances by 2023 within the normal international economy.
3. Reduced inequality and decline in income inequalities.
4. Carbon neutrality by 2035.

We already know that the situation in the international economy has not been normal and that achieving economic policy objectives will be very challenging. However, the content of the objectives is what needs to be pursued in order for us to attain social, economic and ecological sustainability.

3.4 Social and economic measures taken in response to the COVID-19 pandemic

In Finland, local authorities are responsible for organising the provision of health and social services. In order to ensure the functional capacity of municipalities, some of the costs of the COVID-19 pandemic have been reimbursed to municipalities.

As a result of the COVID-19 pandemic, various restrictive measures were introduced in Finland to prevent the uncontrolled spread of infections and to protect risk groups. Older people and those with long-term illnesses are a special risk group for corona. Significant restrictive measures, such as quarantine measures and bans on visits, were targeted at the older people and services for older people. Partly because of this, the coronavirus epidemic also placed a significant burden on people working in services for older people.

During the supervision of legality, it was found that the residents of care homes, in particular, were prevented from meeting their family members for long periods of time as a precautionary measure, and this caused suffering to them and their families and friends. The restriction was unlawful because the instructions were partly unclear. On the other hand, Finland avoided the extensive spread of infections and numerous deaths.

The Finnish Institute for Health and Welfare conducted a survey to examine the experiences of home care and 24-hour care clients concerning their health and quality of life, loneliness, leisure time, availability of services and social interaction during the corona period.

According to the results of the survey, the clients of services for the elderly have coped fairly well with the restrictive measures. 48% of the clients felt that their freedom had been restricted in an appropriate manner, taking into account the corona situation. The use of masks and other protective equipment made it difficult for 50% of respondents to interact at least to some extent. However, loneliness was common among respondents. More than one in three (37%) had experienced loneliness during the corona period. The experience of loneliness has become more widespread since 2016, at which time 22% of the clients of services for older people reported that they had experienced loneliness.

According to the Social Barometer 2021, it seems that measures, such as those to alleviate the loneliness of older people, have not been sufficient. Municipalities and volunteers increased everyday help from spring onwards, and at the end of the year, support for everyday life was still offered at a substantially higher rate than in normal

circumstances. Despite this increase, there has not been enough support, as the elderly were reported to encounter a significant amount of problems in everyday life and in the use of services. The problems of older people in the services were also noted in emergency social welfare services.

The epidemic has also had an impact on the opportunities for clients to engage in recreational activities and hobbies. Day activities and other social group activities have been on a break in municipalities. According to the results, it seems remote connections were unable to replace the interrupted activities especially in home care.

Mobility is a key part of maintaining older people's functional capacity, and the importance of outdoor physical activities has been emphasised during the epidemic. 22% of the respondents reported that they had spent their lives indoors throughout the corona period and 32% would have liked to be able to spend more time outdoors. According to studies based on population surveys, daily physical activity decreased in spring 2020. This decline was significant especially among people with disabilities, the population's oldest, women, and those older people who felt that the recommendations given due to the pandemic were very restrictive.

The clients of services for older people were predominantly satisfied with the adequacy of both the services and the nurses' time. Of the clients, 90% felt that they had received enough of the services they needed, and 77% felt that the time they had received from their carers was sufficient.

Vaccinations have progressed efficiently in Finland, and at the end of June 2021, Finland exceeded the target set by the EU that over 70% of those aged 18 or over should receive a coronavirus vaccination. 75% of those aged over 70 had also received the second vaccine dose.

Exemptions made to benefits due to the coronavirus pandemic

The Covid-19 epidemic and the resulting restrictive measures have weakened the financial standing of many households with many people unemployed or laid-off as a result of the epidemic.

Several temporary changes have been made to the unemployment security system to strengthen the financial standing of people in need of unemployment security. Based on the changes that were in force until the end of 2020, the maximum period of unemployment benefits was interrupted, the unemployment benefit was exceptionally paid for the waiting period, and the employment condition required for granting unemploy-

ment benefit was shortened from the normal 26 calendar weeks to 13 weeks. The increase to the protection part of the mediation of unemployment benefits from EUR 300 to EUR 500 per month is still temporarily in force, as are the more relaxed conditions for mobility assistance to promote regional labour mobility.

In June 2020, a law on temporary epidemic compensation was adopted to support the most economically vulnerable people and families in society. Decisions on the right to support were made on the basis of who received basic social assistance. A temporary epidemic compensation of EUR 75 per person per month was paid once certain conditions were met. The Act was in force temporarily for the period 1 August to 31 December 2020.

4 Methods

This section outlines the methods and data resources used and available in Finland utilised in the implementation of the MIPAA/RIS and with which the impacts of the measures taken could be assessed. There is no separate implementation of the MIPAA/RIS objectives, but they are implemented as part of national legislative and development work.

At the national level a statutory Advisory Board on Older Persons and Pensioners will be appointed as a link between the parties influencing issues related to older people and pensioners and to promote the dissemination and utilisation of information on the living conditions, rights and experiences of the older people and pensioners in society. All significant preparatory work on older people is dealt with in this group. The draft of this report was also discussed at the Advisory Board's meeting.

A fixed-term implementation group has been set up for the ongoing development work, such as the implementation of the National Programme on Ageing, in which key stakeholders, including representatives of NGOs representing older people, are represented. In order to utilise the views and potential of all operators, separate forums have been set up under the implementation group for the elderly themselves, the personnel working with the elderly, the scientific community, organisations and representatives of municipalities.

The implementation of the National Programme on Ageing and the health and social services reform include extensive development projects to be implemented in the regions, for which national targets have been set and for which discretionary government transfers are allocated. Projects are required to partake in cooperation with residents, clients, organisations and the sector's companies in both project planning and implementation.

No separate study or data collection has been carried out for monitoring implementation. Instead, the extensive data collected from different sources already widely available in Finland is used for the appraisal. The data allows us to form a reliable picture of the situation of the ageing population and older people.

The Quality Recommendation for older people 2020-2023 recommends that quality indicators in the following quality areas be used nationally: promoting functional capacity in municipalities, functional ageing, measures to promote health, the client and service guidance, services and personnel for older people, client structure, functional capacity and caring capacity as well as the quality of clinical care, realisation of the service time granted to the client, well-being and absences of personnel, quality of

care experienced by clients, change of service structure, utilisation of technology by those in regular services and not in regular services, use of medication and volunteer work.

The state of services for older people and the implementation of the Act on the Care Services for Older Persons (980/2012) have been monitored by separate studies conducted by the Finnish Institute for Health and Welfare since 2013 in 2014, 2016, 2018, 2020 and next will be in 11/2021. The Municipal Survey monitors the implementation of the Act on the Care Services for Older Persons in municipalities, joint municipal authorities and cooperation areas. The survey collects information on such matters as the provision of services for the elderly in home care and 24-hour care, welfare and health promotion services, age-related housing, palliative and hospice care, and the quality and supervision of services for the elderly. The municipal survey 2020 also included questions about the procurement and tendering of services. In addition, a memory barometer was attached to the survey to monitor the development of treatment and care for people with memory disorders. In Finland, memory disorders have been added to the list of public diseases.

The functioning of the service system and its need for renewal will be assessed on the basis of the responses to the municipal survey. In addition, the survey is used to assess the impacts of many reforms and programmes. These include for example the reform of the Act on the Care Services for Older Persons, the National Programme on Ageing and the Future Social and Health Centre Programme. In connection with the reform of legislation concerning services for older people, it has been proposed that follow-up studies be made statutory, which would allow them to provide comprehensive national data. The study includes surveys sent to municipalities and service providers, and the aim is to extend it to include a national survey on customer experience data.

The health, wellbeing and sick leave of municipal healthcare and social welfare personnel have been monitored by the Finnish Institute of Occupational Health' in their Kunta10 survey and the Mitä Kuuluu study. These longitudinal studies have covered around 138,000 employees. Those health and social sector staff who work in services for older people have been examined separately and information has been produced on wellbeing at work and the factors affecting this.

5 20 years of MIPAA/RIS implementation

The Second World Assembly on Ageing held in Madrid in 2002 adopted the Madrid International Plan of Action on Ageing, and its UNECE (United Nations Economic Commission for Europe) Regional Implementation Strategy (RIS) was adopted the same year at the UNECE Ministerial Conference on Ageing held in Berlin.

In 2017, the Ministerial Conference of the UNECE concluded a third review and appraisal of the implementation of MIPAA/RIS in the theme area "A Sustainable Society for All Ages: Realizing the potential of living longer". The Conference adopted the 2017 Lisbon Ministerial Declaration, which contains three main objectives:

- I. Recognising the potential of older people
- II. Encouraging longer careers and maintaining work ability
- III. Ensuring ageing with dignity

5.1 Recognising the potential of older people

Ensuring social and economic sustainability

The anticipation of longer lives and ageing is an essential part of successful welfare and economic policy. A socially and economically sustainable society requires that people remain active and healthy as they age so that older people remain in working life for as long as possible. It is essential that key services, such as social and health care services and services supporting work ability and functional capacity, as well as multidisciplinary rehabilitation services, are provided where necessary and in a timely manner. As the population ages, it is also important that opportunities for continuous learning that promote wellbeing, active citizenship and participation, such as learning digital skills and cultural activities, are available to all older people, regardless of their background. The Finnish Government is committed to working for a more age-friendly society that recognises and prepares for the social and economic impacts of ageing.

Economic growth and productivity will influence how public funds can be allocated to different population groups in the future. The population change is expected to increase general government expenditure, especially in older age groups, whose share

of the population is increasing. Productivity is a key factor in ensuring sustainable economic growth and standard of life. The green transition and digital transitions as well as the so-called silver economy, which can open up new employment opportunities, as well as societal and medical innovation and new assistive technologies, are seen as facilitators of productivity.

Age-related expenditure in the national economy consists mainly of pension expenses and funds used for health and social services and subsidies. The Social Insurance Institution of Finland (Kela) is responsible for paying national pensions and guarantee pensions, and these are financed with tax revenue. Statutory earnings-related pensions are mainly financed by a distribution system, i.e. the earnings-related pension contributions for each year. Some pensions are partly financed according to the funding principle by using both earnings-related pension contributions and previously collected funds. As a result of the funding, Finland is reasonably well-prepared for growing pension expenses.

On the other hand, the growing service needs of social welfare and health care sector and the provision of services have been the responsibility of municipalities and depend on the possibilities of each municipality to financially meet statutory obligations. In order to secure the funding base and the availability of services, a social welfare and health care reform will be implemented, in which the responsibility for organising services will be transferred to larger health and social service regions. It is also important to support the work ability and functional capacity of older people so as to ensure the adequacy of the funding base, as the number of working people forms the basis for the funding of services and the functioning of the welfare society.

The currently ongoing National Programme on Ageing implements measures aimed at improving the productivity of services. For example, the programme will look for ways to improve wellbeing at work of older workers and thus coping at work. The National Programme on Ageing's project to support the functional capacity of employees will create and introduce a senior-junior operating model in the work community, where younger employees can learn from more experienced older employees and, on the other hand, the support of younger employees may help senior employees better cope in their work, when they do not need to be responsible for it alone. Similar approaches have also been recommended in the European Social Partners' Autonomous Framework Agreement on Active Ageing. In the same way, the utilisation of technology will also be promoted to support both older people themselves and the personnel. The development of wellbeing at work and the promotion of work ability throughout a person's working career play a key role in increasing productivity and ensuring the adequacy of the workforce. Instead of speaking about the management of an ageing workforce, we speak about working career management, which includes

an approach that emphasises the employees' own activeness and practices taking different stages of a career and career transitions into consideration in management.

The aim of the WORK2030 Programme as part of the Government Programme is to provide safety through competence during the transformation of work. This means supporting and opportunities for workplace reform by utilising the potential of all staff. This also supports older people's experience of the meaningfulness of their work, participation and appreciation. At the same time, wellbeing at work and work productivity are promoted.

A rapidly changing operating environment will require information and understanding as well as flexible decision-making at workplaces. The work community will need tools to maintain a sense of control and competence for their own work. Diversity, its significance and the opportunities it presents have been built into the WORK2030 Programme. People from different backgrounds, people of different ages and people with different work ability will provide varying views and opinions on reforms and changes. Anticipation of future competence needs and competence management will be emphasised so as to also identify the potential of older people and extend working careers for as long as possible.

The programme's measures will build trust and cooperation, tools for continuous learning, and an overall image of working life in Finland. These measures will be promoted by such things as sector-specific and region-specific reform projects, a leadership network, future-oriented workshops and learning networks as well as communication and influence work.

Participation of older people and promoting age-friendliness

The participation of older people themselves in matters concerning them is a key starting point for ageing policy, which is also provided in legislation. The Act on Supporting the Functional Capacity of the Older Population and on Social and Health Services for Older Persons requires older people be involved in decision-making concerning them. The municipalities have statutory councils for older people, which must be consulted and included in discussion on matters concerning them. However, there is room for improvement in the status of councils for older people and their ability to influence. The HRC's report on the activities of councils for older people and their possibilities for exerting influence in municipalities (7/2021) states that councils for older people had positive experiences of the possibilities for influencing, but, for example, influencing social welfare and health care services was considered insufficient.

As a result of the health and social sector reform, the regional government must also set up a council for older people in the health and social service region, which is an

influencing body that will ensure the participation and influence of the older population.

At the moment, a key instrument of ageing policy is the cross-administrative National Programme on Ageing and its implementation. One of the objectives for the programme's implementation is to involve older people themselves, third sector actors representing older people and other key stakeholders in the work. The implementation of the National Programme on Ageing is guided by a multidisciplinary implementation group under which several so-called participation groups have been established to ensure that their voices are heard. These include a group of experience experts, consisting of older people, a forum for organisations, a network of local authorities who work in older people's affairs, a human resources group and a scientific council.

The subheading of the National Programme on Ageing is Aiming for an age-competent Finland. This aims to highlight a positive perspective on older people as a resource and the utilisation of their potential in society. One of the impact objectives of the National Programme on Ageing is related to strengthening the status of volunteer work, and in this respect the idea is that organisational activities and volunteer work will form an operating environment in which people of all ages can work together on an equal basis. Older people are here understood as both volunteers and recipients of help from volunteers.

Development projects implemented with government grants require that older people themselves are involved in the planning and development of the services and activities in question. For example, in projects involving technology that supports living at home, users must be involved in ensuring that the methods to be developed and the products to be introduced are functional in everyday life.

There are good examples of how municipalities, parishes and NGOs engage in diverse cooperation for the good of older people and to strengthen the participation of older people. Outreach work with older people is used to reach lonely, and marginalised older people who are outside the scope of services, using methods such as contact cards. So-called block club activities are also an effective method for increasing the participation of the elderly and preventing exclusion. In addition, senior services and friendship activities in different forms are significant peer support for older persons in need of support.

Liberal adult education institutions include adult education centres, which organise educational and cultural activities in every municipality in Finland. Studies have found that participation in the activities organised by an adult education centre will strengthen the wellbeing and competence of municipal residents and reduce social and health expenditure. Adult education centres also reach a large proportion of older

people. According to the Statistics Finland, over 500,000 people studied at adult education centres in 2019, of which four out of ten were aged 60 or over and 32 per cent were pensioners. The share of students aged 60 or over in other types of educational institutions - folk high schools, summer universities and study centres was also 17-24%. The coronavirus pandemic had an impact in particular on older people meaning that many of those at risk due to their age did not dare participate in courses. This has weakened wellbeing and increased the feeling of loneliness, as for some the weekly meetings at the adult education centre's course may have been their only social contact.

The wellbeing of older people is also promoted through the development project Cultural Wellbeing for Older People. The project will develop models for outreach cultural work, especially for older people at risk of social exclusion. An operating model may mean that art is brought to the home of an older person in a tailored manner or that an older person is accompanied to a cultural hobby. In addition, the project will consolidate a method for assisting the low-income and independent older people to take part in cultural activities. This will be done by expanding the introduction of the Kaikukortti card in different parts of Finland. The Kaikukortti card allows people in difficult financial situations to get tickets free of charge to places such as festivals, museums, the theatre and concerts.

Prevention of age-based discrimination

The Non-Discrimination Act prohibits discrimination based on age. The prohibition of discrimination in the Non-Discrimination Act applies to discrimination against people of all ages, meaning anyone can be discriminated against because of their age. People may face attitude problems and age-based discrimination in the labour market in situations such as recruitment or personnel reduction. Age-based discrimination often manifests itself as age limits set without acceptable grounds, for example, those aged 65 or over cannot apply for positions of responsibility in an association, or a medical centre terminates entrepreneurial contracts with doctors aged 70 or over without individual assessment.

Different treatment based on age is not discrimination if the treatment is based on law and the treatment has an acceptable objective and the means to achieve the objective are proportionate. Treatment with an acceptable objective in terms of fundamental and human rights does not always require legislation. An example of such treatment might be discounts that service providers give to pensioners.

Promoting equality and intervening in discrimination are among the duties of the Ombudsman for Non-Discrimination. The Ombudsman is an independent and objective

authority whose task is to assess and ensure that human rights and the legal protection of individuals are implemented as equally as possible. The Non-Discrimination Act enables many different means for the Ombudsman to intervene in discrimination and promote equality. In practice, the work of the Ombudsman for Non-Discrimination consists of such things as providing advice, investigating individual cases, promoting reconciliation between parties, training, collection of information, and influencing legislation and the practices of authorities. Within the framework of the Non-Discrimination Act, it is also possible to take into account practices at workplaces and in the employment of older people and those with partial work capacity. The Ombudsman may also refer an individual case concerning discrimination to the National Non-Discrimination and Equality Tribunal or a court of law. The Ombudsman is engaged in a great deal of stakeholder cooperation and influence to promote equality and prevent discrimination and to intervene in discrimination.

In order to extend working careers, it would also be useful to examine the age-based discrimination experienced by older workers themselves. This type of experience does not often meet the legal criteria for an offence, but has a key impact on the motivation and decisions of employees regarding the continuation of their careers. When experiencing that one is already (too) old for working life from the work and social environment also causes an employee to internalise age discrimination. These experiences and the attitudes arising from them can be influenced in working life and workplaces, which makes it possible to significantly increase wellbeing at work and encourage employees to continue in their careers.

According to Statistics Finland's 2018 Quality of Working Life Survey, there has been some development in the treatment of older people at workplaces in recent decades. 56% of employees felt that their supervisors treated older people equally and 43% felt that the experience of older workers was appreciated at the workplace. Only 4% of employees aged over 50 feel that their workplace strongly promotes older people staying at work. 28% of the respondents felt that their workplace somewhat promoted older people remaining in working life. On the other hand, more than one out of ten (13%) of all 50-67 year-olds felt that their workplace was trying to get rid of older people. At workplaces where personnel had been decreased over the past three years, just under one quarter (23%) of those aged over 50 felt that the workplace wanted to get rid of older employees. At workplaces where digitalisation or robotisation had reduced the number of jobs, about half of those aged over 50 felt that their workplace wanted to get rid of older employees.

According to the *Huomisen kynnyksellä* (On the threshold of tomorrow) survey commissioned by pensioners' organisations from Kantar for people aged 55-84 in 2013, 2016 and 2019, 52% of respondents thought that older people and ageing are perceived neither in a positive or negative light. If those who believe that the attitude is a

positive one are included in this group, this constitutes for the majority of respondents. Based on this, it can be said that the status of older people and issues related to them are at least at a reasonable level in Finland. However, it is equally true that a clearly larger proportion of respondents consider the Finnish mindset negative (24%) than positive (15%). In any case, it is noticeable that older people experience a significant negative attitude towards older people in society. Prejudices encountered by older people are also a challenge from the perspective of participation.

Age-friendly housing and living environments

The Action Plan for the Housing of Older People 2020–2022 will promote an improvement in the living conditions of older people and the anticipation and preparedness of housing, especially for citizens and municipalities. The measures are aimed at renovating the housing stock to make it accessible and safe, implementing various housing solutions suitable for older people and the development of age-friendly residential areas. ARA renovation grants (grants for repairs in the homes of older people and persons with disabilities, grants for removing mobility barriers and retrofitting lifts) are important for improving the housing stock. The action plan will be implemented together with municipalities and joint municipal authorities and organisations in the field.

Participation in global and UN work and campaigns

Finland has been involved in the preparation for the UN Decade of Healthy Ageing and made arrangements to prepare for it. Finland's National Programme on Ageing as well as the Quality Recommendation to guarantee a good quality of life and improved services for older persons are in line with the objectives of the UN Decade of Healthy Ageing.

Finland is monitoring the work carried out in the WHO Global Campaign to Combat Ageism and will make use of the materials prepared within it, such as the tool pack for preventing ageism.

Finland has assessed the possibility of participating in the United Nations Open-ended Working Group on Ageing (OEWG-A). The working group's topic was considered to be very important and the intention was to take part in the work in 2020, but due to the COVID-19 pandemic this was postponed. This matter will be reconsidered when the loading caused by the pandemic on public officials eases.

5.2 Encouraging longer careers and maintaining work ability

In spring 2020, the Prime Minister's Office set up a study project that examined the reasons that led to the current state of the Finnish population structure and made policy recommendations to ensure sustainable demographic development. The study examined, among other things, the impacts of demographic developments and changes in the dependency ratio on public finances, the availability of labour and the financing of the welfare society's services, as well as the guarantee of a safe old age and ageing as a social issue.

The most effective individual way to combat a weakened economic dependency ratio is to increase the employment rate and productivity. The standard of a "working age population" ranging between the ages of 15 and 64 is now outdated in a growing number of contexts. On average, the life expectancy of people who are 68 years old is a couple of decades, and 15% of those aged over 68 already participate in working life. According to anticipatory life expectancy, a person can be considered of working age in Finland at least until the age of 75, as at that point their average life expectancy is another 15 years. Increasing the employment rate of 65-74 year-olds is a relatively effective way of curbing the rise to the dependency ratio, which is unfavourable to the economy. The aim of the study is to double the employment rate of 65-74 year-olds by 2030 from the current 11% to 22%. Achieving this target will require increasing wellbeing, learning opportunities and work opportunities for people aged 65-74.

A deterioration in the dependency ratio means that in the future, there will be an increasing number of older clients and patients in health care. At the same time, the shrinking of the age groups entering working life threatens the operational capacity of health care. A decline in the population dependency ratio will challenge us to invest in particular in such aspects as the promotion of well-being at work and work ability in all age groups. Younger people, so they will get a good start in their careers. Middle-aged people, so that they remain for example, employed in health care or even return to work in the sector. Older people so that they continue to work even after reaching retirement age. The means may include rehabilitation and modifying work tasks in accordance with their ability to work and function.

The human capital of the population is a more essential factor than the estimated population structure based on gender and age alone. This human resources policy means that continuous learning and versatile development as well as the education, social and health services that support this actually extend from baby to grandfather. The World Health Organization has declared the 2020s as the Decade of Healthy Ageing

and emphasises that the preconditions for healthy and inclusive ageing must be created in all age groups.

Continuous learning

The Population Policy Report proposes that the ongoing reform of continuous learning should also be extended to those aged 65–74. The reform of continuous learning focuses on developing the competence of the working-age population. The aim is to meet the competence needs arising from changes in working life. Developing competence will support meaningful working careers, good employment development, the balance of public finances and the competitiveness and productivity of companies. Responding to new competence needs will require flexibility from the education system and opportunities for people to access the education and training they need parallel to work and while working.

According to Prime Minister Marin's Government Programme, Finland will implement a parliamentary reform of continuous learning, which will respond to a lifelong need to development and renew one's competence. The reform will examine in particular the learning during a working career and among people of working-age. It covers adult studies in accordance with the education system and competence gained outside the education system, including on-the-job learning. The vision of the reform is that everyone will have the knowledge, skills and competence required for a meaningful life, that everyone will develop their competence throughout their working life, and that competence will reform working life and working life skills.

A significant part of learning during one's working life takes place at the workplace and as part of one's work. In addition to enabling working careers to continue and older workers to remain in working life, maintaining competence will reform working life, support the creation of innovations and an increase in productivity. In order to ensure this, the provision of education that takes into account the changing needs of the adult population's life situation and working life will be increased. The preconditions for responding to future needs will be improved with more versatile anticipation information.

Measures:

- The Service Centre for Continuous Learning and Employment focuses funding for competence needs that meet flexible, short-term working life needs. Continuous learning coordinators at ELY Centres support continuous learning.

- An anticipation system will be developed, especially from the perspective of the need for the development of competence among the working-age population.
- The development of new services in line with the digital service package for continuous learning will be launched.
- Lifelong guidance will be strengthened. Tools and means for mapping competence and competence needs and identifying competence acquired at work will be developed.
- The monitoring system for the effectiveness of continuous learning measures will be completed by the end of 2022.

As of 1 August 2020, adult education support has been reformed to better support the coordination of work and studies. The aim of the reform was also to encourage low-skilled and/or workers in low-wage sectors to study during their careers, thus encouraging employees to promote their own competence.

Maintaining work ability

Maintaining and supporting work ability is primarily supporting the employee's own activity and participation as well as his or her operating environment. The activities of the service system actors and other parties must be based on the service needs of the working age person. Responding to service needs requires the coordination of multidisciplinary services and benefits, which in turn will require strategic development work across policy boundaries in which people are at the centre of the strategy.

Finland's starting point is to ensure that competence and work ability are maintained throughout a person's life and career. This will enable the ageing population to continue to work and participate in the labour market even after retirement age. Participation in organisational activities through volunteer activities also promotes active citizenship, integration, participation and continuous learning and thus helps to maintain work ability. In organisational activities outside the official education system, there are many kinds of expertise, from life management skills to literacy, handicrafts and digital skills, but at present this competence is not at present brought to light in order to identify and recognise competence. Rapid change in societies - globalisation, technological development, automation and the green transition - underlines continued focus on continuous learning.

The Finterveys follow-up study conducted by the Finnish Institute for Health and Welfare, which examines the physical performance of older people, provides good data on the functional capacity of Finns who have already retired and are close to retirement age. However, based on the 2017 study, a decline in physical condition has been observed among people aged 55-64. This does not create a hopeful picture of

the employment opportunities of older people, if their physical functional capacity is significantly reduced.

Special attention will be paid to measures that promote coping at work, work ability and strengthening of competence among people over the age of 55. Some of the measures are targeted at enabling part-time work and coping at work: The possibility for those aged 55 or over, who have been employed by the same employer for three years, to move to part-time work if they so wish will be strengthened, taking into account the special needs of the employer and promoting the continuation of work by emphasising the importance of age and ageing as well as the physical and mental stress related to work when ensuring the safety and health of workers.

The aim of the 2015-2018 Road Back to Work project for people with partial work ability was to strengthen the position of those with partial work ability in the labour market so that they can continue to work or find employment better than previously. The aim was also to improve attitudes towards working life and mindsets more open to diverse working life. Since 2019, the work has continued in the Government Programme's Work Ability Programme, in which a multi-administrative approach has in particular been strengthened. This will require cooperation and coordination in planning and decision-making at the ministry level (Ministry of Economic Affairs and Employment, Ministry of Social Affairs and Health). One of the most significant advances in efforts aimed at improving work ability is the multidisciplinary and networked work approach that has been introduced into the service structure to ensure the coordination of services.

An ongoing study by the Finnish Institute of Occupational Health (2019-2022) is examining factors that could help increase participation in work during a working career by sector. According to the study, the average number of working years lost in groups of employees aged 50-62 is 3.5, 44% of which are lost due to health-related reasons (sickness absences, disability retirement). There seems to be great potential for preventing disability to work for those with musculoskeletal disorders. According to a study, by reducing the physical load of work of men, 16-26% of disability cases related to musculoskeletal disorders could be prevented. Correspondingly, by increasing the possibilities of exerting influence on one's own work, sickness absences could be reduced by 10-25% and disability retirements by 21-32%.

In addition to health and functional capacity, competence and motivation maintain work ability. Motivation or attitudes are becoming increasingly important factors in the extension of career as the health of ageing worker generations improves. Older workers are now more independent, both economically and socially, and continuing to work is often only one of the possible goals for older people later in life. Motivation and attitudes are also closely related to competence and its renewal.

Kela organises vocational rehabilitation for people of working age. There is no age limit for vocational rehabilitation. The aim of vocational rehabilitation is to support the client in gaining employment, in their studies and staying at work and returning to it. In 2021-2022, Kela will develop low-threshold vocational rehabilitation for older unemployed persons.

In 2017, the Rehabilitation Reform Committee made proposals for the reform the rehabilitation system. Rehabilitation will be reformed in 2020-2022 in accordance with the Committee's proposals. Home rehabilitation and service guidance for older people will be reformed as part of the National Programme on Ageing and the Future Social and Health Care Centre Programme.

Measures:

- To facilitate the employment of persons with partial work ability, a special assignment company will be established, which will employ those with partial work ability assigned by the TE Office and will strive to support their employment in the open labour market.
- Developing a multi-sector service model, and training work ability coordinators
- Permanent restructuring of labour services. After the ongoing experiment, the plan is to transfer employment services to municipalities in 2024. The aim is to achieve better impact by coordinating the resources of the municipality and the state. The services would be organised in accordance with the Nordic employment service model that will be launched before the transfer.
- A multi-sector service system, which responds to the client's work ability and functional capacity needs in a timely manner, will be developed.
- The Nordic job-search model currently under preparation will ensure that jobseekers are provided support through personal and close contacts and discussions, in which the assessment of individual service needs and versatile services corresponding to service needs are at the core. Active job searches will be improved.

Employment of older people

In 2018, the Ministry of Social Affairs and Health and the Ministry of Finance set up a working group to prepare methods for promoting the employment of older people in accordance with the Government decision. In the scope of its work, the working group examined legislation that applies to employment, education, pensions and social security. The purpose of the working group was to present proposals on measures to promote the employment of older people to help them stay at work and gain employment once again. The working group concluded its work in 2019. The working group identified the challenges related to the employment of older people. These are related

to i) education and the change in professional skills needs, ii) health and support for work ability, iii) reducing unemployment, (iv) working life conditions and v) benefit and payment structures. Social, economic, labour and education policies can have an impact on the employment of older people.

Changes aimed at extending working careers have been made to the unemployment security system. The minimum age for the so-called additional entitlement to unemployment security was increased 2020 by one year from 61 to 62 and for those born in 1961 and after this. In December 2020, the Government outlined the elimination of the additional day system for those born in 1965 and later. At the same time, a new change security package was outlined for all those made redundant when over the age of 55. The Change Protection Package includes a dismissal allowance corresponding to one month's salary and change security training corresponding to two months' salary and a subjective right to pay subsidy under certain conditions.

Based on the research data, solutions related to the additional daily right to unemployment security are believed to affect unemployment before retirement age. The Ministry of Social Affairs and Health is working together with the Ministry of Economic Affairs and Employment to prepare measures to promote the employment of the target group.

The challenge also lies in coordinating work and informal care or assistance to one's kin, as older parents increasingly need help and support, even taking care of. These situations will require understanding from an employer and for them to make flexible work possible. For example, the Population Federation's A Family-friendly Workplace programme examines this.

Reform of the earnings-related pension system

In 2019, central labour market organisations signed an agreement on matters related to further negotiations on the 2017 pension reform. In this context, central organisations agree on matters related to, for example, the development of family pensions and the right to additional days as well as the preparation of various reports. The use of fixed-term disability pensions and referral to rehabilitation have been examined on the basis of the agreement. According to a report by Kela and the Finnish Centre for Pensions (2021), returning to work after receiving a rehabilitation subsidy was rare. However, returning to work was more common among those who had received rehabilitation. Within the scope of a tripartite working group, the Ministry of Social Affairs and Health develops the identification of the need for rehabilitation among the ageing unemployed in situations where absence from work is prolonged due to illness and the employee is threatened with disability.

The pension reform entered into force in 2017 and included a partial early old-age pension in the benefits, which can be used to flexibly transfer to partial retirement earlier or postpone the pension by taking a partial early old-age pension at retirement age and continue at work. In addition, you can retire flexibly after the lowest retirement age. A years-of-service pension, on the other hand, enables those who have completed a stressful career to retire earlier than their own retirement age.

The pension reform of 2017 took into account the longer life expectancy of people living today. The lowest retirement age is tied to expected length of life, i.e. the higher the life expectancy the higher the retirement age. In addition, the amount of pension is tied to life expectancy with a life expectancy coefficient. The higher the life expectancy the smaller the pension is at the lowest retirement age. If one extends their career and postpones retirement, their pension can grow and compensate for the pension reduction effect of the life expectancy coefficient.

Recommendations

The parties who have commented on the report highlighted the following recommendations on issues that should be developed in the future:

- Concrete flexibility in working life in terms of amount of work (full-time/part-time) and working time. This must be promoted through legislation, but must also be agreed upon between the social partners. Incentives for both employers and employees to carry out part-time work, for example. Working time flexibility increases opportunities and willingness to continue working beyond retirement age.
- The pension system will be developed to better support long working careers and the sustainability of public finances. Removing the pressure to increase the earnings-related pension contribution.
- Practical implementation of continuous learning in the target group, and the utilisation of all the means available in the measures for supporting remaining at work. Continuation and expansion of multi-administrative policies such as the Work Ability Programme.
- Efficient use of multisectoral services. The starting point is a high-quality assessment of work ability and functional capacity and the development of digitalisation in information flows between service sectors.

- Influencing employers, i.e. improving the reception capacity of the labour market. Influencing the labour market extensively: The aim is to attain the goal of equal opportunities, commitment to diversity and inclusion.
- Supporting work ability and wellbeing at work: People cannot continue their careers unless their work ability is managed. Mental stress caused by working life is also reflected in an increase in disability pensions due to mental health issues. Workplaces need tools and procedures for identifying and reducing mental stress.
- Supporting continuous learning in working life supports work ability and enables longer working careers. Continuous learning can be supported with regular and proactive competence and work ability surveys for employees over 50 years of age. The provision of short-term education must be increased as part of the reform of continuous learning, and information on the provision of education must be easily available.
- The decrease in age-related employability is not necessarily visible in the reasons for not recruiting an older jobseeker. Monitoring and reporting should be created in order to obtain a true picture of age discrimination in working life. On the basis of the results, it could be assessed if the elimination of the additional days of earnings-related unemployment allowance has given older people a better position in the labour market.
- National investments of substantial size must be made to help in maintaining work ability and making work enjoyable. Working life in the future should focus on minimising the number of experts trained in certain fields who will begin to consider changing their profession or who do so because their current tasks are so unpleasant. At the same time, however, it must be ensured that a longer working life does not lead to an increase in poor health during retirement age. It can be influenced by the same means as today in terms of coping at work, i.e. wellbeing at work, good management and work rotation.

5.3 Ensuring ageing with dignity

The aim of Finland's fundamental and human rights activities is to defend and promote non-discrimination, gender equality and the rights of civil society to participate. In international comparisons, Finland is among the most equal countries in the world, where civil society has the freedom to act. Under Finnish law, all people are equal regardless of their gender, age, ethnic or national origin, nationality, language, religion

and beliefs, opinions, disability, state of health, sexual orientation or other personal characteristics. In Finland, everyone is equal before the law, and fundamental rights belong to everyone.

Human Rights Centre

The HRC promotes and monitors the implementation of human rights in Finnish society. In spring 2019, the HRC started work on promoting the rights of older people as its own priority area. The aim is to strengthen the legal perspective in the activities and decision-making related to older people and also more extensively in attitudes. The improvement of personnel training plays a key role in strengthening the right to self-determination of older clients.

The HRC engages in cooperation with researchers and research institutes, older people's organisations and authorities to promote human rights and monitor the implementation of rights. In order to analyse the situation of older persons, the HRC meets in an extensive manner with organisations and other actors in the field and focuses its activities on the shortcomings that emerge during these meetings.

As part of its work to promote and monitor the rights of the older people, the HRC publishes reports and thematic reviews and influences decision-making and legislation related to the rights of older people. During 2020-2021, the HRC implemented, for example, a study and training project to strengthen the right of older people to self-determination in 24-hour services as well as a study on the possibilities and operating methods of municipal councils for older people.

The HRC works closely with the Parliamentary Ombudsman in promoting the rights of older people. The Human Rights Centre, the Human Rights Delegation and the Parliamentary Ombudsman together form the Finnish National Human Rights Institution.

Promoting, protecting and monitoring the implementation of the Convention on the Rights of Persons with Disabilities (tasks under Article 33, Section 2) are the responsibility of the Parliamentary Ombudsman, the Human Rights Centre and its Human Rights Delegation.

Parliamentary Ombudsman

Safeguarding the rights of the older people is part of the comprehensive protection, supervision and promotion of fundamental and human rights. The aim is to respect the fundamental and human rights of older people and a decent life throughout one's life.

On the basis of the decisions on complaints and inspections carried out by the Ombudsman, the Ombudsman takes a position on a number of issues concerning the fundamental rights of older persons each year. The authorities and private parties performing public duties must be familiar with and take into account the decisions and opinions issued by the Parliamentary Ombudsman.

The Ombudsman also has special tasks based on international conventions, such as the UN Convention on the Rights of Persons with Disabilities, which support the monitoring and promotion of the rights of older people. As a national supervisory body under the Optional Protocol to the UN Convention against Torture, the Ombudsman monitors, for example, the conditions and treatment of older people with memory disorders.

Ombudsman for Older Persons

Prime Minister Sanna Marin's Government Programme states that one way to increase age-friendliness is to appoint an Ombudsman for Older Persons and to establish an office for them. Parliament adopted the Act on the Ombudsman for Older Persons on 23 June 2021 and the Act entered into force on 19 August 2021. The Ombudsman for Older Persons is an independent and independent authority whose task is to promote the realisation of the rights of the elderly. The task of the Ombudsman for Older Persons is to bring the perspective of the elderly into social discussion, influence attitudes and help others to understand issues concerning the older people. The Ombudsman for Older Persons monitors the status of older people and the implementation of their rights as well as related legislation. The Ombudsman can bring their observations and the perspective of older people into societal discussion and decision-making. The Ombudsman for Older Persons may take initiatives and issue statements, prepare and commission reports and publish reports. In addition, the Ombudsman promotes information dissemination and communicates information about older people and promotes cooperation between actors dealing with older people's issues. The Ombudsman for Older Persons does not have the competence to resolve complaints related to individual cases. Instead, their tasks focus on monitoring and evaluation as well as pre-emptive influence.

The purpose of the Act on Care Services for Older Persons is to ensure that the health and social services they need are implemented in a high-quality manner. The Act states that long-term treatment and care must be implemented in such a way that an older person can feel that their life is safe, meaningful and valuable and that he or she can maintain social interaction and participate in meaningful activities that promote and maintain well-being, health and functional capacity.

Prevention of ill-treatment

The Act on Supporting the Functional Capacity of the Older Population and on Social and Health Services for Older Persons obliges social welfare or health care professionals and other authorities to notify the authority responsible for social welfare in the municipality if it is found that an older person is unable to take care of themselves or see to their own, health or safety. These older persons are at greater risk of being mistreated or neglected. Notwithstanding secrecy provisions, people other than the authorities also have the right to submit a Welfare report to the municipality on an older person in such a situation.

On its website, the Finnish Institute for Health and Welfare has compiled information and instructions on how to intervene in abuse and violence against older people. The website contains e.g. practical instructions for municipalities on the strategic planning of the prevention of domestic and intimate partner violence. The Finnish Institute for Health and Welfare has also developed an e-learning course Create trust - intervene in violence, which provides the means to identify, encounter and intervene in domestic violence. The continuing education is suitable for both social welfare and health care professionals and the police.

Promoting safety

In 2020, to promote the safety of older people, the Ministry of Social Affairs and Health published Safely at All Ages - Programme for the Prevention of Home and Leisure Accidents 2021-2030, which comprises of 29 measures. The measures focus on preventing falls, poisoning, road traffic accidents, burns and drownings occurring at home and within services. The measures also take into account family, friends and volunteers as promoters of safety. The programme contains a large number of tools. The Finnish Institute for Health and Welfare coordinates the implementation of the programme in extensive cross-sector cooperation. The Finnish Institute for Health and Welfare has also compiled information and tools for promoting safety on its website.

The Action Plan — A Safe and Secure Life for Elderly People 2018 is a cross-sector programme published by the Ministry of the Interior, which contains recommendations for improving the safety of older people's housing, reducing the number of accidents and preventing and combating abuse, violence and crimes. The objective is to improve the safety of older people in their daily lives and to pre-emptively and effectively deal with problems that reduce the safety or the sense of security of older people.

Developing and utilising user and age-friendly technology

The development of information management and digitalisation or robotics will enable new types of services and support that will promote such things as wellbeing, health and safety. At its most extensive, it may be a matter of developing the living environment and housing to support, for example, accessibility, safety, community spirit and inclusion. In the current situation, the use of technology is still limited, for example, in services for older people with regard to robotics and sensors installed at home. There has been evidence that remote technology experiments have promoted physical activity among older people or their rehabilitation. Other solutions that increase well-being may include applications that activate social functional capacity, therapeutic robots, medication reminder bracelets and video phone connections, or various tools that support daily life and mobility. New technology can be developed using methods such as participatory planning and pilot experiments. These possibilities will be assessed and implemented within the National Programme on Ageing's various projects.

Older people also use services other than the social and health care services intended for older people, such as banking services and official services. To ensure that everyone can use these services, the possibility of using the services directly with the customer service provider must be retained. Technological and online services that require a computer or smartphone and the possibility of electronic identification are not accessible to everyone, and equality is not realised.

Quality of services for older people

The quality of services for older people is monitored, guided, supervised and developed in many different ways. Finland has strong substantive legislation guiding activities, which obliges municipalities and service providers responsible for organising services to implement services in accordance with the provisions laid down in the law. The organisation and provision of services for older people are governed especially by the Act on Supporting the Functional Capacity of the Older Population and on Social and Health Services for Older Persons and the Social Welfare Act as a general act.

In order to ensure the social and economic sustainability of services, a structural reform of the health and social sector will be implemented in Finland, in which the responsibility for organising services will be transferred from municipalities to larger health and social services regions. The key objective of the reform is to ensure the quality and equal availability of services. The legislation on the reform was adopted by Parliament in summer 2021.

A broad range of different operational development is also being carried out to improve the quality of services. In order to develop the contents of the activities, the social health care services reform will be accompanied by the Future Social and Health Care Centre project, in which functional integration of social welfare and health care services and cooperation between professionals will be increased. The Work Ability Programme, which develops multidisciplinary services for work ability and functional capacity in social and health care centres, and the programme's measures and objectives are in line with social and health care reforms. The majority of clients in health and social services are older, which means that making access to services more efficient and making their availability equal is of great importance to clients. For example, functional client and service guidance will promote timely referral to a service, and preventive lifestyle guidance will help to maintain functional capacity.

As part of the Future Social and Health Centre Programme, services for families in which informal care takes place will be developed. The aim is to support informal care in a client and family-oriented manner as part of integrated social and health care services, while taking into account the special needs of informal carers of working age related to the coordination of work and informal care. In addition, the Finnish Institute for Health and Welfare will launch a study (2021-2022), in which the regional differences in the criteria for granting informal care allowance will be examined and a proposal will be adopted for a national criteria for awarding the allowance. Kela rehabilitation will also be organised for carers, the aim of which is to help carers cope in their everyday lives.

In addition, the Ministry of Social Affairs and Health has published a recommendation on how to organise palliative care and improve its quality as part of national development work to improve the quality of palliative care and terminal care. Monitoring of the quality of palliative care and terminal care will be developed in a project led by the Finnish Institute for Health and Welfare. The final report proposes amendments to the Act on the Status and Rights of Patients, the Health Care Act and the Health Insurance Act. According to the Ministry of Social Affairs and Health's recommendation, systematic further and continuing education are needed to ensure competence in palliative care.

A large amount of project activities is also underway to develop services for older people and to maintain functional capacity. During this government term, projects will mainly be implemented under the national cross-administrative National Programme on Ageing.

Actors in the third sector have traditionally played a strong role in developing and disseminating new service and support forms in Finland. The Funding Centre for Social

Welfare and Health Organisations (STEA) is a state grant authority operating in connection with the Ministry of Social Affairs and Health, which is responsible for grants to social and health care organisations. STEA also monitors the use of grants and assesses the results of the activities funded with these grants. STEA grants also support the activities of many organisations working with older people and their development projects. National programmes aimed at maintaining and improving the functional capacity of the older people include programmes such as the Forever Physically Active and Strength in Old Age programmes.

Self-monitoring is a service provider's tool for developing and monitoring the quality of services and client safety in the day-to-day customer work of operating units. It is the duty of the operating units to draw up a written plan that enables the identification, prevention and correction of deficiencies in the client's services and situations that are uncertain and risky in terms of the success of the service. An organisation's self-monitoring plan must be kept publicly available.

The supervision of health and social sector services emphasises the service providers' own responsibility for the appropriateness of the activities and the quality of the services they provide as well as for client and patient safety. The Act on the Care Services for Older Persons (980/2012) contains the obligation for public service providers to introduce systematic self-monitoring from the beginning of 2015.

Steering and supervision by national and regional supervisory authorities ensures the legal protection of the client of care services for older people, the appropriateness and quality of the services they receive, and fair and respectful treatment.

Personnel competence, training and working conditions

In Finland, the need for personnel in services for the elderly will increase with the ageing of the population and the subsequent increase in service needs. The legislative reform for services for the older people implemented in 2020-2021 will increase personnel needs even more. The estimated need for additional personnel in services for older people by 2030 is about 31,500 nurses and practical nurses. The adequacy of professionals in the care sector is supported by the fact that there are enough staff in support services and their professional competence is utilised in its entirety. The staffing level laid down in the legislative reform in its entirety will enter into force in 2023. The need for additional staff has been seen to and will continue to be resolved by increasing the number of nurse and practical nurse training places by approximately 6,000 in 2020-2024. In addition, the training requirements for care assistants have been reviewed and the number of training places has been increased.

It is also necessary to ensure that existing nurses remain at work and that working careers are extended. This will require promoting the well-being of workers, good and flexible working conditions, developing management and ensuring a balance between work and leisure time. In addition, the appeal of the sector and appreciation for the sector should be improved in services for older people. The aim is to respond to these by means of the ongoing Hyvä Veto project by the Finnish Institute for Health and Welfare and the Finnish Institute of Occupational Health, which is one of the projects within the National Programme on Ageing.

The Quality Recommendation for services for older people has highlighted the competence of personnel as one of the management recommendations for helping to ensure good ageing and improve services in 2020-2023. The task of management is to ensure the competence of the personnel, and personnel must continuously develop their competence and use methods found to be effective in their work to improve the quality of their work, client safety, productivity and effectiveness. The management competence and quality of management of local managers will also be developed. In addition to traditional continuing education, personnel competence will be ensured through peer development, research and development projects, job rotation and online training.

Research on ageing

The research institute under the Ministry of Social Affairs and Health is the Finnish Institute for Health and Welfare, which produces multidisciplinary research data with Finnish and international partners. The work ranges from scientific research to practical development projects. The Finnish Institute for Health and Welfare supports the development of services for older people and assesses, monitors and examines their implementation.

The Finnish Institute for Health and Welfare has monitored the implementation of older people's services regularly since 2013, at which time the Act on the Care Services for Older Persons entered into force. Monitoring includes surveys sent to all operating units and parties responsible for organising services.

A good example of the research carried out by the Finnish Institute for Health and Welfare is the FINGER study, on the basis of which the Finger operating model was developed. The study was the first in the world to demonstrate that a lifestyle programme affecting many risk factors reduces the risk of memory disorders in those with increased risk of memory disorders. The lifestyle programme must include physical exercises, nutrition guidance, memory exercises and cardiovascular risk factor management. By following a versatile lifestyle programme, the cognitive functions of older people can be improved and the decline of memory functions can be reduced.

The Academy of Finland is an institution that finances high-quality scientific research in Finland, acts as an expert in science and science policy, and strengthens the status of science and research. The Academy of Finland's funding is provided by the Centre of Excellence in Research on Ageing and Care (CoE AgeCare), which is one of the 12 Centres of Excellence in Research selected by the Academy of Finland for 2018-2025. They are expected to revolutionise research, develop creative research environments and train new talented researchers for Finnish research and business life.

CoE AgeCare studies the current change in ageing and care through new conceptual perspectives and multidisciplinary research cooperation. It combines the analysis of the diversification of everyday life with societal and policy level research and examines the impacts of transnationalisation and digitalisation in particular on ageing and carer. CoE AgeCare is based on close cooperation between social policy, sociology and gerontology researchers to analyse the care needs, agency and equality of the ageing population and the care work going through change.

Kela studies and develops rehabilitation comprehensively. Rehabilitation services suitable for older people are also the subject of development and research.

The Finnish Institute of Occupational Health produces research data and research-based measures, especially to promote the continuation at work of older working-age people. In particular, the Finnish Institute of Occupational Health's multidisciplinary approach research produces solutions that can be used in workplaces to influence the promotion of working conditions and the ability of personnel to improve their work ability and functional capacity from the perspective of improving working careers and increasing participation in work throughout their careers. For example, the Mental Health in Working Life Programme funded by the Ministry of Social Affairs and Health produces a digital toolbox for workplaces to strengthen mental health. Research and development projects are currently testing new technologies (e.g. exoskeletons) to reduce the physical load of work. Group coaching in the management of an ageing workforce offers workplaces the opportunity to link career coaching to their own range of training courses available to personnel. Research-based working time recommendations can be used to promote the continuation of the work of older workers.

Finland is also involved in the major international SHARE study (Survey of Health, Ageing and Reinforcement in Europe), which explores factors related to ageing and retirement extensively. The Finnish Population Federation is responsible for coordinating the SHARE study in Finland.

In addition to these good examples, Finland carries out a lot of high-quality research related to ageing both nationally and internationally, for example in universities and various research institutes and organisations.

Self-determination

The right to self-determination emphasises voluntary actions when applying for treatment or to become a client and consenting to various treatments or other measures. The right to self-determination refers to the patient's right to participate in the decision-making that concerns him or her.

The starting point of the Act on the Status and Rights of Patients (785/1992) is that also the wishes of those patients who are unable to decide on their treatment must be respected, and that actions will be only taken on the basis of their assessed benefit only when they do not express their own will. Before making an important decision on treatment, the family member or relative or their legal representative of a patient who is unable to give consent must be consulted to determine what kind of treatment would best reflect the patient's will, and the person representing the patient must provide consent for such treatment.

According to the Act on the Status and Rights of Social Welfare Clients (812/2000), when implementing social welfare services, the customer's wishes and opinions must be taken into account first and foremost, and his or her right to self-determination must also be respected in other respects. The client must be given the opportunity to participate in and influence the planning and implementation of their services. The client's best interests must be prioritised in all measures.

There are no provisions on restrictive measures to be imposed on persons who have voluntarily sought health or social welfare services, and there are no harmonised guidelines and legislation on their use. Responsibility for the preparation of legislation related to self-determination is pending at the Ministry of Social Affairs and Health. The legislation will aim to strengthen the client's and patient's right to self-determination and to reduce the use of restrictive measures.

Currently, the legislation concerning restricting the fundamental rights of patients and social welfare clients, such as their mobility, is inadequate and does not meet the requirements of the Constitution or international treaties. There are gaps in the legal protection of social welfare and health care clients, and in practical situations personnel must act with unclear authority.

The right to self-determination of older people, especially those with memory disorders, is often restricted with the use of various anti-mobility devices (safety belts, safety vests, bed sides, chair-mounted tables, magnetic belts and limb dressings). According to the opinion of the Parliamentary Ombudsman, a patient's mobility may only be restricted for example by binding them in order to guarantee the safety of the patient and only to the extent absolutely necessary at any given time. Before deciding on

the use of the safety device and each time it is used, consideration should be given to whether the restriction is necessary or whether other suitable means of promoting safety can be used.

Devices that restrict mobility are also used to ensure patient and client safety. For example, the external doors of a unit for persons with memory disorders are locked to ensure that the client can move around the unit's premises freely but safely, without any risk of becoming lost.

Realisation of the rights of older people

In recent years, more attention has been paid to the implementation of the rights of older people, and an increase to the resources of the Parliamentary Ombudsman and the Human Rights Centre for the supervision and promotion of the rights of older people has strengthened the fundamental and human rights perspective in issues concerning them. The office of the Ombudsman for Older Persons, which is currently being established will, in accordance with its tasks, also increase social discussion on the rights of the elderly.

In addition, the indicators for the monitoring of the Government Action Plan for Fundamental and Human Rights 2020-2023 take into account the rights of older people, especially in the section on the right to self-determination of residents of 24-hour services for older people. Indicators on the accessibility of digital services are also closely linked to the implementation of the rights of older people.

Finnish society does not yet always view the affairs of older people as legal issues. On the other hand, legal and political issues are easily understood in the context of ageing as only ethical issues, in which case we may forget that adequate social protection and the provision of adequate services as part of it are safeguarded by the Constitution of Finland, and that problems that seem to be of an ethical nature may be a consequence of political and legal decisions and policies relating to resources, subjective rights and guarantees of legal protection.

Aspects related to the realisation of older people's rights must be taken into account in all preparation and development work. For example, in implementing the strengthening of the role of volunteer work included in the National Programme on Ageing and the Quality Recommendation for older people, it is necessary to clearly distinguish between the services guaranteed by the Constitution to older people and the support that volunteers can provide for both those implementing it and those receiving the support.

Challenges related to the implementation of rights are also associated to statutory councils for older people being ignored in preparation and decision-making related to the ageing population and older people.

Recognising abuse and violence encountered by older people and the services of those who have experienced abuse are also very important points in safeguarding human rights. Although a light has shone on the issue in recent years and tools have been developed for related work, there is still room for improvement.

Legislation on the right to self-determination and its possible restriction is deficient in the case of persons with memory disorders, and completing this legislation is a significant issue concerning the rights of the elderly.

6 Healthy and Active Ageing in a Sustainable World

6.1 Impact of policies on ageing on the implementation of Agenda 2030 and its Sustainable Development Goals

The Agenda for Sustainable Development 2030 (Agenda2030), adopted by all UN Member States in 2015, provides a joint plan for peace and prosperity for people and the planet now and in the future. Its core comprises 17 Sustainable Development Goals (SDGs), which are the urgent actions of all developed and developing countries in the global partnership. Agenda2030 recognises that putting an end to poverty and other shortcomings must happen simultaneously through strategies that improve health and education, reduce inequalities and accelerate economic growth - while combating climate change and protecting our oceans and forests.

At the heart of the SDGs is the promise that no one will be left behind. This includes ensuring that every individual, including every older person, is involved in development work. In his report concerning the fourth review and appraisal of the implementation of the Madrid International Plan of Action on Ageing (MIPAA), the Secretary-General states in section 12: "Efforts to implement the Madrid Plan of Action will therefore contribute to accelerating progress towards the realization of the 2030 Agenda."

Finland reports to the UN on the progress of the national implementation of Agenda2030 at regular intervals through the Voluntary National Review (VNR). In 2016, Finland was one of the first countries to submit this report on its plans for the implementation of Agenda2030. Finland's second and most recent VNR in 2020 was presented at the UN High-level Political Forum on Sustainable Development (HLPF) in July 2020. The report covers the years 2016-2020 and is available in the Government's publication archive.

Finland's most recent VNR highlights issues related to ageing in particular in contexts where topics such as income, poverty, health and welfare services for older people, nutrition and housing are discussed. These are described briefly below under the SDGs.

SDG1: No poverty

The VNR states that even though inequalities and differences in wealth are relatively small in Finland at the global level, the risk of poverty is particularly high among older people over the age of 80. In general, the risk of poverty is higher among men, but in older age groups poverty affects women in particular. The report highlights that figures concerning long-term risk of poverty have remained almost unchanged over the reporting period (2016-2020), although the figures concerning older people had declined slightly. The report also highlights general and index increases to pensions.

SDG2: Zero hunger

With regard to nutrition, the report highlights the preparation of nutrition recommendations for older people in 2020. The nutrition recommendations have since been prepared in broad-based cooperation and were published on 31 March 2020.

SDG3: Good health and well-being

The number of older people in Finland's population will increase (1.5 million in 2030). The report points out that more means should be put in place to promote health and welfare services for older people.

SDG5: Gender equality

In 2015-2019, the focus of care for older people was shifted from institutional care to home care, and responsibility for care was transferred to family members. This is also a gender equality issue, as two thirds of full-time informal carers in Finland are women.

SDG11: Sustainable cities and communities

The report highlights Finland's goal to make it possible for 92% of people over the age of 75 to continue living at home. This requires the construction of new accessible dwellings and the renovation of old dwellings so that they are suitable for older people. The objective of the Government's housing policy is to support possibilities for older people to live at home by improving housing conditions. Government grants for home renovations and investment grants for housing for special groups, which support the construction and renovation of communal housing and other housing solutions, are key instruments utilised by the Government. Grants for home renovations are intended for the installation of retrofitted lifts, renovation of housing inhabited by the elderly and persons with disabilities, other accessibility repairs, and renovation of

state-subsidised rental buildings to ensure they are suitable for the elderly. Therefore, these grants support the promotion of accessible and safe housing for the elderly.

The continuous and long-term development work carried out in Finland related to the ageing of the population and the elderly complies with many of the goals of the 2030 Agenda for Sustainable Development, such as:

SDG1: End poverty in all its forms everywhere

While there is little absolute poverty among the elderly in Finland, there is relative and perceived poverty. In order to reduce this, steps will be taken to improve social security and develop service and support structures. Poverty also significantly restricts opportunities for action and participation.

SDG2: End hunger, achieve food security, improve nutrition and promote sustainable agriculture

Food recommendations for older people have been issued in spring 2020 to improve the nutrition of older people, and their implementation is currently underway. Work still needs to be done to ensure the diverse nutrition and adequate fluid intake of older people.

SDG3: Ensure a healthy life and well-being for people of all ages

Many development measures aim to improve the well-being, health and functional capacity of the ageing population and older people. These include the objectives of the cross-administrative National Programme on Ageing, and their related measures.

SDG4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

Facilitating continuous learning for all age groups is one of the key areas of development that supports the work ability of the working-age population.

SDG8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.

Finland is a relatively stable society with a well-functioning labour market. The welfare society we currently have is based on economic growth, which makes it possible to finance the growing age-related costs of an ageing society. Growth requires supporting the functional capacity of the ageing population and improving productivity.

6.2 Experiences gained in managing the consequences and impacts of emergencies on elderly people: COVID-19 pandemic

In May 2020, the UN Secretary-General published a policy brief: “The Impact of COVID-19 on older persons”, which lists four key priorities for action to be implemented by Member States:

- Ensure that difficult health-care decisions affecting older people are guided by a commitment to dignity and the right to health.
- Strengthen social inclusion and solidarity during physical distancing.
- Fully integrate a focus on older persons into the socio-economic and humanitarian response to COVID-19.
- Expand participation by older persons, share good practices and harness knowledge and data

Protecting risk groups, especially older people, from infection has been one of the key policies guiding prevention measures in Finland. On one hand, the measures have protected individual older people and other persons belonging to risk groups from falling ill, as it is known that especially older people tend to get a more severe version of the illness. On the other hand, efforts have been made to safeguard the health of the population more extensively by ensuring that sufficient health care capacity is maintained.

As Finland was able to manage the coronavirus epidemic fairly well by international standards, it is apparent that the policies, guidelines and strong recommendations included in Finland's coronavirus strategy have been appropriate. In Finland, relatively few people have contracted or died from Covid-19. In statistical comparisons, no excessive mortality has been observed in Finland compared to the same period of time under normal conditions.

Throughout the entire coronavirus pandemic, the core message of the parties responsible for national guidance (Ministry of Social Affairs and Health, Finnish Institute for Health and Welfare) to the parties responsible for organising and providing services has been that, even in exceptional circumstances, the availability and appropriateness of health and social services must be safeguarded and special attention must be paid

to vulnerable clients and those who need special support and to the organisation of their services. Municipalities have been encouraged to pay particular attention to securing the functional capacity of older persons. It has also been stressed that the rights of clients should not be unduly restricted, but must be assessed in all circumstances in terms of their necessity and proportionality.

However, the coronavirus epidemic has caused a backlog in treatment and services intended for older people, as some services, such as day activity groups and the rehabilitation of clients, had to be interrupted for a long period of time. In health care, staff had to be allocated to testing and later vaccinations, so access to treatment has been prolonged. Some older people have themselves wished to leave reserved health care appointments unused to avoid infections. There is currently an effort underway to find the best methods for clearing up the treatment and service backlog, and appropriations are to be earmarked for it in the state budget.

The Finnish Institute for Health and Welfare, as the party responsible for national steering, has compiled instructions on its website for arranging services safely. The website includes tips on arranging meetings and visits, in a way that supports the clients' participation and opportunities for social interaction. The Finnish Institute for Health and Welfare (THL) also mailed a citizen's letter on the coronavirus.

When issuing decisions, the Deputy Parliamentary Ombudsman has adopted a position on both guidelines targeted at all people over the age of 70 and guidelines concerning sheltered housing units for the elderly. The ambiguities in the obligations resulting from resolutions and national and local operating instructions led to numerous complaints.

In the context of the protection of life and health, other fundamental and human rights have in some cases been ignored within services for older people.

Older people living at home and in sheltered housing units and their families and friends were rapidly given a large number of national and local guidelines and recommendations to prevent the spread of the virus.

The objective set for sheltered housing units to protect older people from infection has been difficult to implement without precise and well-framed legislation that would justify preventive measures restricting individual rights and, on the other hand, would clearly guide the use of other means instead of restrictions.

Organisations representing older people have participated by issuing comments and opinions to various parties on the matter and have participated in different working groups.

Challenges

The parties who commented on the report highlighted the following challenges and observations during the COVID-19 pandemic:

- Challenges related to the coordination of health safety and individual rights, especially in the 24-hour care and treatment of older persons who have memory disorders, and the random introduction of remote devices in communication and their poor suitability for older persons with reduced cognition. For example, not all informal carers have been able to take their statutory holidays due to lack of rotation care or other substitute arrangements for informal care.
- A recommendation was issued that people over the age of 70 should stay at home and even avoid outdoor activities. Different clubs, peer groups, day activities were interrupted. Rehabilitation was not available in many places and home care visits were reduced in places - on the other hand, visits were also increased in some situations. Family and friends were asked to avoid visiting older people.
- A significant challenge has also been associated with palliative and terminal care, and family and friends have even been banned or assertively restricted from meeting their dying family and friends. Protecting health has violated other rights, such as the right to family life.

Good practices

The Finnish Institute for Health and Welfare has collected good practices from municipalities and other actors for everyone to use during the coronavirus epidemic to support the functional capacity of older people. The following were found to be good practices:

- In order to maintain functional capacity, municipalities and organisations have introduced yard and balcony exercise groups, remote exercise groups, "How are you" telephone calls to the elderly and informal carers, nature experience paths, meeting containers and bench outings.

- Staff released from other tasks were utilised innovatively in new tasks such as making telephone calls and acting as outdoor activity assistants.
- Technology, such as video conference solutions and virtual home care, was used in place of face-to-face meetings.

In addition, the remote rehabilitation activities developed at the Social Insurance Institution of Finland (Kela) have been able to some extent helped in responding to the challenges brought about by the coronavirus in the implementation of rehabilitation. In the future, the rehabilitation courses for informal carers organised by Kela will be partly implemented remotely.

The organisations representing and supporting older people also modified their own activities as a result of the restrictions imposed by the coronavirus epidemic, and this led to quite the digital leap. Digitalisation has enabled communication and social participation, and on the other hand it has further highlighted the need to increase and improve the digital skills of older people.

6.3 Measures for the preparation and implementation of UN Decade of Healthy Ageing (2021–2030)

The ageing of the population is also an international trend, which also makes phenomena related to it, including an increase in memory disorders, an area of interest in the arena of international activities. In 2017, WHO published a global strategy and action plan on ageing and health. The strategy defined a vision of a world in which everyone has the opportunity to live a long and healthy life. The strategic objectives identified in the document included the commitment to promoting healthy (and prosperous) ageing in all countries, developing age-friendly environments, adapting health systems (and social welfare systems) to the needs of an ageing population, developing sustainable and fair systems for long-term care for older people (home, communities and institutions) and improving the measurement, monitoring and research of healthy ageing (with good wellbeing). The strategy also included the Decade of Healthy Ageing 2021-2030. The themes chosen for this were age-friendly environments, combating ageism, the coordination of services and ensuring the availability of long-term care as needed.

In 2020, the 73rd WHO World Health Assembly adopted the proposal for the Decade of Healthy Ageing (2021-2030), and in December 2020 the UN General Assembly

adopted the initiative for the Decade of Healthy Ageing. Finland actively supported the initiative.

In Finland, the identified needs and defined objectives of ageing policy are in line with the objectives of the UN Decade of Healthy Ageing, and our cross-administrative National Programme on Ageing 2030 will answer these questions at the national level.

Finland has participated in the WHO Consortium of Metrics and Evidence Group, which resulted in the WHO baseline report on the Decade of Healthy Ageing. Finland was one of the countries that submitted a national case study for the baseline report to describe the ways in which information is used in decision-making to improve the lives of older people.

Finland is prepared to report on the implementation of the UN Decade of Healthy Ageing 2021-2030 in connection with the following national evaluations.

7 Conclusions and future priorities

Finland's strength lies in the long-term development work that has been carried out in several different sectors, and many of the measures that are necessary for preparing for ageing have already been initiated. A good example of this is the pension reform, which seems to be working in the desired way and helping people postpone the start of their retirement. On one hand, the pension system must be flexible enough to enable older people willing to participate in working life to take part in earnings-related work even after retirement on an old-age pension.

On the other hand, many things still need to be done to ensure the social and economic sustainability of society. There is currently a lively discussion in Finland about ensuring the availability of labour. In many sectors, including health care and social services, there are already major problems in many areas in meeting labour needs. In part, we are dealing with a mismatch between employees and jobs.

A number of measures and projects have been implemented to support work ability at an early stage, to help coping at work and to extend working careers. Three previous Government Programmes and Sanna Marin's current Government Programme have focused attention on the employment of those with partial work ability with the help of the Work Ability Programme. Older people have labour force potential and their employment and remaining at work can also be promoted through measures for the management of an ageing workforce. The work ability and functional capacity of the working-age population must be supported early enough at the different stages of working life.

In areas where the population is older and service needs are greater, there is often also a shortage of social and health care professionals needed in services for older people. From this perspective, there is still a need for measures to improve the functional capacity and work ability of older working-age people. Operating models for this are needed both for occupational health care and for social and health centres in future health and social services regions.

Kela has proposed that in the future, the legal status of older workers and social security legislation concerning them should be clarified. For example, as working careers are extended, more and more older workers will continue to work and use occupational health care services. Contributions to earnings-related income insurance that covers occupational health care costs are only paid for employees aged 16 to 67, so employees who are over 68 years of age who continue their careers can use occupational health care services but do not participate in the financing of occupational health care coverage.

The pension system also contains parts that, even according to entries in the Government Programme, require assessment and possible changes. An example of such a part of the system is the earnings-related pension insurance for self-employed persons and, in this respect, the problem of being under-insured. It should be noted that work to develop the pension system is carried out on a tripartite basis.

The extension of working careers requires a change in working life attitudes and atmosphere. Attention should be paid to both recruitment practices and support for continuing at work. People who become unemployed at the later stages of their career, often find it difficult to find new employment or even be asked to interviews. As regards recruitment, it should be ensured that automation and attitudes do not guide practices to favour jobseekers of a certain age. Diversity in working life can also be supported through incentives.

As it is difficult for those approaching retirement age to find new employment, attention should be paid to finding ways to prevent those in the age group from falling outside the labour force. This means investing in maintaining competence both proactively during working life and especially in dismissal situations in order to speed up re-employment.

The promotion of work-related immigration is one of the development measures currently under discussion and in relation with which development work is being carried out to meet the demand for labour. Finland, like other countries, is competing for foreign entrepreneurs and top expertise. On the other hand, there is also a need in labour-intensive sectors, such as services for older people. A well-functioning residence permit system will affect Finland's attractiveness and the aim is to develop the processing of work-based residence permits so that the average processing time will be about a month shorter. In recent years, Finland has also developed electronic services and automated processing of applications, which facilitates and speeds up the completion of application and their processing. More attention must be paid to the integration of workforce from elsewhere in Finland. In addition to the integration of work-related immigrants, the integration and participation in working life of persons arriving in Finland on humanitarian grounds should also be increased.

Measures must also be sought to maintain the functional capacity of older people. The social and health centres in future health and social service regions and the operating models of lifestyle guidance and client and service guidance that will be introduced in them will play a key role in this.

Perceiving change needs and a change of lifestyle requires active citizenship and learning, which requires an education system, civil society and active efforts by companies. For example, liberal adult education and the educational and cultural activities

of organisations can increase a sense of participation and community, daily life management and a sense of security, an experience of the meaningfulness of life and wellbeing among older people.

Services for older people play a key role in safeguarding the rights of older people and a decent life for them. Work has been and continues to be carried out to develop the structures and contents of the services. In terms of safeguarding high-quality services, it is particularly important to ensure the success of the ongoing restructuring of social welfare and health care and the reform of the legislation on older people's services.

From the perspective of the national steering of ageing policy, it is important that the cross-administrative National Programme on Ageing be extended over the long term, at least until 2030. During the current government term, a plan will be prepared for future policies, which will outline the development needs at a general level until the end of the programme period and more concrete measures for a shorter period keeping an eye on the next government term.

Quality recommendations for older people have been prepared for 20 years, and they have had a guiding effect on the implementation of services. The drafting of these must continue in the future. The following recommendation being prepared for 2024-2027 will utilise and share good practices developed and proven in the National Programme on Ageing and the Future Social Welfare and Healthcare Centre Programme. Monitoring indicators are also described for the monitoring of implementation and quality.

Strengthening knowledge base and developing monitoring systems is also otherwise an area that must be developed for assessing the impact of services. Both quantitative and qualitative data is needed to assess the quality of services. A large amount of data is already collected on the use of services in services for older people, but there is still a lack of information on service needs and responding to them. In part, this issue will be corrected when the use of the RAI indicators becomes statutory nationally, which will mean that everyone is assessed with uniform methods during the assessment of service need. The clients' experience of the services they receive is also a significant factor describing the quality of the services, and the implementation of a national client experience monitoring system is currently being prepared.

In addition to strengthening the knowledge base on services, there should also be an emphasis on a more extensive strengthening the knowledge base and better utilisation of research data in solving challenges related to ageing and developing services. The impacts of the digitalisation of society and the increasing use of digital services

should be assessed and monitored, especially from the perspective of how the participation and inclusion of the ageing population can be supported.

One of the characteristics of an age-friendly society is that its functions are accessible to everyone, and therefore accessibility in its various forms must be ensured. This may mean that the use of plain language will become established and the accessibility of digital communications will be safeguarded.

When speaking about older people, we must be aware that we are talking about a very heterogeneous group of people whose lifestyles, preferences and functional capacity differ in quite a variety of ways and, there may not be all that many factors that link people of a certain age to one another. For example, experiences of the Covid-19 pandemic have shown that elderly people have no common experience of it.

The ageing of the population is often approached from the perspective of the challenges it will cause. However, ageing can also lead to positive things and opportunities that should be utilised. From a social perspective, a longer life expectancy provides an opportunity to utilise the long-time perspective of older people, and at practical level, for example, a growing number of children will have an opportunity to connect with their grandparents. On the other hand, the ageing of the population involves economic opportunities in the form of the so-called silver economy. Older people are a constantly growing group of service and goods consumers. whose wishes and needs are also economically viable.

There is still a question of how social and economic sustainability can be promoted and safeguarded simultaneously with ecological sustainability, and what kind of measures this will require of preparation for the ageing of the population. This is undoubtedly one of the challenges to be solved in the near future.

Similarly, more attention must be paid to identifying the potential of older people and the implementation of their rights. The change resulting from the ageing of the population must be taken into account in all of society's activities. For example, there is still a persistent belief that older people take space in health and social services that is needed by other "real clients/ patients" and that they should be treated elsewhere. Due to the ageing of the population, a growing number of clients/patients in all services intended for adults are older. The question is, what should be done in the various services to ensure that also older people can get the appropriate and necessary services. We have not yet fully internalised the fact that older people are not a special group, but rather the mainstream for whose needs the various functions of society must adapt their activities.

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