

BUILDING COMMUNITY OF ELDERLY

A Finnish Institutional Care Perspective

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ABSTRACT

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This study discussed the institutional perspective of building sense of community feeling among elderly residents and their social life in an old age home in Vantaa, Finland.

Meanwhile, it examined the level of participation and communication among residents that influence their well-being and supplement to build sense of community feeling among themselves.

Qualitative research method was employed to conduct the study. Data and information were collected through semi-structured interview and non-participatory observation. These methods were selected because of flexibility. Three employees were the prime informants of the interview.

Thematic analysis was used to interpret data due to its suitability to relate experiences of interviewees and to identify the meaning of dataset.

The finding of the study suggested that residents of institutional care setting rare access to socio-cultural life which has decreased their sense of community feeling. It is found that they have the feeling of disconnection from their family and community.

In a nutshell, lack of socio-cultural engagement and increased disconnection from family and community have caused their loneliness and isolation.

Key Words: Community Building, Elderly, Residents, Institutional Care, Loneliness, Isolation, Social Participation, Communication, Socio-cultural Activities, Socio-cultural Life.

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1 INTRODUCTION

Elderly people face numerous challenges in their everyday life primarily due to inevitable process of weakening physical and mental health. The concept of being old or elderly comprises statistical mark of sixty years of age or more, increasing dependency of livelihood and limited social life (Gorman 2000, cited in: World Health Organization). Virpi Timonen (2008) argues that decreasing life independence of old people lowers their roles and participation in family and community which affects their social life. Social and cultural characteristics undermine their roles. As the age progresses, society assigns them lesser roles because of degrading health that limits their participation. Such perception of society leads them to feeling of isolation. Thus, the sociological concept is a wider perspective to understand the life of elderly (Timonen 2008, 8). Karin Crawford and Janet Walker (2008) argue that this is a situation which needs supports in everyday life in their own sufficiency in an organized way. So that they have a sense of sociality and community feeling (Crawford & Walker 2008).

Kunkel, et al. (2015) presents characteristics of being elderly in three categories. Physically, loss of hearing, wrinkles, blindness, immobility of walking and moving, change in appearance, chronic illness, fragile health are the signs of being old. These aspects of physical health affect their social life. Socially, period of pension, declining social engagement, lack of association and supports are the social indicators of ageing. Such social aspects cause isolation, loneliness and disconnection from family and community. Psychologically, worsening social life of elderly weakens their mental health which results in loss of memory, anxiety, stress, solitude and depression. These are the psychological characteristics of being old (Kunkel & Morgan 2015).

In Finland, old age begins at the age of sixty five years or more (Finnish National Pension Act 1956). And it is a leading European country to have greater portion of elderly population in its national population. Current population of elderly in Finland who are 65 years of age or more is One Million, One Hundred Twenty Three Thousand, One Hundred Three. This makes around 20% of national population and

this percentage of elderly population is expected to increase approximately up to 26% by 2030 in its national population (Official Statistics of Finland 2016).

According to City Helsinki, old people in Finland have healthy social life. Most of them live with their family or relatives. They also involve in various social activities like social gathering, food culture, multicultural events organized by public or volunteer organizations. So, they unlikely to feel loneliness and isolation. Despite the fact that, some are at the risk of alienation socially. So, they find old age home as the final living place for the rest of their life (City of Helsinki n. d., 14).

Because socio-economic conditions, some elderly people live in old age homes in Finland. Low income and education, poor health and housing are the main reasons behind the problems of elderly. In such difficulty, they are unable to live independently at home. Comparatively it becomes harder for them to do self-care because of physical and mental challenges. So, they live in institutions like old age homes. With the growing population of old people and indifference to home care (formal/informal), demand of institutional/residential care (formal) is increasing (Einiö 2010).

Social Work and Community Development Work courses play an important role to understand social problems in different spectrum. It is designed to produce skilled professionals to provide social and community care services to the people who are deprived of better livelihood, care and support. At the same time, it is equally significant discipline to enable their social well being in a formal and organized manner.

This research aims to reveal the social and community life of elderly residents of an old age home in Finland. Meanwhile, it has special focus on how an old age home builds a sense of community feeling and togetherness among its residents. The study proceeded to know the working procedures and approaches in terms of social care and day to day activities for its clients. For this, the research has used semi-structured interview of three employees as key informants and non-participatory observation to understand the social life elderly residents of the old age home for data collection. This was held during June-July 2016. The research process employed qualitative method and thematic

technique to analyse and interpret the information found through individual interview and non-participatory observation.

1.1 Motivation of the Study

Studying in Diaconia University of Applied Sciences (UAS-Diak) as a student of Social Services and Community Development, we have been taught varieties of social problems in different setting through lectures and practice placement. Knowledge at both theoretical and practice level have shaped me study the ways of creating sense of community through an institutional care perspective in Finland.

As mentioned earlier in this research paper, certain number of old people live in institutions in Finland to get care services. I have also done my two practice placements in Järvenpää and Vantaa elderly service homes which gave me opportunity to experience that old people have healthy life in terms of basic care. However, once they begin to live in old age home they don't leave their family only but also leave their local community. In such a transition, do they feel the similar sense of togetherness in old age home? To know the functional approach of the institution in this regard, I got curiosity to get insight of the problem which has motivated me to choose the topic.

1.2 Scope of the Study

This study has followed non-participant observation and a semi-structured interview of three employees as prime source of information. Further, the study deals with organizational efforts to create a sense of community feeling for elderly living in a Finnish residential home. This research also assesses life of elderly residents in terms of social care. Both the research paper and elderly care home do not give the whole picture of the country about institutional care of elderly.

1.3 Aims of the Study

Social care services are designed to ensure sufficiency of health care facilities along with mobility of people and healthy accommodation. However, primacy of those services are emotional satisfaction of service users at individual level and with others for their social well-being (Cantor & Brennan 2000, 5).

Sipilä & Kröger (2005) defines social care as a comprehensive network of services ranging from supporting daily life to giving companionship. These services have special focus on supporting socially disconnected people. They create a meaningful living environment in service centres. Public or private service agencies are the principle service providers in this regard (Sipilä & Kröger 2005, Cited in: Jose et al. 2016, 1).

Based on the above arguments, this research paper examines the institutional functioning on social care of elderly. The principle objectives of this study are as follows:

- ❖ to analyse the functional procedure of building sense of community feeling among elderly in old age home in Finland.
- ❖ to understand the community life of elderly within the residential care system in Finland.

1.4 Research Question

Social isolation' or detachment is a loss of communication and involvement with society. This marginalises people from available services and resources and also from social engagement (Scharf & Smith 2004, Cited in: Victor et al. 2008, 170). It grows parallel with lessening support and connection socially (Hawthorne 2006, Cited in: Victor et al. 2008, 176).

Similarly, it is a result of weakening social networks. Degrading health is the factor behind this. This further causes the loss of meaningful social life (Hawkey & Cacioppo

2003, Cited in: Coyle & Dugan 2012, 1347). Additionally, higher the social involvement lower the social isolation and loneliness and vice versa (Yeh & Lo 2004, Cited in: Coyle & Dugan 2012, 1347).

Based on above literatures and the discussion with elderly of the institution, it is found that service users are alienated from their family and community. So, the study has prime focus on revealing the way an institution build or connect their social relation with each others to build a community of their own age group. For this, following question has more relevancy to reach its goals:

- ❖ How does an elderly care institution build sense of community feeling among its residents in Finland?

2 KEY CONCEPTS

Modern hard and fast pace life needs to create a sense of community feeling to avoid fragile social lives. Sense of community is a structural stability of a social network that helps people to know themselves as a part of association or a social group. But community without it's feeling, brings society at a crossroad (Sarason 1974, Cited in: Leonard 1997, 72). It is likely to sum up that higher the engagement of people in community activities higher the increasing social well-being (Davidson & Cotter 1989, Cited in: Leonard 1997, 72).

Above argument also implies to the old people living in institutions. Because of various reasons, people leave their home or community to live in such places not only to get basic care but also to attain a healthy social life.

Elderly people of residential care setting are far from their family and community. So, they don't have access to community-social life inside and outside the premises of residential care system. This maximizes their social disconnection and isolation. So, building a community of their own is an initiative of Community Work profession. This intends to articulate elderly residents to be the part of their age group socially that creates healthy social environment among themselves in an institutional care setting.

2.1 Institutional Care

Institutional care is a formal care system that encompasses integrated form of long-term care with residential facilities. Such institutions provide services of health, social care, accommodation, recreation, everyday care and support individually and in group (Gooloo et al. 2001, 36).

In Finland, municipalities are publicly responsible to organize institutional care services for elderly based on the legislative policy of 'Primary Health Care Act 1972 and Social Welfare Act 1982'. Former gives emphasis on basic health care while latter has the policy of providing social care and support. State, province and municipalities are larger

public administrative bodies which make policies and ensure delivery of those services. Municipalities buy health and social services for elderly from private or public agencies (Häkkinen & Lehto 2005, Cited in: Böckerman et al. 2011, 2)

Finnish elderly institutional care system includes: ‘old age homes, sheltered housing, long-term care, health centre hospitals’ (Official Statistics Finland 2016). It has facilities like- basic care of everyday living, care of dementia, intensive care and so on. Additionally, old age homes organize day care activities for elderly who are physically and mentally well.

However, the admission in old age homes is based on certain criteria. A team of health and social workers from local municipalities assesses their ‘Activities of Daily Living’ (ADL) and ‘Instrumental Activities of Daily Living’ (IADL). In addition to this, municipalities ensure availability of seats in those residential places. Likewise, they hold the discussion with family or relatives and service providers to make the decision of acceptance. Then municipalities buy residential care services (health and social) from service agencies for accepted clients. After the admission, social workers and nurses of old age home make a personal profile of every residents. That consists of their medical history, physical and mental fitness. This further helps them to prepare needy services and care activities. During the stay of the clients, their autonomy, dignity, privacy, safety and security are the most vital aspects of care.

Institutional care system in Finland provides abundant basic care to elderly residents but they have poor social life. It is because of emphasis on basic care while they need special social care too. Low level of socio-cultural life inside and outside of residential homes has limited their rights of communication and participation. So, reconnecting with their age group socially based on inclusive approach is another asset of social care.

2.2 Community Building

Community building is an approach to bring social connectivity among its members and promotes ability of doing things together. More importantly, it results in wide range of

people's involvement, expanding social network, effective communication, helpful and healthy relation among community members (DeFilippis et al. 2012, Cited in: Checkoway 2015, 139).

Practice of community building principally posits on organizing, participation and communication. Wider the involvement and interaction stronger the community evolves and expands. It further supports attachment of people in a social network and group.

Robert Putnam (1966) simply puts his words that engagement of people increases in three ways. Firstly, individual feeling of community supports stronger bonding with each other in an organised way. Emotional satisfaction in group activities at individual level is a vital factor of social connection which is the second crucial method. Finally, communication among the members gives space to express themselves which further manipulates habits of living in community (Putnam 1966, Cited in: Engbers 2015).

However, objectives of building community of elderly people in a smaller entity intangibly like in old age home is to make their everyday life easier in terms of social needs and supports. In an institutional setting, support staffs organize day to day basic care activities as per the needs and interests of clients. For this, they make groups to catalyse their social interaction and participation. They identify group or individual problems, assess them and develop collective ideas together. Once they set to implement, they include their residents voluntarily.

Despite the fact that residents have rare access to socio-cultural activities inside and outside the institutional care system. This further causes social disconnection and isolation for residents because of lower level of engagement and communication. Lesser financial resources, lack of skilled staffs and poor network with the organizers are the reasons of fewer events.

3 BACKGROUND

The approaches of community work were embedded in modern administrative Finnish social work during 1970's based on Scandinavian model when the urbanisation was at its peak (Koskinen 1977 and 2003 & Roivainen 2002, Cited in: Hutchinson 2009, 99). Later on, The Social Welfare Act 1982 has provided a legal basis of practising community work through social care to enable functional capabilities of communities (The Social Welfare Act 1982/710 Section 18, Cited in: Hutchinson 2009, 100). Furthermore, The Social Welfare Decree 829 included methods of community work as the principle functioning of administrative social work for individuals and families through municipalities (The Social Welfare Decree 829/June 1983/607 Section 7, Cited in: Hutchinson 2009, 100).

In Finland community work is an unofficial field based social work in parallel with office based social work. In spite of this, working approaches of former are more effective than the latter. Community work began with tradition of solving community problems in residential areas in bottom to top model while at the time it works in top to bottom model.

Here, the considerable fact is that office based social work profession has sidelined the effectiveness of community work to give more focus on individual and family care rather than enabling and connecting people in communities. This transformation has weakened the presence of community work profession both in administration and institutional structures. So, there is a lack of activities in institutional care setting based on community work approaches (Roivainen 2008).

Present day elderly institutional care system has evolved from the work of faith based organizations and charity. Since then, it has been growing and more formalising. Modern work of elderly care has been institutionalized with the improvements and reformations both at policy and organizational level. These events have not only provided smooth care system to the aged population but also originated the modern profession of Social Work and Community Work (Crawford & Walker 2008).

Finland started 'institutional care system' in 1922 under the 'Poor Relief Law'. This gave municipalities a legal pave to institutional care system. It has ensured social and health care, social allowance and support. However, its principle goal is to maintain social security of everyone to enable functional capacity of individual, family and community. Since the institutional care system was brought into effect, numbers of old people increasing steadily in old age homes (Einiö 2010).

Despite the rising numbers of old people in institutional care centres, they don't have access to socio-cultural life. It is a collective life of people who share common values, beliefs, customs, tradition, identity and sense of feeling 'we'. Inaccessibility to these facets of socio-cultural life breaks down their sense of community feeling and become used to a life of isolation. Hardly they have time and opportunity of watching television or having meal or coffee in group. Neither there are structured and concrete mechanisms like-Socio-Cultural Section in service providers' office which organize such activities to manipulate social interaction and wider involvement.

Mariya Riekkinen et al. (2016), claims that above situation arises because neither the international bodies have addressed the issues properly nor the professionals of laws and academic fields have done the sufficient work on the theme of 'socio-cultural inclusion of elderly living in assisted homes' in Finland (Riekkinenet al. 2016).

On the other hand, migration of youth to urban area in Finland has caused their old members of families uncared at home in rural areas. Accordingly, youth members of family have less time and interest of caring old members because of stressful and employed life in cities (Paasivaara 2002, Cited in: Riekkinenet al. 2016).

4 THEORETICAL FRAMEWORK

Social participation is an approach which helps to build individual social relationship and involvement within a network of social group to make ageing productive (Tomioka et al. 2015, 13). Moreover, it enables people to avoid loneliness and social isolation. It also recognizes 'social productivity' and 'peer support' of elderly which gives an influencing image in their social group. These are the core issues of social care to build a feeling of belongingness among elderly in formal care setting. (Keyes et al. 2014).

According to my observation, residents of elderly care centres don't have similar physical and mental fitness, behaviour, attitude and age. Elderly residents are from different age group like sixty-five to seventy or seventy-one to eighty. Variation of age also determines the nature of coping their life in society and community and even in their own age group. They also do not possess similar socio-cultural and family background. So, developing their friendship and social network among themselves make familiar with each other. This further contributes to support and motivate themselves in everyday life. Most importantly, making a circle of friendship increases their self-esteem and sympathy as they influence each other positively. These positive changes build confidence of living in spirit of social life. Meanwhile, it helps to minimize negative attitude and behaviour in fruitful ending and brings a full fledged involvement.

Communication with and among clients is another component of social care of elderly. Every residents don't have equal ability of communicating properly. It is due to hearing problem, non-responsive physical condition, cognitive deformities and indifferences to communicate. In such a situation, working staffs use non-verbal communication with clients. However, physical restraints, low level of respect and mutuality and unfriendly behaviour limit the conversation. Sometime, use of media technology plays a vital role to transit such discomforts.

Two way communication with elderly (verbal or non-verbal) has three stages. As long as there is mutuality and respect for each other it ends in comfort and psycho-social

satisfaction. In first stage, generally, it begins with introduction, helping, supporting and complimenting. Accordingly, in second stage, they share their views and past life experiences. When the closeness get matured, they open up and tell their success, failure, difficulties, habits in the third stage. Sharing such private informations builds a strong bonding, healthy social relation among themselves (Dreher 2001).

5 ELDERLY IN FINLAND

According to the Finnish National Pension Act (1956) a person who is sixty five or more years of age is considered as old and subject to financially secured through national pension scheme (National Pensions Act (347/1956), Ministry of Social Affairs and Health).

Finnish society is respecting in it's nature to old people and gives priority to enabling them as active members of society. It gives emphasis on their integration in work places and motivation to their involvement in social life equally. As they retire from their work, they prefer to take care of their children and grand children and vice-versa. Around ten percentage of old people who become seventy-five or more years of age and who do not have family or relatives, live in old age homes. Welfare nature of the Government of Finland, it provides its senior citizens with the services of community care and institutional care services (The World Press 2010, 11).

5.1 Demography

Finland is a leading Nordic country in rapid growth of elderly population which is increasing by 2.5% currently. Table 1 depicts the greater transition in elderly population in Finland.

TABLE 1: Demographic Status from 2000-2030

Year	Total Population	Elderly Population	Percentage	Growth Rate	
2000	5 181 115	777 198	15%	1.5%	
2010	5 375 276	941 041	17.5%	2.5%	
2020	5 595 213	1 264 156	22.6%	5.1%	
2030	5 769 032	1 478 426	25.6%	3%	

Source: Official Statistics of Finland 2015

Decades by decades, this section of population is set to increase in the future. In 2000, there were 777 198 old people which is 15% of whole population of the country. It rose by 2.5% to reach 941 041 making 17.5% in 2010. As predicted by Official Statistics of Finland 2015, there will be 1 264 156 old people in 2020 and 1 478 426 in 2030. In 2020 and 2030 old population is making approximately one-fourth portion in country's population soared by 5.1% and 3% respectively (Official Statistics of Finland 2015).

5.2 Socio-cultural Aspects

Finnish society is mostly constituted of nuclear family where a couple prefers to have children or remain without them. However, having couple of children are considered as typical Finnish family. On the other, due to modern living arrangements, majority of Finnish women seems reluctant to have children because of parallel career or study. Concerning the role in family or role of head of the family, there is not a demarcation

but women lead the family affairs and both men and women are equally important to make decisions over it. Since the modification of Finnish Marriage Act in 1988, 54% of marriages end in divorce. This further, in old age home, creates loneliness which is one of the most vital push factor of institutionalization of old people in Finland (The World Press 2010, 10).

The last four censuses of Finnish elderly population shows that it is rapidly increasing not only in absolute number but also in proportion. Noticeable feature of this increment is that it is increasing faster than whole population. It is due to lowering birth rate and increasing life span. Lengthening life has caused increased dependency ratio of elderly population which is 57.1 and the average life expectancy by gender is 76.5 and 85 years for men and women respectively (Official Statistics of Finland 2015).

Niina Jaako (2013) claims that contrary to the elderly living in the urban areas, the condition of elderly living in rural areas is worsening. In 2011, around fifty-four thousand elderly who are more than the age of 74 years live in countryside in small houses and sixteen thousand people don't have proper accommodation. Likewise, 20% over the age of 74 years live alone. Out of 2.5 million living units, 41% are single living houses. As the women have longer life expectancy, around 80% of women who more than the age of 65 years live alone. Developing trend of living alone, loosing or death of spouse, single family and poorly equipped housing, remoteness and inaccessibility to public social and health services are the reasons of deplorable condition of Finnish elderly (Official Statistics of Finland 2013).

Nature of household, 'living arrangements' and level of education have a greater impact on social life of old people in Finland. People living alone who have also low level of education face the problem of financial insufficiency. This causes decline in health and social well-being and living alone increases loneliness. Practice of 'baby-boom' after 1945, 'cohorts', decreasing deaths have caused the rising of population of over 65 years of age. However, projection shows that approximately all people of 65 years of age will have basic education in the future. Likewise, past trend of women living alone will be significantly changed into living with spouse in proportion of men (Martikainen et al. 2016).

5.3 Care Services

Government of Finland is the principle actor in provision and management of services for elderly from local to national level. Mostly, these services are publicly funded and can be classified into health and social care services:

TABLE 2: Health Care Services

Health Care Services	<ol style="list-style-type: none"> 1. Emergency Inpatient and Inpatient Specialised Care 2. Emergency/Long-Term Inpatient Care- Inpatient Primary Health Care 3. Non-Institutional Care- Day and Night Care and Day Hospital (Formal) 4. Home Care- Outpatient Primary Health Care, Outpatient Specialised Health Care (Formal)
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Source: City of Helsinki, n. d., 24

TABLE: 3 Social Care Services

Social Care Services	<ol style="list-style-type: none"> 1. Long-Term Institutional Care -Residential Homes (Formal) 2. Non-Institutional Care- Sheltered homes with 24 Hours of Ordinary Assistance, Day Centres (Informal) 3. Home Care- Home Help Services, Support Services in ADL and IADL (Informal)
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Source: City of Helsinki, n. d., 24

Finland spent around 2.1% of its GDP on Long-term Care (LTC) for elderly in 2011. Similarly, 7.4% people of 65 years of age or above were provided home care and 4.9% lived in institutions for LTC in the same year. Central government of Finland makes the arrangements of needy services for elderly citizens all over the country through the functioning of municipalities. These services include home care, residential care, rehabilitation, promoting functional capacity of individual and family and social care, needs, support and integration (OECD 2011).

Since the structural changes in elderly services took place in 2000, government intends to make them to remain at home as long as possible. For this, government is extending home care services for elderly to prevent them from abuse and insecurity regarding their privacy and autonomy. In 2014 around 10.3% of 75 age above were living in the institutions while 11.8% were given home care services. Around 10 840 elderly more than age of 65 years were receiving residential care in 2014 and 3370 were given long-term health care in the same year. Likely, 41 520 old people lived in sheltered housing for 24 hours support and assistance in 2014 and 66 010 elderly were provided 'home help services' (National Institute for Health and Welfare 2015, 35).

According to the Finnish Ministry of Social Affairs and Health (2013), over fifty thousand elderly are living in different institutions where they receive daily living assistance and supports. At the same time, twenty thousand elderly get home care services.

5.4 Welfare Policies

Finland practices its health and social welfare policies formally and informally in parallel based on legislation of 'Primary Health Care Act 1972 and Social Welfare Act 1982'. These legal frameworks provide basis of health and social care services respectively. Care of old members from family is considered as informal while care from the service providers at home or in residential setting is formal.

Focus on equality, self-determination, participation, individuality and security are the core values of elderly care policies as mentioned in Tables no. 4 and 5. These care values have aim to maintain dignity of service users. Moreover, giving priority to ethics of care is to accomplish the goals of Finnish elderly care policies:

- ❖ promoting overall well-being of elderly that includes social, mental, physical and financial assurance through engagement, physical activities, community involvement and allowance respectively.
- ❖ to enable functional capacities of elderly to attain their independent living in their own sufficiency by supporting emotionally, physically and socially.
- ❖ to ensure the delivery of quality services (City of Helsinki, n. d., 15)

TABLE 4: Informal Care Policy and Practices

Care Policy	Policies in Practice	Types of Support
Informal Care	Care Allowance	Financial
	Training and Education	Information, Knowledge and Skills
	Home Care	Supports from Family
	Sheltered Homes	Support Services for Elderly

TABLE: 5 Formal Care Policy and Practices

Care Policy	Policies in Practice	Types of Support
Formal Care	Home Care	Support Services for Elderly
	Nursing Homes	
	Sheltered Homes	

The newly enforced ‘Act on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons’ has given emphasis on home care services to promote independent living and their social, physical and mental capabilities in their own. The Act has priority to implement its policy through the authorities of local municipalities who obliged to play a constructive role in this concern. Based on needs and supports, they have the responsibilities to manage and arrange to produce and avail them in their accessibility (Ministry of Social Affairs and Health, Finland 2012, 1).

Additionally, enforcement of new ‘Social Welfare and Health Care Act 2014’ is aiming to assign more legal authorities to regional administrative bodies to operate the service system to cover larger areas. This intends to bring structural changes in service system. This means, the responsibilities of municipalities on social and health care will be shifted to regional authorities. A chain of services system from specialist to local care will be functioning. This will give a more flexible legal provision to the rehabilitation process of elderly to home care who are living in the institutions (Yle 2015).

TABLE 6: Responsible Bodies to Implement Informal Care Policies

	Principle Policies		Stakeholders
Management of Care By Local Authorities (Public Body, NGOs, Company, Public and Private Service Agencies)	Informal Care	To enable capacities of family in elderly care and decision making processes	Family

TABLE 7: Responsible Bodies to Implement Formal Care Policies

	Principle Policies		Stakeholders
Management of Care By Local Authorities	Formal Care	To improve the quality of home care and 24 hours of assistance	Public and Private Service Agencies
		To promote home care and housing quality and lessen the institutional care	
	Collaboration with Partner Organizations	Promoting the network and partnership among stakeholders	Public Body, NGOs and Company
		Partnering to develop new areas of working and learning together	

6 GLOBAL PERSPECTIVE ON ELDERLY

World population is progressing to ageing ever than before and societies around the globe are experiencing it. Between the period of 2015 to 2030 the population of 60 or more years of age is set to increase by 56% from 901 million to 1.4 billion and 2.1 billion in 2050. Spatially, urban population is getting older than rural. The unequal distribution of human health services in the different regions of the world is the prime factors behind such unequal growth. In the same way, external and internal migration, decreased birth rate and increased life span are the reasons of fast pace changes in demographic structures unequally (United Nations 2015).

Though we are experiencing increased human collection around the world, subsequently we are lacking human companionship due to parallel growth of complex social world. At some level, everyone, specially, elderly around the world are being left behind in terms of human connection. Physical and mental incapacibilities of old people have limited their access to socio-cultural life.

Ensuring the promotion of socio-cultural life of elderly and based on the concept of universal human rights, following policies of United Nations on elderly are relevant and mentionable:

- ❖ old people should remain the part of their society and have strong participation in societal affairs and in the process of decision making and enforcing them that influences their well-being.
- ❖ In accordance with their interest and abilities, old people should be able to get opportunities to contribute communities to fulfil their full potential.
- ❖ old people should be able to practice their rights of making their own formal organization.

Along with the formulation of universal policies on elderly, United Nations has urged its members states to integrate above policies in their national legal provision (United Nations 1991, 2).

In the context of European continent, the share of elderly population over the age of 65 years across Europe was 17.4% in 2011 and will reach to 28% in 2020 (COM 2011). There are different models of health and social welfare for elderly based on historical, social, cultural and political background across the continent of Europe. For instance, Finland, Norway, Sweden, Denmark practice Nordic welfare model while Portugal, Spain, Italy do Mediterranean. Nordic social welfare is Scandinavian type while latter is South European model. Due to universal nature of its character, government is the key service provider of elderly care services in Finland. But in southern model like in Portugal, family has the principle role in care and support of elderly (Andersen et al. 1990, 1999, 2002, Cited in: Naumanen et al. 2012).

Despite the differences, providing health and social care services to their citizens regardless of age and sex are the similar features of these practices. Each of the governments take responsibilities to organize and delivery of those services. In accordance with the UN policy on elderly welfare, EU has also similar issues. Moreover, EU policies on elderly has conceptualized 'successful ageing' that stresses on promoting and enabling elderly to retain their rights of health and working life along with their involvement in community life activities (Foster & Walker 2014, 84).

Across the EU, bases of successful ageing are social inclusion and participation, social protection through secured pension system, integration of elderly in the labour market, avoidance of all sorts of discriminations. Rehabilitation of elderly in the local community to make difference and influence through their contribution another side of EU policy on elderly. Based on the human rights of elderly, maintaining standard living through adequate housing, access to socio-cultural life, independence and dignity are the fundamental policy across Europe.

7 ROLE OF THE ORGANIZATION

The research was carried out in an old age home of Vantaa Finland. It operates its services under a non-profit private foundation which was established in 1972. This organization has nine departments which make itself a quality service provider in the region. These departments have responsibilities of fulfilling their respective duties to ensure quality care of its residents. They work to provide services of basic, social and mental health care in residential setting and in community. Old people of local district are its main service users. This old age home arranges financial resources through fund and residential fees. Committee of board members is an apex body that makes decisions over arrangements and management of services, financial and physical resources. The service home has various services for elderly of Vantaa region who are in need of care and supports.

Its basic care services aim to improve physical condition of its clients individually. A 'Group Action' section has the facilities of exercise, swimming, gym club, fitness centre to support physical health of its customers. Nurses provide them in basic care like feeding, personal hygiene, clothing, bathing and housing community organizes physical activities in group.

Social care services include activities of club house, elderly housing, auditorium facilities. They organize cultural and social events for recreation and rehabilitation. This is an approach of working to reduce social disconnection and build sociality among its elderly based on their participation. Group home, dementia care unit, mental health community provide mental health care services to the clients and in community. Organizing formal and non-formal social and cultural activities, group and individual counselling aim to reduce loneliness, anxiety and depression. Home care is another service of the organization for elderly of local communities to support their daily living.

To pursue its goals, it has around eighty working staff who work for its one hundred and eighty clients. These working staffs provide their respective clients with the facilities of

administration, housing, safety, health and recreation. Arrangements and delivery of services are guided by the level of satisfaction, need and interests of its service users.

Additionally, in terms of ensuring quality of services it has partner organizations. These partner organizations provide legal consulting, counselling for patients, arranging volunteering services of social activities like music program, food culture event, outing. However, the local municipality is the main partner organization that provides financial aid, legal consultations and admission procedure for clients

Concerning the working environment of the organization, it regulates its services under the Finnish Patent and Registration Office, Ministry of Health and Social Affairs and the local Municipality. Being a non-profit organization, it is a permanent association of several persons and organizations. Board members of the institution are obliged to regulate it according to the rules and regulations of central government of Finland. According to the Responsible Manager of the organization, they work in a multicultural environment where they welcome everyone as working staffs, clients, and visitors. Moreover, the organization and its staffs work with their clients individually and in group. Overall, level of satisfaction, interest and need of residents are prime working goals of the organization.

Old age home organizes social care activities with the help of volunteers and in their own. Staffs of the organization hold meeting every morning to prepare for whole day care activities like medication, personal hygiene, serving meal, feeding, exercise, singing, telling stories individually and in group. This aims to familiarise with each others. In group, they organize indoor games, quiz of general informations on society and culture. After completing the tasks, support staff ask for written feedbacks; evaluate them and prepare activities again for better involvements and quality services.

8 RESEARCH METHODOLOGY

Methodology constitutes the ideas of scientific quest of informations. Selection of research topic and collecting data, its analysis and implementing them in a planned way is research study (Silverman 2011, 53).

Participation and communication were selected as tool to study the community life of elderly residents and community building approaches of old age home. The research has proceeded with identifying problems based on literature review, non-participatory observation and semi-structured interview.

Three employees of the organization were interviewed during data collection process. Implication of these methods have also supplemented to analyse the functional procedure of the old age home. The topic of the study is 'Community Building of Elderly: A Finnish Institutional Care Perspective'. It has two main objectives: to find out the community life of elderly residents and community building approaches of the old age home. For this, qualitative research was implied to find out relevancy between objectives and topic of the study.

Qualitative research is a comprehensive research tradition that concern with the study of human feeling and experiences. This is a purposeful method to understand the meaning of emotional aspects which take in natural setting of human collection (Polit & Hunger 1999)

8.1 Focus Group of the Study

The research was carried out in an old age home of Vantaa, Finland. According to the nature of research topic, questions and objectives, I have interviewed three employees of the organization. Interview was accompanied by an open group discussion with the interviewees. Fortunately, interview and discussion both were conducted in English language. A field book was used for both interview and observation to write information to conclude the results. Turner (2009) argues that technique of focus group

gives its members time to generate and review their information through discussion and it has flexible nature also. It is also economy technique in qualitative research (Cited in: Neale 2009, 215)

8.2 Data Need Assessment

Data were collected both in numbers and facts. Likewise, tables and figures of demographic data were assessed and analysed. Data relating to the activities of daily living were taken numerically. Theme based analysis was carried out to interpret social, mental and physical capability of clients. Likely, journals and previous research were used to assess and analyse the information.

8.3 Data Collection Method

Semi-structured interview and non-participatory observation were designed to study the topic. Before the interview, a short discussion was held with interviewees on the research topic and its aims. Three employees were interviewed individually which lasted for thirty minutes for each. During data collection, information obtained from interview and observation were written in field book and later on refined. During practice placement, importance of data collection was reminded by the supervisors.

In a qualitative research, observation is taken as a fundamental tool to collect data. This aims to get the first hand data from a natural setting of the research area (Burns & Grove, 2003, 375).

However, the weakness of non-participant observation is that the presence of researcher 'could change the behaviour of those being observed', though longer presence of the observer can reduce such changes. 'The longer the observer observes, the more likely they are to act naturally' (Haralambos & Holborn, 2004, 909).

As suggested by the supervisor, I have utilised my field book to write the daily activities, time table and working schedule of the employees. A field book is useful to note down and document the research activities.

Semi-structure interviews are 'more flexible than other research technique. Open-ended questions of the interview are mentioned hereafter in the appendices of this research paper. They are used to get the simple and factual information from interviewees. It can be applied to ask their behaviour towards clients, their working experience in the similar work setting of the past, motives, feelings and emotions' (Haralambos and Holborn, 2004, 906).

8.4 Data Analysis

Considering the nature of the study, thematic technique was used to interpret, analyse and organize collected data. This technique allows to build a theoretical concept rather than relying on to prove hypothesis. Similarly, it was important to arrange data in a way that could measure the experiences of interviewees. Along with this, common experiences were taken as theme to focus on the frequency of data. Tables and figures were used to extract the statistical value to support the aims of the study (Braun & Clarke 2006).

8.5 Data Collection Process

Firstly, I have submitted my idea paper and research proposal. After the discussion and acceptance of both, I got the research permission from my thesis supervisor. Later on, we both (Me and the organization) have made an written agreement to carry out the research. Secondly, after the discussion of my research topic and about interviewees, I have set questionnaires and sent them to the interviewees. However, they were informed in advance about the nature and aims the research.

8.6 Recruitment of Interviewees

During the discussion with employees of organization on research topic, I have used purposive sampling technique to select the employees for interview. The selection was based on specific and grasp knowledge on the topic, experience, interest and willingness to respond. It is a viable technique in qualitative research in which researcher selects the respondents who has precise informations in relation to the research topic. For this scope of the study and the ethics of the organization was taken into consideration.

8.7 Ethical Issues and Consent

The most vital and universal components of research study is its ethics. So, it was taken into consideration throughout the research period from the very first stage to its final step. As Mäkinen, (2006) said ethical aspects of the research should be always put in the research planning. Moreover, setting of questions for interview, selecting and informing interviewees, reporting all should be planned from the ethical point of view.

Before the start of the interview, we have signed an agreement of their consent to sit for the interview. During the interview, the short detail of the research topic was explained individually. Their autonomy was considered to reply questions, to stay or skip the questions or the whole interview with no reason. They were informed about their voluntary participation in the interview. It was an understandable fact about sensitivity of the informants. So, no questions were offered to give mental pressure or any sorts of harms to the interviewees or to the organizations. Similarly, organizational informations of the interviewees were kept confidential and they were identified as anonymous.

9 FINDINGS

In my research area, there were eighty working staffs who work for their one hundred and eighty residents. The service users of this old age home come from local community. Working in an institutional care setting for elderly residents is both sensitive and skill oriented profession. Three female working staffs were interviewed including responsible manager, social worker and a nurse. The findings of the study through interview and observation constitute following themes:

9.1 Skills for Elderly Care

Social workers are responsible for providing social care and support to elderly residents. To work as a social workers, they need to have varieties of care skills both in theoretical and practice level.

Ability of communicating with elderly residents respective of their mental and physical capabilities helps to increase their participation in social care activities and makes individual or group counselling clear and concise. Presence of interpersonal skill and empathy are significant aspects of communication. At the same time, consideration of autonomy, dignity and privacy of clients give them emotional satisfaction.

Elderly residents have mental and physical problems those need to be considered while while making communicating and supporting them physically. Level of such problems varies according to age group. So, identifying and minimising or easing such problems are vital to empower their daily lives.

Application of social work theories in practice helps professionals to analyse critically by focusing on ethical aspects of services, informations and relationship with residents. Acknowledgement of intervening at the time of emergency situation is another inevitable quality of working for elderly care. It gives residents to know and develop their strengths to live independently as long as possible.

Timely, accurately, thoroughly and precise documentation and reporting of information, emergency and crisis situation regarding residents' day to day mental and physical condition is another asset to old age homes. Simplifying working environment, prioritising tasks, utilising time and skills, decision making capacities, keeping records are the organizational skills that workers need to work in such institutions.

Understanding the importance of human connection and relationship is as important as other skills to work in the spectrum of social and community work profession.

Acknowledging the sensitivity of the profession, responsibility, welfare of others, supportive nature, encouraging, respectful behaviour help to understand social and human relation and act accordingly. These prerequisites reinforce the professional knowledge and skills which articulate the connection among residents, building trust and involving them collectively as a unit.

I have found that Responsible Manager of this old age home has strong leadership skills of communication, negotiation, assessment of group or individual case management, overall management to maintain quality of services. She/he further told that she/he fulfils merits of meeting legal requirements of safety and security of clients, promoting their rights and duties, making them accessible to local community, encouraging them in day to day physical, social and cultural activities to operate elderly care services. Most importantly, monitoring, supervision and evaluation of quality of care, work performance of support staff, making agreements and contracts, budgeting and planning, developing program and policies, recruiting and training are the cores of leadership in old age home as a manager.

Nurse responded that in old age home he/she is responsible for everyday basic care of elderly residents. Along with this, communication skills, planning daily care activities, giving physical and mental support to residents, taking care of their personal hygiene, meal items, medication, health records and reporting to senior staff are basic aspects of skills she needs during that a nurse needed in elderly care services.

9.2 Life of Elderly in Old Age Home

Because of degrading mental and physical health elderly who become incapable of doing self-care and who do not have family and relatives feel isolated at home. So, they choose to live in old age homes. Moreover, they begin to live in old age homes not only for basic care but also for social care to minimize their loneliness.

However, based on my observation and discussion with the residents, it was found that physical and mental impairment limit their communication and participation in social care activities of old age home which increase their loneliness and isolation. At the same time, they do not have access to socio-cultural life neither inside nor the outside of old age home.

Old age home organizes events like food day, music day or stage dramas with the help of volunteers. However, network with volunteers is weak and does not have a mechanism or partner organizations that organize Finnish socio-cultural activities to give residents a sense of community feeling through their communication and participation.

Building community of elderly in residential setting depends on the level of their engagement and enduring interaction. These two components of community building further rely on the condition of physical and mental health of the residents. The more they cared and treated well the more they likely to involve and communicate. In this regard, nurses has crucial role to maintain their overall health condition so that they feel fit and comfortable to walk and move themselves and make conversation with each others.

10 DISCUSSION

Elderly residents of institutional care setting in Finland have sufficient basic care services provided by public and private service agencies. They provide services ranging from basic to community care for elderly in their locality who are in need of home or residential care. Finnish old age homes have services of day care, mental health and 24 hours of care and support. In the everyday morning, nurses and support staff, hold meeting to plan whole day activities. They classify their activities with the prior focus on physical and mental fitness of residents.

During on-going implementation of plan, they work in pair, individually and sometime in group if needed. At the end of the day, they collect written feedbacks from clients to improve delivery of services. It is found that medication and culinary items are the most sensitive issues in residential care of elderly. They need to be precise in timing, quality and quantity of medicine to reduce the risk of overdose and drug reactions.

On the other, they prepare, serve and feed food items to their residents as per the level of digestion, physical capacity, appetite, desire of having meal. In such parlance of care, combing hair, giving bath, putting clothes, cutting nails and so on are the personal hygiene activities of clients which is equally important to keep them neat and tidy. At some level, this gives residents personal satisfaction.

Kitson and colleagues (2010), define basic care is care of communication, breathing, eating and drinking, elimination, cleanliness and dressing, mobility, activities, rest, sleep, body temperature, working and playing, expressing sexuality, care for safety (prevention of complications), and death care (Cited in: Achterberg n.d.)

In spite of quality provision of basic care, different issues were came up during interview and discussion with residents in terms of social care. According to one respondent:

Institutional care system in Finland has been able to recreate social life of elderly in some extent because they eat together, watch TV together and participate in indoor activities individually and in group according to their mental and physical capabilities. They equally get individual and group support from staff as well.

However, s/he added that the approach to social care is individually centred. Irregular social gatherings and individual counselling are not sufficient to build their community in residential setting. It is due to lesser socio-cultural programs in community approaches. Lack of social and community work staffs, funds and legal obligation are the factors of less socio-cultural events in institutional care setting which has lagged social life of residents. Development of new program and policies, fund raising could bring changes in the service structures of old age home.

Mariya Riekkinen (2015) has a valid opinion that concerns the socio-cultural life of elderly in residential or institutional care setting. The Turku based scholar has raised the issue of 'universal human rights of elderly living in assisted homes' in Finland. In a residential care setting, elderly are confined within fencing of institutional obligations and care systems. Neither they have access outside and nor they have opportunities to involve in socio-cultural activities inside old age homes. In 2013, there were 46,720 elderly living in different institutions (Mariya Riekkinen 2015).

Universal Declaration of Human Rights stressed on building society of all ages, The Madrid Plan of Action on Ageing (MIPAA) was conceived at the Second World Assembly on Ageing in Madrid in 2002 which came into effect as a global legal framework on elderly. The main components of this global ageing policy is to build the society of all ages and to give an assurance to ageing population for their full and active engagement in society, labour market, mainstream society to promote their independent quality life.

11 UTILITY OF THE RESEARCH

Societal aspects and cultural facets constitute society of a country. So, it is a necessary character of society to embrace people of all ages. Building a community of old people of their age group is a collective effort to address their common problems, needs and interests. This brings them in the mainstream society with the sense of security and integration. Community approach is the most viable base to build their community in this regard because it focuses on group rather than individual and family.

Elderly are neither only the subject of demographic study nor they are just the consumers of public services. Like others, they have also similar rights to have healthy social life through collective interventions. My research is an alternation of creating their own community in an institutional care setting which further minimizes their loneliness and social disconnection.

This research is sought to open the advocacy of rights of elderly living in old age homes across the country. Implication of this study is useful to law scholars, professional and academic researchers to reshape and reformulate policies at national level. Building community through involvement in social and cultural affairs is to mobilise them to get supports from each others as well.

Elderly people are from different field of works and professions. So, they have diverse life and professional experiences. Making a network of their age group and reconnecting them with communities is to give them a platform to transfer their knowledge and skills in community and to coming generation. This makes communities to evolve stronger. Such communities across the country are the value of national assets.

12 CHALLENGES AND OPPORTUNITIES

By the nature, research is not an easy task especially in social spectrum. Most challenge in my study was collecting necessary data because of language barriers, busy working schedule of employees, time management. Communicating with elderly of the old age home was another difficulty because of their physical and mental impairment.

As a non-Finnish student it was hard to communicate in local language. Finnish working environment became obstacle for me to talk specially with the residents of old age home. Likewise, getting appointment of employees was another challenge because of their busy schedule.

However, I had opportunities to get practical knowledge on care of elderly during placement and data collection. Development of this thesis on elderly care is another asset of my leaning that I utilise it in my further study and research. The period of this study gave me opportunities to know more about Finnish elderly care system, its legal policies and working procedure.

In addition, I had an important time to learn about Finnish working environment. The spirit of Finnish working environment is to carry the spirit of professionalism. Be punctual, efficient to work independently, in group. Be a result oriented worker is another advantage of working in Finnish working culture.

13 PROFESSIONAL DEVELOPMENT

The goal of the DSS (Degree Program in Social Services) in Diak is to produce skilled and trained professionals through lectures and practice placement. Both teaching and learning in parallel aim to prepare students to identify and solve problems individually and in group to ease the life of people who are in need and supports. Similarly, understanding the role of various stakeholders, legal provision and functioning procedure is an another asset in terms of enabling family, individual and community.

The period of this study taught me the different aspects of research like developing ideas, ways of collecting data, organizing and developing ideas on the topic.

During my practice placement, the most important thing I have learned is about 'empathy' and its practice. Empathy is the most essential skills to work in the spectrum of community or social work profession. It is a skill that helps social workers to understand others feeling and emotions. By using this, professionals put themselves in clients' place in a particular moment which further helps to understand others psychology to solve their problems through counselling.

Though I am a student of social and community work, I have learned about basic and everyday care of elderly which I can mention in my volunteering work experience. Everyday basic care needs to be planned and noted down the types of care every individual needs separately. Preparation of daily stuffs like hygiene, meal, medication, cleaning, bathing, arranging bedrooms and living rooms of residents.

14 RECOMMENDATIONS

Elderly people consider old age home as their second home not just for everyday basic care but also to feel socially connected with other residents. But in opposite its was found that they remain disconnected from each others, their family and community.

Changing way of life and family structure have compelled their family members away from them. In such a critical situation of elderly living in old age home, needs to be addressed from the policy makers and implementing bodies.

In this regard, government should make legal efforts to incorporate their socio-cultural rights in its policies and programs. And institutional care system should be obliged to create socio-cultural mechanism in their service structures also. They should be able to establish a strong partnership and co-ordination with volunteers and service providers who organizes socio-cultural programs frequently. This will create a quality social life of elderly inside old age homes.

At the same time, professionals and academic researchers need to extend their research activities comprehensively that includes wide range of issues of elderly of old age homes. This will further compel policy makers to address them in an appropriate way so that the institutions will be obliged to give priority to social care based on socio-cultural participation of their residents.

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APPENDICES

Appendix 1

Table: 1. Demographic Status of Elderly in Finland from 2000-2030

Table: 2. Health Care Services for Elderly in Finland

Table: 3 Social Care Services for Elderly in Finland

Table: 4. Informal Care Services for Elderly in Finland

Table: 5. Formal Care Services for Elderly in Finland

Table: 6. Responsible Bodies to Implement Informal Care Policies

Table: 7. Responsible Bodies to Implement Formal Care Policies

Appendix 2

Questionnaire

1. What are your objectives in relation to the services for residents?
2. Why do elderly choose to live in your old age home?
3. What kind of activities for your residents are must?
4. What are the SWOT (Strength, Weakness, Opportunities, Threats (Challenges)) to the methods of working to your institution?
5. How do you organize activities for residents?
6. What are your priorities to ensure the togetherness of residents?

7. What kind of daily plan do you make communication and participation of your residents?
8. What qualities do you need to work as a head of this old age home?
9. What role a social worker has in this old age home to feel the residents a sense of community feeling?
10. How do you motivate them to participate in institutional social.cultural activities?
11. What challenges do you face to work as a social worker in this old age home?
12. How do you cope with the different level of education, individual strength and sociality of your residents?
13. How do you plan everyday basic care activities for residents as a nurse?
14. How do you make communication with your clients who have different level of communicating abilities?
15. What challenges do you see working with elderly of an old age home?

ABBREVIATION

IADL	Instrumental Activities of Daily Living
ADL	Activities of Daily Living
LTC	Long-Term Care
MIPAA	Madrid Plan of Action on Ageing