

# Outline of the report on the follow-up to the Regional Implementation Strategy of the Madrid International Plan of Action on Ageing in Finland

## Part I

### Executive summary

#### Methods used for this report; in particular, details of the bottom-up participatory approach used

The Ministry of Social Affairs and Health (MSAH) used in the preparation of the report many different statistical and other written materials. The Ministry also requested opinions from ministries and expert organizations as well as from representatives of the municipal sector, non-governmental organizations, interest groups, and trade organizations. Out of the 22 organizations that received a request for opinion 18 responded.

#### Brief review of national progress in fulfilling (or lagging behind) the commitments of MIPAA/RIS. Include three to five major achievements since 2012 and three to five important aspects to be improved in the future

Three to five major achievements since 2012

1. The Act on Supporting the Functional Capacity of the Ageing Population and on Social and Health Care Services for Older People entered into force in July 2013 with the aim to ensure that older people will obtain individual care services and caring according to their needs on an equal basis by means of quality social and health care services.
2. Quality guidelines for older persons care have been used as national tools for information guidance. The Ministry of Social Affairs and Health and the Association of Finnish Local and Regional Authorities issued a national framework for high-quality services for older people in 2001 and 2008. The Quality Recommendation was updated in 2013 to meet today's needs. Its purpose is to draw attention to supporting the functional capacity of older persons and implementing the Act on Supporting the Functional Capacity of the Ageing Population and on Social and Health Care Services for Older People.
3. National Memory Programme 2012-2020, creating a memory-friendly Finland. The objective of the National Memory Programme is to build solidarity to create a "memory friendly" Finland on the basis of four pillars:
  - a. Promoting brain health
  - b. Fostering a more open attitude towards brain health, treatment of dementing disease and rehabilitation
  - c. Ensuring a good quality of life for people with mild, moderate or severe memory disorders and their families through timely support, treatment, rehabilitation and services
  - d. Increasing research and education.
4. National Development Programme for the support of family care. The programme set out the strategic goals and measures for developing informal care.

5. Housing Development Programme for Older Population for 2013 - 2017. The objective is to improve housing conditions of the older people, with a view to promote the national objective living at home.

Three to five important aspects to be improved in the future

1. Government Key Project, "Equal, well-coordinated and cost-effective services for older persons and all aged informal carers", years 2016-2018
  - a. Continuing the restructuring of services: increasing the availability of services provided at home and improve the quality of services

<b>Service form/75+ population (%)</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2017 target</b>
<b>Living at their own home</b>	89,5	89,5	90,0	90,3	90,5	
<b>Regular home care</b>	11,8	12,2	11,9	11,9	11,8	13
<b>Support for informal care</b>	4,2	4,4	4,5	4,6	4,5	5,5
<b>Service housing with 24-hour assistance</b>	5,6	5,9	6,1	6,5	6,7	7
<b>Institutional care</b>	4,7	4,4	3,8	3,1	2,6	2

- b. Promoting wellbeing and health (preventive services, implementation of new approaches such as Finger-model)
2. Implementation of the social welfare and healthcare reform. The objective of the reform is to narrow health inequalities and manage costs. The reform will be implemented by strengthening the capacity of service providers. The aim is to create integrated services and seamless service chains for the provision of key social welfare and health care services. Promotion of equality and non-discrimination to be safeguarded with special emphasis at the provision of health and social services to elderly people belonging to minorities e.g. language minorities such as the Saami.
3. Lengthening working careers and improving the employment rate.

## Conclusion

Already for several years population ageing has been identified as a key challenge in Finland. Issues relating to population ageing continue to be politically important in Finland. Key challenges include the rapid population ageing and the pressure it creates for the sustainability of public finances. Difficult economic climate challenges for example the equal provision of health and social services including elderly care and learning and education possibilities for the elderly. However in recent years positive developments have been taken in many respects, but the public finances will not be restored to a sustainable basis without new policy measures. The best policy response is seen as involving a reduction in the sustainability gap of public finances through measures promoting employment, enhancing the efficiency of public service provision, and improving the health and wellbeing and functional ability of citizens. The ongoing reforms to restructure local government and services and to revise the legislation on social and health services as well

as special legislation on ageing persons' access to social and health services all play significant roles in improving the rights of the ageing population. Moreover, they are used to ensure, in a sustainable manner, that both the ageing population and the rest of the population have equal access to the best possible services.

## General information

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Finland
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4. Name, reference, and date of adoption or status of preparation of national strategy, action plan or similar policy document on ageing (please attach relevant documents in the annex).
  - Programme of Prime Minister Juha Sipilä's Government. [Government programme](#)
  - The Act on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons  
(<http://www.finlex.fi/en/laki/kaannokset/2012/en20120980>)
  - [Quality recommendation](#) to guarantee a good quality of life and improved services for older persons
  - The National [Memory Programme](#), 2013
  - Government Key Project, "Equal, well-coordinated and cost-effective services for older persons and all aged informal carers"

## 1. National ageing situation

### *Demographic indicators*

Ageing of population remains a key demographic challenge for Finland. The demographic structure will continue shifting towards older age groups, as the large age groups reach retirement age and the average life span increases.

According to Statistics Finland, the share of over-65-year-olds of the population will increase from the current 20 % to 26 % by 2030 and to 29 % by 2060. Regional variety in demographic developments is likely to increase.

	Unit	2020	2030	2040	2050	2060
Population	1000	5595	5769	5861	5914	5979
0-14 years	%	16	15	15	15	14
15-64 years	%	61	59	59	58	57

65- years	%	23	26	26	27	29
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The yearly projection presumes a net migration of 14 000 people in 2015 and of 17 000 in 2016-2065. The unprecedented number of more than 32 400 asylum seekers in 2015 demonstrated the importance of immigration as a factor to be taken into account. It remains difficult to evaluate how the situation will change Finland's demographic structure in the coming years. In the future the number of older persons among the ethnic minorities and migrants will be increasing. So far plans to ensure their integration and equal participation in society are inadequate. Co-operation with other UNECE member states is necessary.

### ***Social and demographic indicators***

In the aftermath of the stark GDP fall in 2009 and the following recession, Finland's economy has experienced a period of stagnation, which in light of the latest updates shows signs of a slight positive turn. According to the Ministry of Finance, economic growth is gathering momentum in various sectors, albeit slowly. The forecast for GDP growth in 2016 is 1.4 %, followed by 1.0 % and 1.3 % in 2017-2018. Growth depends on domestic demand.

According to Statistics Finland and the Ministry of Employment and Economy the growth of unemployment has come to at least a temporary halt. In April 2016 the unemployment rate fell to 9.1 % after reaching 9.4 % in 2015. Unemployment has decreased among men and increased among women. The number of the population of working age fell by 69 000 in 2010-2014. Statistics Finland project that the number of working-age people will decrease from the current 3.48 million to 3.41 million by 2030, recover to 3.46 million by 2045 and decrease to 3.40 million by 2060. The 68.1 % employment rate of 2015 will continue increasing.

The general government deficit decreased to less than 3 % in 2015, and it is projected to shrink in response to fiscal adjustment. The recent agreement of a Competitiveness Pact between the Finnish central labour market organisations and the Government is seen as an important step to restore confidence in domestic economy policy, whilst it will take time for the benefits of the pact to project to the real economy.

According to the Finnish Centre for Pensions, the number of pension recipients in 2015 an average of old-age pension of women was EUR 1515 and of men EUR 2083. In September 2014, the Finnish central labour market organisations and the State agreed on a pension reform that will come into effect in 2017. The retirement age will be raised by two years to 65 years by 2025. After that, the retirement age will be linked to life expectancy.

### ***Social, economic and political situation***

The Act on Supporting the Functional Capacity of the Ageing Population and on Social and Health Care Services for Older People entered into force in July 2013, with the aim to ensure that older people will obtain individual care services and caring according to their needs on an equal basis by means of quality social and health care services.

The present Government led by Prime Minister Juha Sipilä was appointed on 29 May 2015. The Government of 14 ministers is formed by the Centre Party, the Finns Party and the National Coalition Party. The Government's objective is to raise the employment rate to 72 % through a number of measures that are outlined in the Government's strategic Programme of reform. One of the Programme's 26 key projects focuses on developing home care for older people and enhancing informal care in all age groups. The Government will also overhaul the pension system, implement a social welfare and healthcare reform,

reduce the number of obligations and functions in local government and reform central and regional administration.

Global developments will continue to reflect on the Finnish society at an increasing and at times in an unprecedented manner, presenting challenges and opportunities in relation to ageing.

## 2. Method

### *Quantitative information used*

Finnish Centre for Pensions (2016). Earnings-related Pension Recipients in Finland.

<http://www.etk.fi/en/statistics-2/statistics/pension-recipients-and-insured/earnings-related-pension-recipients/>

Ministry of Employment and Economy (2016). Employment Bulletin, May 2016.

<http://julkaisut.valtioneuvosto.fi/handle/10024/75149>

Statistics Finland (2015). Väestöennuste 2015–2065.

[http://tilastokeskus.fi/til/vaenn/2015/vaenn\\_2015\\_2015-10-30\\_fi.pdf](http://tilastokeskus.fi/til/vaenn/2015/vaenn_2015_2015-10-30_fi.pdf)

Valtiovarainministeriö (2016). Economic survey, Summer 2016. <http://vm.fi/en/frontpage>

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## Part II

### 1. National actions and progress in implementation of MIPAA/RIS

*Longer working life is encouraged and ability to work is maintained*

***To enable labour markets to respond to the economic and social consequences of population ageing***

Lengthening working careers and improving the employment rate are national objectives. Due to demographic development, the share of the working population is decreasing.

Finnish pension systems are meant to ensure income in case of old age, incapability to work or death of family supporter. The statutory pension system is formed by several parallel systems. Employment pension system is meant to ensure a reasonable level of livelihood in retirement in contrast to employment. The national pension system and guarantee pension ensure an adequate minimum income for pensioners.

The Finnish employment pension system is comprehensive. Employment pension insurance is obligatory and statutory and covers almost all work. Employment pension insurance fees and pension levels are earnings-based. In general, pension is not affected by change of employer or shifting between the private and public sectors.

In 2014, the expected retirement age (into employment pension) was 61.2 years. This is about two years more than prior to the previous pension reform in 2005. This positive change is due to increased age-limits to certain pension benefits, increased pension accrual for those aged 63 or older and gradual abolition of advanced old-age pension and unemployment pension systems. Currently the main factors contributing to the retirement age are state of the economy, employment situation, quality of working life and personal preferences and choices.

Pension reform will take effect in 2017. The reform aims to further lengthen working careers due to high dependency ratio, public economic equilibrium demands and pressure to increase employment pension insurance fees. The objective is to increase the expected retirement age of those aged 25 or older to at least 62.4 years by 2025. The reform also aims to secure adequate pension levels for all age groups and ensure intergenerational equity and solidarity. More years in working life would mean longer accrual of pension and consequently an increased pension level.

In the pension reform the old-age pension age-limit will be gradually raised from the current 63 years to 65. For those born in 1965 or later, the age-limit would be linked with increasing life expectancy. This means that part of the increased expected life years would be used in working life. The reform also includes incentives to continue in working life longer than the old-age pension age-limit.

The reform introduces a new benefit, partial advanced old-age pension, which will replace the current part-time pension. Partial advanced old-age pension will be either 25 or 50 percent of earned pension level. A fixed-term law (effective until 2020) will support those on disability pension to re-enter the labour market.

Working careers need to be lengthened from the beginning and the end but also from the middle. Finnish Institute of Occupational Health supports well-being at work through multidisciplinary research and development. The institute has several programmes that aim to lengthen working careers. The institute promotes age-friendly working environments and practices that support the wellbeing and health of senior

workers. There is still work to do in promoting positive attitudes towards senior employees and combating age discrimination in the labour market.

Achieving higher employment rates of older men and women can be attained through appropriate incentives related to, inter alia, taxation and social security systems, age-friendly working conditions, flexible working time schemes, information, age-appropriate training and re-training programmes, and age management measures in the public and private sectors. The Ministry of Social Affairs and Health coordinates activities and thus raises awareness of ageing and career issues during the EU Healthy Workplaces for All Ages campaign in 2016 - 2017.

The current Government has launched 26 key projects to achieve its strategic objectives. The key project "Career opportunities for people with partial work ability" aims to improve working opportunities for those who are not capable of working full hours. Over half of the working population suffers from a chronic disease, injury or disability. These people are at a higher risk of unemployment and may have trouble re-entering the labour market. The project aims to tackle these problems and create pathways into private labour markets by reforms in the service system and at the working places, as well as removing unemployment traps. The key project includes several subprojects that work towards these goals.

Another key project, "Acceleration of transition to working life" aims to lengthen careers from the beginning. The project aims to achieve longer work careers and flexible study paths for higher education. Higher education institutions will reform their student selection processes in order to decrease the number of gap years after upper secondary education and to encourage students to begin their studies earlier. In the future, higher education institutions will offer education around the year. Emphasising a student-centred approach will also speed up studies. Recognition of prior learning will be improved, and work life orientation and teaching of entrepreneurial skills will be increased. Digitalisation enables increasing the flexibility of study paths and facilitates more cooperation between higher education institutions and with secondary education institutions.

According to the Finnish Non-Discrimination Act all public authorities, employers and educational institutions must assess and promote equality in their activities. When fulfilling this obligation on promotion, age must be taken into account among other discrimination grounds. The purpose of these fostering measures is to safeguard everyone's equal opportunities for using services provided by different authorities, obtain training and advance their career. This sets clear obligations to all employers for active measures to promote equal opportunities of elderly employees. The plans must be effective by 1 January 2017 and they must be updated on a regular basis.

The highly educated health and social care staff are a resource to the production of services and implementation of the ageing policies in practice. Although Finland has highly educated professionals, the changing needs of the future must be anticipated and training developed more in this direction. Expertise is needed for the treatment of memory disorders and end-of-life care, in social gerontology and in geriatrics.

### ***To promote equitable and sustainable economic growth in response to population ageing***

Current government objectives are to bring the Finnish economy onto a path of sustainable growth and higher employment and to safeguard sufficient financial resources for public services and social protection. Finland needs simultaneously expenditure savings, major structural reforms and direct means of creating growth and employment. Achieving the Government's target of 72% employment rate requires above all an incentivising operating environment for businesses.

The Government has laid down concrete short- and long-term measures designed to increase the employment rate. The Government will boost growth and employment by, for example, lowering the employment threshold for sole entrepreneurs and introducing an innovation voucher and innovation bank,

as well as through an employment programme for growth entrepreneurs and regional employment experiments.

Alongside shorter term measures, the Government will invest in structural reforms. Examples of this are the healthcare, social welfare and regional government reform package, cutting the costs of municipalities, counties and the entire public sector, and the across-the-board removal of red tape. Among the new initiatives focused on accelerating the restructuring of trade and industry while simultaneously creating new innovations are a digital business roadmap, increasing innovative public procurement, and measures aimed at utilising genome data.

*Participation, non-discrimination and social inclusion of older persons are promoted*

***To ensure full integration and participation of older persons in society***

Preventing poverty, inequality and social exclusion was one of the three main priorities in the Government Programme 2011–2015. Government launched in 2011 a cross-sectoral action plan for reducing social exclusion, poverty and health problems with the aim to create an operating model whereby the promotion of health and wellbeing and the reduction of inequality were mainstreamed into all public decision-making. Action plan included 35 key projects over 7 thematic areas.

The Act on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons states that older persons must be involved in the decision-making processes that concern them. Local authorities must draw up a plan on measures to support the wellbeing, health, functional capacity and independent living of the older population as well as to organise and develop the services and informal care needed by older persons. The plan must underpin living in the own home and measures to promote rehabilitation. The plan must be drawn up as a part of the strategic planning of local authorities. The plan is approved by the local council, and it has to be updated every term of office of the council. The percentage of municipalities who had composed such a plan increased from 57% in 2013 to 80% in 2014.

According to the Local Government Act, every municipality has to have an older people's Council to secure the opportunity for older people to participate and exert an influence. It must be given the opportunity to influence the planning, preparation and monitoring of the activities of the municipality's different areas of responsibility in matters of importance to older people's well-being, health, inclusion, living environment, housing, mobility or coping with daily activities, or in terms of the services they need.

There is inequality in amount, quality and choice of services depending on the municipality of residence of the older person. The municipalities are obligated to annually evaluate the adequacy and quality of social services needed by older persons in its area. In order to be able to evaluate the quality and adequacy of services, local authorities must on a regular basis gather feedback from service users, their family members and other persons close to them, and municipal staff. In 2014, 89% of municipalities collected feedback from service users, 85% from family members and 75% from staff members.

Finland joined the Open Government Partnership in 2013. The implementation of the second Finnish Open Government Action Plan is ongoing. One of four commitments in the Action Plan is enhancing the engagement of children, the youth and the elderly. To share the good practices among all ministries and agencies case cards of the experiments have been drafted and published.

***To mainstream ageing in all policy fields with the aim of bringing societies and economies into harmony with demographic change to achieve a society for all ages***

The Non-Discrimination Act prohibits discrimination on the basis of age, ethnic or national origin, nationality, language, religion, belief, opinion, health, disability, sexual orientation or other personal characteristics. The Constitution guarantees individual civil rights. The Non-Discrimination Ombudsman is an independent and autonomous authority, whose task is to advance equality and to prevent and tackle discrimination on all bases, including age.

Several research projects and initiatives focus on eradicating age discrimination. Minority groups within the elderly population are in a fragile position and require special attention. In 2014 the Ministry of the Interior published a report on the experiences of discrimination by elderly minority members. According to the report, older persons rarely experience immediate discrimination and mistreatment within the public service system. Most of the time discrimination takes place in an indirect or structural way. Acknowledging ethnic and sexual minorities and people with physical and intellectual disabilities as equal clients of public services requires further attention.

Ageing persons have the right to stand as candidates in all general elections (municipal, parliament, presidential and for the European Parliament). Local authorities must establish a council for older people to ensure the older population's opportunities to participate and exert influence as well as see the council has the necessary prerequisites for its operation. The council must be included in creating the plan for supporting the older population as well as in the annual evaluation process. In 2014 all Finnish municipalities had established a council for older people. In addition, client councils and exercise councils are new channels for older people to demonstrate and participate.

### ***To adjust social protection systems in response to demographic changes and their social and economic consequences***

Social and health care services securing long-term care and attention must be provided so that the older person can feel that he or she is living a safe, meaningful and dignified life and can maintain social contacts and participate in meaningful activities promoting and maintaining wellbeing, health and functional capacity. Older married and cohabiting couples must be offered the opportunity of cohabitation.

The social inclusion of older persons is also promoted through the Municipality of Residence Act. Persons who are in long-term care outside their municipality of residence can change their municipality of residence to the municipality where they are receiving care. Persons in need of long-term care have the right to ask other municipalities than their municipality of residence to evaluate their need for services. Ageing persons have a real possibility to choose their municipality of residence even in situations where they are dependent on home services or inpatient care. This allows, for example, elderly widows and widowers move to a municipality nearer to their other relatives and family members.

Having access to transportation is one of the preconditions for social inclusion. The Social Services Act highlights the importance of accessibility and functionality of public transport. Several transport companies offer reduced prices for pensioners. Supportive services are organised for those who are unable to use public transport due to illness, disability or reduced functional capacity. Supportive services can, for example, be organised as group transportation or taxi benefits.

Older persons must be able to receive current and accurate information about services. The Social Welfare Act states that information on social services must be published in an accessible and comprehensible manner. The information must include descriptions for the type of services, how to apply for them and conditions for eligibility.

### ***To promote life-long learning and adapt the educational system in order to meet the changing economic, social and demographic conditions***

The participation of ageing persons in cultural and social life is promoted by various actions, e.g., reduced prices for cultural events and sport centres. As part of one of the key projects, "Access to art and culture will be facilitated", special attention is paid to promote art and cultural services as a structural part of social and health services. Funding has been reserved for municipalities and other actors to improve their current practices and create new approaches to improve the supply of art and cultural services and improve accessibility.

People are encouraged to educate and train themselves throughout the life course. Adults and older persons are able to complete all levels of education (starting from the primary level) and attend any educational institution they qualify for, without age restrictions. Several universities, summer schools and adult education centres offer classes and study modules aimed at senior citizens.

Non-governmental and volunteer organisations have a major role in supporting social inclusion and lifelong learning of older persons. Finland is a country with a vast number of third sector actors, also among older people. There are more than 100 000 NGOs which organise social contacts and events for older persons. Many NGOs provide opportunities to be involved in voluntary work such as visiting frail old people and assisting them to go outdoors or acting as peer-support for learning ICT skills. Also new ideas such as restaurant day and take an older person for a walk outdoors will form new ways for participation. NGOs receive funding from Finland's Slot Machine Association which is a statutory corporation that supports 800 NGOs annually.

*Dignity, health and independence in older age are promoted and safeguarded*

***To strive to ensure quality of life at all ages and maintain independent living including health and well-being***

All social and health services aim to improve the functional capability of older persons. The Act on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons states that local authorities must provide older persons with social and health care services of a high quality that are timely and adequate to their needs. Local authorities must organise long-term care and attention for older persons principally by means of social and health care services that are provided in the person's private home or other home-like place of residence, and that are adapted in terms of content and volume to suit the older person's service needs at the given time. Long-term care and attention can be provided in the form of institutional care only if there are medical grounds for doing so, or if it is otherwise justified to ensure a dignified life and safe care for the older person.

Social and health care services securing long-term care and attention must be provided so that the older person can feel that he or she is living a safe, meaningful and dignified life and can maintain social contacts and participate in meaningful activities promoting and maintaining his or her wellbeing, health and functional capacity. Older married and cohabiting couples must be offered the opportunity of cohabitation. A service plan has to be composed to attend to the older person's needs without unnecessary delay. The plan must determine what kind of social and health services are needed to support the person's wellbeing, health, functional capacity and independent living and to ensure a good care of the person. The older person and, as necessary, his or her family members, other persons close to him or her or the guardian appointed for him or her must discuss the options to ensure a comprehensive set of services. The views of the older person must be recorded in the plan. In 2014, 78% of municipalities were using a comprehensive service planning model (65% in 2013).

Advance healthcare directive allows older persons to decide on their care when they are no longer able to make decisions for themselves due to illness or incapacity. The directive is the person's will on medical and care measures expressed in written or oral form. The directive can include the person's will on resuscitation, treatment or medical examinations, and whether the treatment should prioritise quality of

life or longevity. The treating personnel should be informed about the existence of the patient's advance healthcare directive and they should respect the patient's will when making treatment plans. The directive should be updated regularly as to keep it up-to-date with the patient's current will and wishes.

The National Supervisory Authority for Welfare and Health (Valvira) and the Regional State Administrative Agencies are responsible for supervising the health and social services for older persons. The National Supervisory Program for Social and Health Services targets structure, availability, quality and substance of services for older persons. Special attention is given to the municipalities' responsibility to investigate the service needs of the older population and create a plan and allocate resources to meet these needs.

The National Memory Programme aims to make Finland a "memory-friendly country". The tools for achieving this goal are promoting brain health, improving attitudes to care and rehabilitation for brain health and memory diseases, ensuring a good quality of life for both people with memory diseases and their carers by means of timely support, care and nursing, rehabilitation and services and promoting comprehensive research and knowledge of memory diseases. A broad national study, the Finnish Geriatric Intervention Study to Prevent Cognitive Impairment and Disability (FINGER), has shown that multi-domain intervention (including dietary instruction and participation in exercise activities and memory training, as well as support in managing the risk factors of cardiovascular diseases) can prevent cognitive decline and memory disorders. The intervention method used in the study provides a model for future prevention of memory disorders. Memory health is also closely linked with participation in society and prevention of loneliness.

Finnish people tend to live more and more alone. This is also a global trend that needs to be addressed at a larger scale. In Finland there are more than one million households consisting of only one person. Although this is seen as a trend in all age groups proportionally this is marked more in age groups 60+.

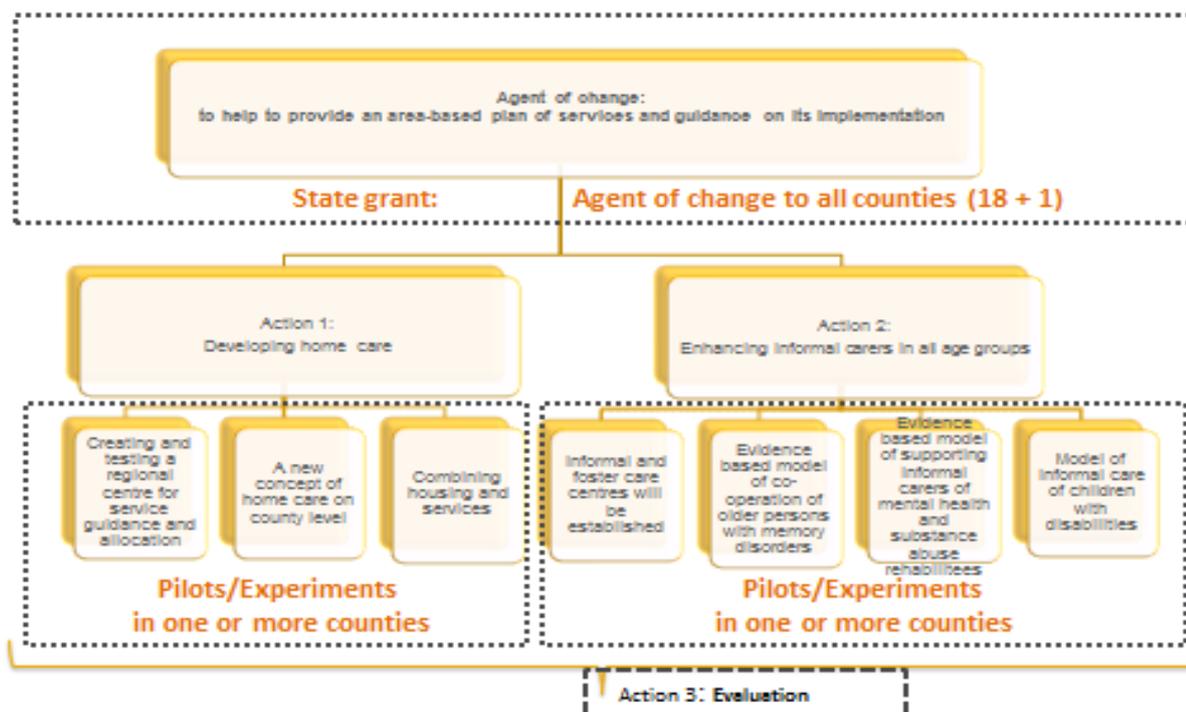
A specific Government Key Project, "Equal, well-coordinated and cost-effective services for older persons and all aged informal carers" focuses on improving health and functional capacity of the older population. The Key Project aims to increase equality among older persons and among all aged informal carers, to more efficiently coordinate services for them, and to cut the increase of health and social care costs in coming years. In the new system, home services and services accessible from home are preferred and service allocation is improved. Reforming home care will ensure a more equal allocation of services throughout the country. The project aims to establish practices that support the health and wellbeing of informal and



foster carers. To enhance informal carers in all age groups, informal and foster care centres will be established and evidence-based models of informal care adopted for children with disabilities, mental health rehabilitees, and older persons with memory disorders. The number of informal caregivers in Finland is currently already very high in international comparison, and their status requires closer consideration. Most informal caregivers have themselves reached retirement age. From July 2016 onwards informal caregivers are entitled to have 3 days off per calendar month. In addition municipalities are obliged to organise health check-ups and foster care for the days caregivers are on leave.

The project also seeks ways to utilise digitalisation and new technologies as means of improving home care. Digital service portals enable connecting customers and service providers regardless of distance, as well as provide new solutions for self-help and preventing health problems. Gerontechnological products and services promote safety and independent living.

## Tasks of the key project



The planning of social emergency duty and preparedness focuses on ensuring continuation of services, expanding service coverage when necessary, alarm systems, managing social services as well as care for evacuated population. Special attention is given to the continuation of services and care for older persons. Those in charge of managing the emergency situation must be aware of e.g. the amount of older persons living alone in the given area. Older persons dependent on services delivered to their homes might be especially vulnerable during an emergency situation. Special attention must be paid for ensuring the care for these people already in the planning process. To ensure maximum information coverage, citizens are informed about an emergency situation through several different media (incl. radio, TV, phone service and SMS). All care institutions must have an evacuation plan included in their safety plan. As municipalities are increasingly outsourcing services, outsourcing contracts must include conditions for ensuring service continuation in emergency situations. The responsibilities of private actors must be clearly stated. The accessibility of housing plays a major part in supporting the older population's living at home. The Housing Development Programme for Older Population for 2013-2017 aims to improve the conditions and possibilities for older persons to live at home for as long as possible and to improve the housing stock. The

programme aims to improve the accessibility and renovation of dwellings and diversify housing solutions and to support older persons to make their own preparations regarding housing and related services. The emphasis is also on strengthening the focus on housing for older people in the planning of municipal finances and measures, and promoting the change in service structure in the direction of out-patient care.

The programme has increased co-operation between the government agencies and municipalities, non-governmental organizations, private and the voluntary sector, as well as with older persons' associations. It has succeeded in raising the general awareness of the needs and benefits of age-friendly housing in later life, creating active interaction between the diverse interest groups, clarifying distribution of responsibilities, and developing new models and means to enhance independent living in old age.

Regular and versatile physical activity promotes the health and wellbeing of people of all ages. Physical activity is of special importance to older persons, as physical activity maintains the functional capacity and plays a key role in the promotion of health and well-being and also maintenance of social relations. Older persons, who exercise, experience that physical activity improves their functional ability and brings meaningful contents to their lives. Around one in five pensioners in Finland do not exercise regularly, and only a few per cent exercise enough to meet the targets set in the national recommendations on health-enhancing physical activity. The national "Strength in Old Age" programme strives to increase the physical activity of people over 75 with reduced functional capacity. The National Policy Programme for Older People's Physical Activity aims to increase the physical activity of 60+ people, 75+ people living independently, and older people in home care, service housing and long-term institutional care.

#### ***To mainstream a gender approach in an ageing society***

Finland has considerable health and welfare differences between population groups and genders, and these cannot be narrowed by social welfare and health care measures alone. The most efficient way to do this is through close cooperation between administrative sectors. Public health is best improved by targeting measures towards improving the relative status of the most vulnerable members of society.

According to the Government's Gender Equality Programme 2016-2019, strengthening gender equality is one of the preconditions for improving employment rate and welfare growth. The programme includes measures to promote gender equality and gender perspective in working life and salaries, supporting the parenthood of both genders and supporting reconciling work and family life, promoting gender equality in education and sports, reducing violence towards women and improving gender equality through all public decision making.

Two of the current Government Key Projects pay special attention to a gender approach. "Equal, well-coordinated and cost-effective services for older persons and all aged informal carers" will aim to improve informal care options for both men and women. As part of the "Programme to address reform in child and family services" reconciling work and family life is improved for both genders. A special focus is also on continued parenthood of both genders after divorce or separation of parents.

#### ***Intergenerational solidarity is maintained and enhanced***

#### ***To mainstream ageing in all policy fields with the aim of bringing societies and economics into harmony with demographic change to achieve a society for all ages***

One of the best ways to improve intergenerational solidarity is to make sure all generations feel included in society. In all its welfare policies, Finland aims to ensure the wellbeing of all age groups. Policies are shifting away from diagnosis- and age-based services towards services based on individual need. All social service users have the right to have their service needs individually evaluated. Further integration of social and health services and shifting away from sectoral thinking promote seeing people as individuals with

individual needs. Seeing people primarily as individuals, rather than members of their age group, promote intergenerational solidarity, as all people in need have the right to the same services.

A just pension system is one of the key elements of intergenerational solidarity. For pension, see answers in the first section, “Longer working life is encouraged and ability to work is maintained”.

All municipalities are obligated to have a council for older people and a youth council. The political participation of older people and youth strengthens multigenerational dialogue and political and social cooperation. (For more on council for older people, see earlier section.)

Projects and campaigns promoting interactions between generations and volunteer activities are organised especially by NGOs. Volunteering is promoted for people of all ages. New online services, for example [www.vapaaehtoistyö.fi](http://www.vapaaehtoistyö.fi) and [www.vapaaehtoisesisenorina.fi](http://www.vapaaehtoisesisenorina.fi), provide comprehensive information about volunteering options in different organisations and municipalities. To promote intergenerational solidarity and connections, some schools have so called “school grandmothers and -fathers”. School grandmothers and -fathers are volunteers who actively join the classroom work by helping the students and teachers. The Finnish Red Cross organises a volunteer service, where older persons act as substitute grandparents for families who do not have grandparents of their own or whose grandparents are absent.

The city of Helsinki launched an intergenerational housing experiment in 2015. The city provided affordable housing within old people’s service housing for young people under the age of 25, provided the young people were willing to do volunteer work with the older persons for a few hours weekly.

### ***To adjust social protection systems in response to demographic changes and their social and economic consequences***

In order to respond to the new challenges of the operational environment, the Ministry of Social Affairs and Health has established a strategy for social protection called “Socially Sustainable Finland 2020”. The vision for Finland is to be a socially sustainable and cohesive society.

Sustainable development involves economic, social and ecological sustainability. The purpose of the strategy for social and health policy is to achieve a socially sustainable society.

A socially sustainable society treats all members of society fairly, reinforces participation and a sense of community, supports health and functional capacity, and provides the security and services required by its members. Intergenerational solidarity and justice are at the core of social sustainability. Social sustainability requires a functioning social protection system that helps citizens cope with risks in life. Everyone has the right to social wellbeing, participation and the best health possible. Equality, mental and material wellbeing, gender equality, and economic, social and ecological sustainability contribute to the balanced development of society.

Three strategic lines to reform the social protection system are a strong foundation for welfare, access to welfare for all and a healthy and safe living environment. In Finland everyone is entitled to basic income support and sufficient social welfare and health care services. A life of human dignity must be ensured under all conditions. These rights and the equality principle are written into the Constitution of Finland.

Along with the demographic change and the number of ageing persons is increasing, memory disorders and other chronic illnesses are becoming more common, and the number of patients with multiple complaints is increasing. This translates into an increase in expenditure on social and health care services and a need for more personnel, unless we can increase the productivity of services. Social welfare and health care services will remain labour-intensive in the future too, but productivity can be improved by reorganising services and introducing new ways of producing them.

***To support families that provide care for older persons and promote intra- and intergenerational solidarity among their members***

See the Government Key Project, “Equal, well-coordinated and cost-effective services for older persons and all aged informal carers” described in the previous section. One of the goals of the Key Project is to promote intergenerational solidarity and connections and to increase sense of community.

## **2. Conclusions and priorities for the future**

Finland is at the top in several international studies on welfare. Work and participation will serve to lay a strong foundation for our future welfare too. A condition for social sustainability is to have a functioning system of social protection, which includes income security, social and health services, preventive work, occupational health and safety and equality.

The Finnish social and health policy contains three main policy lines: the strong foundation of welfare, access to wellbeing for all and an environment supporting health and safety. The cake of wellbeing must be shared fairly. Furthermore, everyone must be able to live, reside and work in healthy and safe environments.

The emphasis of the first policy line is the importance of health and wellbeing in all areas of decision-making, the importance of work, the balance between the different areas of life and the sustainability of the financing of social protection. The second policy line emphasises fairness, the wellbeing of citizens and narrowing of health inequalities, reforming the client-centered character of services and social inclusion. The third policy line brings to the centre the issue of the viability of the environment and the functionality of society in special situations. Each generation must pass on an environment to the next that is at least in the same state as they received it.

The Government’s objective is to bring the Finnish economy to a path of sustainable growth and rising employment, and to secure the funding of public services and social security. Finland aims to achieve a socially sustainable society in which people are treated equally, everyone has the opportunity to participate, and everyone’s health and functional capacity is supported. A sustainable base in society requires economic, social and ecological sustainability. All three are crucial in order for people to do well in Finland in the future.

Government’s ten-year objective is that people in Finland are healthier and in better control of their lives. They feel that they can have an influence, make choices and take responsibility. Social welfare and health care focus on prevention, ensuring that personnel are coping well and that the clinical pathway is smooth and information systems work well. Through reform, joint resources can be used to foster better health and wellbeing. At the government term 2016-2018 the objectives are

- Intersectoral health promotion and early support play a stronger role in decision-making, services and working life due to legislative changes and improved delivery. Differences in health and wellbeing have narrowed.
- Support is provided to people of all ages, to enable them to take responsibility for their own state of health and lifestyles. The public service promise is defined within the limits of society’s economic capacity. People in a variety of life situations have greater choice.
- The focus has been placed on home services for older people. Informal care has been reinforced.
- Social welfare and health care reform has improved basic public services and information systems.
- Social protection has been overhauled to encourage participation and employment.
- Participation in organisations and voluntary activities has been facilitated and citizens’ sense of involvement increased by cutting red tape.

# Annex

## List of suggested statistical indicators on active ageing<sup>1</sup>

UNECE member States are asked to provide an annex with statistical data—if possible for three distinct years in order to observe the dynamics. Please note that most of the suggested indicators refer to the population aged 55 years and older. Attention should be paid to the suggested variables for corresponding indicators: you may use other proxy measures if these variables are not available. Please indicate in the table the actual variable and source used.

### COUNTRY: Finland

INDICATOR	Suggested VARIABLE	Possible SOURCE	Year 1 (2005 or close)			Year 2 (2010 or close)			Year 3 (2015 or close)		
			TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
<b>1. Labour market (older people's contribution through paid activities)</b>											
1.1. Employment rate for the age group 55–59	Same as indicator	Labour Force Survey	65.4	63.4	67.4	72.5	69.9	75.0	74,8	70,8	78,7
1.2. Employment rate for the age group 60–64	Same as indicator	Labour Force Survey	33.5	36.3	30.8	40.8	41.8	39.9	45,3	44,2	46,4
1.3. Employment rate for the age group 65–69	Same as indicator	Labour Force Survey	6.8	9.4	4.4	10.6	14.7	7.0	14,2	18,0	10,7
1.4. Employment rate for the age group 70–74	Same as indicator	Labour Force Survey	3.2	4.7	2.0	4.2	6.6	2.2	6,0	8,4	3,8
<b>2. Participation in society (older people's contribution through unpaid activities)</b>											

<sup>1</sup> This list of indicators is based on the Active Ageing Index methodology and broadly corresponds to the main focus areas of the 2012 Vienna Declaration. For more information, please consult the AAI wiki (<http://www1.unece.org/stat/platform/display/AAI/Active+Ageing+Index+Home>) or contact the Secretariat on [ageing@unece.org](mailto:ageing@unece.org).

INDICATOR	Suggested VARIABLE	Possible SOURCE	Year 1 (2005 or close)			Year 2 (2010 or close)			Year 3 (2015 or close)		
			TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
2.1. Voluntary work by older adults (aged 55+)	Percentage of older population (aged 55+) providing unpaid voluntary work through the organizations	Relevant survey Time Use Survey 2009-2010				36	37	34			
2.2. Care to children, grandchildren by older population (aged 55+)	Percentage of older population (aged 55+) who provide care to their children and grandchildren (at least once a week)	Relevant survey EU-SILC ad hoc module 2006 (nationally modified questions), data for 2015 not yet available	22.8	22.4	23.2						
2.3. Care to older adults by older population (aged 55+)	Percentage of older population (aged 55+) providing personal care to elderly or disabled relatives (at least once a week)	Relevant survey EU-SILC ad hoc module 2006 (nationally modified questions) , data for 2015 not yet available	16.5	17.0	16.2						
2.4. Political participation of older population (aged 55+)	Percentage of older population (aged 55+) taking part in the activities or meetings of a trade union, a political party or political action group	Relevant survey EU-SILC ad hoc module 2006, data for 2015 not yet available	9.5	11.8	7.7						
<b>3. Independent, healthy and secure living</b>											
3.1. Physical exercise for older adults (aged 55+)	Percentage of people aged 55 years and older undertaking physical exercise or sport almost every day	Relevant survey									

INDICATOR	Suggested VARIABLE	Possible SOURCE	Year 1 (2005 or close)			Year 2 (2010 or close)			Year 3 (2015 or close)		
			TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
3.2. Access to health and dental care (for those aged 55+)	Percentage of people aged 55 years and older who report <b>no unmet need</b> for medical and dental examination or treatment during the last 12 months preceding the survey	Relevant survey EU-SILC (years 2005, 2010, 2014)	88.2	87.7	88.6	88.1	88.9	87.4	89.7	90.2	89.3
3.3. Independent living arrangements (for those aged 75+)	Percentage of people aged 75 years and older who live in a single household alone or in a couple household	Relevant survey EU-SILC (years 2005, 2010, 2013)	86.4	88.3	85.5	90.6	92.3	89.7	92.2	93.4	91.5
3.4. Relative median income (for those aged 65+)	Ratio of the median equivalised disposable income of people aged 65 and above to the median equivalised disposable income of those aged below 65	Income and living conditions statistics / relevant survey EU-SILC (years 2005, 2010, 2013)	72.7	79.3	69.1	77.7	83.9	71.9	79.2	85.4	74.8
3.5. No poverty risk (for those aged 65+)	100 – Percentage of people aged 65 years and older who are at risk of poverty (using the 50 per cent of median income threshold)	Income and living conditions statistics / relevant survey EU-SILC (years 2005, 2010, 2013)	93.1	96.4	90.9	94.5	97.3	92.4	95.9	96.9	95.2
3.6. No severe material deprivation (for those aged 65+)	100 – Percentage of people aged 65 years and older who are severely materially deprived (having an enforced inability to afford at least 4 out of the 9 selected items)	Income and living conditions statistics / relevant survey EU-SILC (years 2005, 2010, 2014)	97.5	97.7	97.3	98.3	98.8	97.9	98.3	98.8	98.0
3.7. Physical safety (for those aged 55+)	Percentage of people aged 55 years and older who are feeling very safe or safe to walk after dark in their local area	Relevant survey EU-SILC (year 2013)							79.7	88.9	71.9

INDICATOR	Suggested VARIABLE	Possible SOURCE	Year 1 (2005 or close)			Year 2 (2010 or close)			Year 3 (2015 or close)		
			TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
3.8. Lifelong learning (for those aged 55–74)	Percentage of people aged 55 to 74 who stated that they received education or training in the four weeks preceding the survey	Labour Force Survey	12.3	9.5	14.9	11.3	8.3	14.2	13.3	9.7	16.7
<b>4.Capacity and enabling environment for active ageing</b>											
4.1. Life expectancy at age 55	Same as indicator	Population statistics: Life Expectancy estimates (2005, 2010,2013)	27,02	24,30	29,41	27,61	25,02	29,98	28,12	25,70	30,33
4.2. Healthy life expectancy at age 55	Same as indicator	Healthy life expectancy estimates									
4.3. Mental well-being (for those aged 55+)	An index that measures self-reported feelings of positive happy moods and spirits	Based on WHO ICD-10 measurement									
4.4. Use of ICT by older adults (aged 55–74)	Share of people aged 55 to 74 using the Internet at least once a week	ICT Survey, years 2006, 2010, 2014	37	42	33	58	61	55	76	79	73
4.5. Social connectedness of older people (aged 55+)	Share of people aged 55 or more that meet socially with friends, relatives or colleagues several times a week or every day	Relevant survey									
4.6. Educational attainment of older people (aged 55+)	Percentage of older persons aged 55 to 74 with upper secondary or tertiary educational attainment	Labour Force Survey	51.9	52.6	51.2	62.2	59.6	62.1	69,70	68.60	70.8
<b>5. Other indicators (if applicable)</b>											