

# CLIENT ORIENTED SENIOR SERVICES IN TOIVAKKA MUNICIPALITY

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<p>Abstract</p> <p>The population in whole of the European Union is aging rapidly. In Finland the number of elderly citizens will increase significantly in the next few decades. The growth of the elderly population is related to the increase in the need for services. This means that the municipalities need conscious and systematic aging policies. In Finland the Acts on Supporting the Functional Capacity of the Older Population and on Social and Health Services for Older Persons came into force in July 2013. The Acts require that every municipality has their own plan to support the older population and that the older population has an opportunity to influence on the development of services.</p> <p>This case study is a part of a Double Degree Program. The aim was to describe aged people's and professionals' views and opinions, about senior services in the Toivakka municipality. One part of the data collection was done by using focus group discussions and the other part by using an email questionnaire to the professionals who work with the elderly.</p> <p>The significance of voluntary organizations and supportive services was emphasized in the results. Poor delivery of information was described as the biggest problem with regard to the well-being of the elderly in Toivakka. The results gained from this study were used when the Toivakka municipality was drafting its plan for elderly care.</p>		
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Tiivistelmä Väestö ikääntyy nopeasti koko Euroopan Unionin alueella. Ikääntyvien määrä Suomessa kasvaa tuntuvasti lähivuosisikymmeninä. Ikääntyneiden määrän kasvu ja siihen liittyvä palvelutarpeen kasvu edellyttävät kunnilta tietoista ja suunnitelmallista ikääntymispolitiikkaa. Suomessa heinäkuussa 2013 voimaan tullut laki ikääntyneen väestön toimintakyvyn tukemisesta sekä iäkkäiden sosiaali- ja terveyspalveluista edellyttää kunnilta suunnitelmaa ikääntyneen väestön hyvinvoinnin, terveyden, toimintakyvyn ja itsenäisen suoriutumisen tukemiseksi. Lisäksi laki edellyttää, että ikääntyneellä väestöllä on mahdollisuus vaikuttaa palvelujen kehittämiseen.  Tämä tapaustutkimus on osa kaksoistutkintoa. Tavoitteena oli kuvata toivakkalaisten ikääntyneiden ja heidän parissaan työskentelevien ammattilaisten näkemyksiä Toivakan vanhuspalveluista. Aineistonkeruu menetelminä käytettiin kohderyhmähaastatteluja sekä ammattilaiselle lähetettyä sähköistä kyselyä.  Vastauksissa korostui vapaaehtoisjärjestöjen ja erilaisten tukipalvelujen merkitys. Suurimmaksi ongelmaksi ikääntyneiden hyvinvoinnin tukemisessa Toivakan kunnassa pidettiin puutteellista tiedottamista. Tutkimuksessa saatuja tuloksia hyödynnettiin Toivakan kunnan vanhuspalvelusuunnitelman laatimisessa.		
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## Contents

<b>1 INTRODUCTION</b> .....	3
<b>2 CLIENT ORIENTED ELDERLY CARE</b> .....	5
2.1 Client Oriented Social and Health Care Services in Municipality .....	5
2.2 Framework of Elderly Care in Finland .....	8
2.3 Required Measures in Municipality of Toivakka.....	9
<b>3 SENIOR SERVICES IN TOIVAKKA MUNICIPALITY</b> .....	13
3.1 Municipality of Toivakka in Central Finland .....	13
3.2 Structure of Senior Services.....	14
3.3 Client Oriented Homecare Services for Elderly .....	16
3.4 Supportive Services for Elderly.....	17
3.5 Housing Services for Elderly.....	18
3.6 Informal Care .....	19
3.7 Senior Council.....	20
3.8 Other Services.....	21
3.9 Nursing staff in the field of Senior Services.....	23
<b>4 RESEARCH AIM AND QUESTIONS</b> .....	25
<b>5 RESEARCH IMPLEMENTATION</b> .....	26
5.1 Research Methods and Data Collection.....	26
5.1.1 Method A: Focus Group Discussions with Ageing People .....	26
5.1.2 Method B: Online Questionnaire for Professionals .....	29
5.2 Data Analysis.....	30
<b>6 RESULTS</b> .....	33
6.1 Retired People’s Needs in Order to Continue a Healthy and Fulfilling Way of Life	33
6.2 Activating and Supporting Elderly People in Toivakka .....	34
6.3 The Most Important Senior Services .....	36
<b>7 THE DISCUSSIONS AND CONCLUSIONS</b> .....	39
7.1. Main Findings and Discussion.....	39
7.2 Trustworthiness and Ethics of the Study .....	43
7.3 Conclusions .....	45
<b>REFERENCES</b> .....	47
<b>APPENDICES</b> .....	50
APPENDIX 1a. Ikääntyneiden ryhmähaastattelunrunko.....	50
APPENDIX 1b. Structure for the elderly focus group discussion .....	51
APPENDIX 2a. Sähköpostikysely sosiaali- ja terveydenhuollon ammattilaisille.....	52

APPENDIX 2b. Email questions to social- and healthcare professionals .....	53
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### **List of tables**

Table 1. Senior service employees in Toivakka municipality in 2013 .....	11
Table 2. Population projection as a percentage of the whole population in Toivakka and in Finland in general (Statistics Finland, 2012.) .....	13
Table 3. Housing services in Toivakka and in whole Finland in year 2012. The amount of those who have reached the age of 75 years as a percentage of the age group. (THL, 2013). .....	15
Table 4. The four main topics for the focus group discussions in Finnish and in English .....	28
Table 5. The themes from the data .....	32

## 1 INTRODUCTION

The population in the whole of the European Union (EU) is aging rapidly. The number of people aged 60 or above is now increasing by more than two million every year. (Demography report 2010, 2011.) In the 27 EU member countries the numbers of people over 80 years will rise from 4.7% to 11.3% by the end of year 2050. (A Good Life in Old Age?, 2013, 1.) The number of elderly citizens in Finland will increase significantly in the next few decades. In Finland, there are 5.4 million people. According to the Population Registration Center, between the years 2010 and 2030 the number of those over 65 years of age will increase by 600 000 and those over 75 years of age by 400 000. The amount of those over 80 years of age will double to almost half a million. (Statistics Finland, 2012.)

Life expectancy is increasing all the time but also the number of active years has increased. The greatest needs of services, and therefore the highest costs, usually incur in the last two years of life. (Ikäihmisten asumispalvelujen järjestäminen, 2011, 8.) A study made in OECD countries show that approximately 17% of men and 23% of women aged 65 and over experience physical limitations and that they, therefore, have difficulties with the activities of daily living. This means that the increased life expectancy entail a higher demand of long-term care services. (Services for older people in Europe, 2008, 5-6.)

In 2006 the Finnish Ministry of Social Affairs and Health published the Social and Health Policy Strategies for 2015. The focus of the elderly policy is on improving functional capacity, enhancing independent living, contributing seamless service lines and to the versatility of the services, creating accessible environments and promoting the use of new technology. The aim is to guarantee high quality care at every stage of life. (Sosiaali- ja terveystalitiikan strategiat 2015, 2006, 19.)

The growth of the elderly population is related to the increase in the need for services. This means that the municipalities need conscious and systematic aging policies. (Ikäihmisten palvelujen laatusuositus, 2008, 15-16.) The Act on Supporting the Functional Capacity of the Older Population and on Social and Health Services for Older Persons (later called Act for Elderly Care) come into force in July 2013 in

Finland. The Act requires that every municipality has its own plan to support the well-being, health, functional capacity and independent living of the older population as well as to organize and develop the services and informal care needed by older persons. This section of the Act will be applied from January 2014. (Finlex, 2012.)

The plans to support the older population must be made together with the different bodies of the municipality. The plans determine how the municipality will support the well-being, health, functional capacity and independent living of the older population. The plan must be a part of the budget and budget plan of the municipality. The plan will be approved by the local council and it needs to be taken into consideration when preparing municipal decision-making affecting to the older population. The plan needs to be updated every term of office of the council. (Finlex, 2012 and Ikäihmisten palvelujen laatusuositus, 2008, 3.)

This is a case study where the aim is to describe aged populations and professionals views and opinions about senior services in Toivakka municipality. The aim is to focus on aspects that can help to postpone the need for elderly care services and, on the other hand, on the services that would support independent living at home. The information produced by this study will be used when drafting the plans for elderly care in the Toivakka municipality.

## 2 CLIENT ORIENTED ELDERLY CARE

### 2.1 Client Oriented Social and Health Care Services in Municipality

According to Jäppinen (2011), the relationship between municipal residents and the political and administrative systems has been an issue of current interest in the whole of Europe for the last 20- 30 years (Jäppinen, 2011, 111). The results of Hennala's (2011) dissertation indicate that municipal residents see the possibility to influence on developing the services as their right. They also felt that their participation in developing the services is needed. (Hennala, 2011, 115.) Increasing participation and possibilities to influence are seen as ways to gain the residents' trust in the political system and to ascertain that the services meet the residents' needs. Client orientation in municipal services means that services are developed from residents' needs and that the development of the services is moving to a client-oriented direction. (Jäppinen, 2011, 111- 112)

In Finland, municipalities are responsible for providing services to their residents. According to the Association of Finnish Local and Regional Authorities, residents value municipal services and want to use them. Social welfare and health care is the largest local government function and a central part of the Finnish system of welfare services. (Kuntaliitto, 2014.) From the municipal point of view the optimal way to provide services is that the services are economically produced and that the municipal residents are satisfied with them. (Jäppinen, 2011, 161.)

According to Timo Toikko (2009), client involvement has a central role in future social and health care. Clients can produce information and be involved in planning, implementation and development of the services. Toikko thinks that it is hard to develop the service structure if it is not done in collaboration with all the parties that the development actually affects. Developing services should be done together with the service users and professional experts. (Toikko, 2009, 1-3.)

Client orientation and control of processes are the key aspects in quality work. It is though that client-oriented services mean that the basis of the services is on the clients' needs, hopes and wishes. It is also important to find out what services the clients think are the most important to them. Clients and their family members



should have the possibility to give feedback, and that feedback should have an impact on the services. (Asiakaslähtöiset palveluprosessit, 1999, 23- 28.)

The Finnish Federation for Social Affairs and Health made an annual survey about the Finnish well-being in 2011. The survey showed that clients' opportunities to influence on the social and health services were quite limited. The respondents felt that both opportunities to influence on the services and to give feedback about them were poorly provided. The respondents also felt that it was difficult to apply for the services and find information about them. (Kansalaisbarometri 2011, 2011, 103-104.)

The same kinds of results were gained in a study published by the Union for Senior Services. In 2012 they conducted a study about elderly care services in the municipalities of Finland. According to this study, managers of elderly care felt that collecting regular feedback from clients was carried out poorly. Moreover, the provision of information was described as poor. (Miten turvataan hyvä vanhuus Suomessa?, 2012, 16.) A year later, another annual study by the Finnish Federation for Social Affairs and Health (Sosiaalibarometri 2013) indicated the same idea. In this study 56% of the respondents, who were social and health care managers, felt that clients' opportunities to influence on developing the services were quite poorly or poorly provided. Another 6% of the respondents felt that clients had no opportunities to influence on the services. (Sosiaalibarometri, 2013, 72.)

Tammelin (2010) made a study about forums which were arranged to explore social service clients' experiences of social services in general and in rehabilitative work. This study also pointed at development needs in the provision of information about the services. (Tammelin, 2010,44.)

Real influence means having a change to impact on the changing of something. In such case feedback that the clients give directly affects the services so that the suggested changes and improvements are implemented. On the other hand, clients' involvement in organizational functions can have indirect effect on changing organizational culture to more client-oriented direction. (Asiakkaat kuntapalveluiden kehittäjiksi, 2012, 20.)

Efficient information is important part of client-oriented services. Without information about the services clients cannot equally participate in the services. Efficient information about service structure and practices also simplifies social and health care personnel's work when clients' expectations and behavior in the service situation are equal. (Matkaopas asiakaslähtöisten sosiaali- ja terveystalveluiden kehittämiseen, 2011, 27.) The personnel perspective was also raised by the dissertation of Jäppinen (2011). According to Jäppinen's findings, client orientation in services shares responsibility and increases work satisfaction. (Jäppinen, 2011, 161.)

In order to really develop client-oriented services, it has to be kept in mind that not only clients need information but that service producers also need information about the clients. Moreover, collecting information about the clients is only the first step, as it also needs to be analyzed and the results used in decision making. Clients need to be taken in to the process not only as far as their opinions are concerned but as a resource that can be used in implementing and developing the services. (Matkaopas asiakaslähtöisten sosiaali- ja terveystalveluiden kehittämiseen, 2011, 59- 60.)

In developing more client-oriented service production processes, organization need to have a better understanding of their clients, they need client insight. Organizations also need to be able to predict the future service needs. (Matkaopas asiakaslähtöisten sosiaali- ja terveystalveluiden kehittämiseen, 2011, 60.) One aim of this study was to collect better information about clients for the elderly care services in the Toivakka municipality.

## 2.2 Framework of Elderly Care in Finland

A new Act, namely the Act on Elderly Care came into force in Finland in July 2013. The aim of this Act is to ensure that older people receive treatment and care individually suited to their needs on an equal basis in the whole country. (STM, 2012.) The objective of this law is to secure the older population's usage of the social- and healthcare services. Another objective is to improve the older population's well-being, narrow the welfare cap and improve independent living with timely rehabilitation interventions in old-age deterioration and its risk factors. The aim is also to guarantee elderly people's access to the evaluation of service needs when required and that the services are adequate in terms of quality and amount. (Finlex, 2012.)

In this Act the older population means the segment of the population that has reached the eligible age for a retirement, in other words, the age of 63 years. An elderly person means a person whose physical, cognitive, mental or social functional capacity is impaired due to illnesses that have begun, increased or worsened with old age or due to degeneration related to old age. (Finlex, 2012.)

The Act on Elderly Care determines what kind of issues should be dealt with the elderly care plan. In the plan the well-being among the older population, the adequacy and quality of the services and the factors affecting the service needs of the older population must be evaluated. It also needs to determine the means of supporting the well-being, health, functional capacity and independent living of the older population. The main focus of the services needs to be on homecare and rehabilitative services. (Finlex, 2012.)

As the Act on Elderly Care obligates, the aged population of Toivakka can participate to drawing up the plan. The Act on Elderly Care underlines the older population's opportunities to exert influence on their living conditions and developing the services. In addition, cooperation with different bodies influencing the well-being of the older population must be reflected in the plan. (Finlex, 2012.)

### 2.3 Required Measures in Municipality of Toivakka

The Act requires that the decision-making body responsible for social welfare in the municipality must annually evaluate the adequacy and quality of social services needed by elderly persons in its area. In order to be able to do this, local authorities must collect feedback from service users, their family members and the municipal personnel on a regular basis. (Finlex, 2012.) Before this new Act Toivakka had collected feedback on homecare services on a regular basis, but only occasionally from the other elderly care units. Feedback from the staff has been collected annually.

According to the Act on Elderly Care, every municipality has to have sufficient and diversified expertise for supporting the well-being, health, functional capacity and independent living of the older population. Special expertise must be available at least in the field of promotion of wellbeing and health, gerontological care and social work, geriatrics, pharmacotherapy, nutrition, multi-professional rehabilitation and oral health care. This section of the Act will be applied from January 2015. (Finlex, 2012.) Toivakka municipality buys healthcare services from the Regional Health Center (Seututerveyskeskus) and there is a diversity of different expertise available.

Local authorities must establish a council for older people to ensure the older population's opportunity to participate and influence to the decision making. (Finlex, 2012.) In Toivakka there has been a senior council for years. In year 2013 the senior council and council for disabled were united.

Local authorities must provide information services that support the well-being, health, functional capacity and independent living of the older population. Local authorities must offer health examinations, appointments and home visits that support the functions mentioned above. These services need to be offered particularly to those whose living conditions and life situations are considered to involve risk factors increasing their need for services. (Finlex, 2012.) Toivakka municipality offers home visits that support well-being to all people that have reached the age of 80 years and are not yet receiving any services.

The Act requires that every municipality needs to provide older persons with social and health care services of high quality that are timely and adequate to their needs. The attention needs to be on services which promote rehabilitation and which are provided at the old person's own home. Furthermore, long term care should primarily be organized at the person's private home or in another home-like environment. When arranging long-term care it is important to be take into consideration that older married or cohabiting couples must be offered the opportunity to live together. (Finlex, 2012.) In Toivakka it is possible to receive the services at a short notice, and the focus of the services is on home services. Housing services are home-like, and couples have the opportunity to cohabit.

Local authorities are responsible for a comprehensive evaluation of an older person's service needs. The evaluation must be started immediately when the request comes and completed without unnecessary delay. (Finlex, 2012.) Local authorities in Toivakka have been able to evaluate the service needs without unnecessary delays.

According to this Act, every client within the social services for elderly, needs to have a service plan. The plan must be based on an assessment of the older person's functional capacity and, as a result, state what kind of social and health care services are needed in order to support the person's well-being, health, functional capacity and independent living and to ensure good care. The older person and, as necessary, his or her family members must discuss the options to ensure a comprehensive set of services. The views of the older person on those options must be recorded in the plan. (Finlex, 2012.) In Toivakka, every client of the social and health care services has a service plan. The plan is checked in every three months and every time significant changes occur in the person's functional capacity. The nurses in the service unit are responsible for the updating of the plan. In homecare relatives often take part in drawing up the plan and updating it.

Local authorities must appoint an employee responsible for an older person if the person needs help in matters regarding the provision of services and their coordination. The responsible employee needs to monitor the implementation of the service plan and any changes in the person's service needs. (Finlex, 2012.) Every social and health care client in Toivakka has had an appointed nurse, but the system

needs to be reviewed due to this new Act. It seems to be unclear for the nurses what belongs to the tasks of an appointed nurse.

The Act requires that care units have personnel whose number, education and task structure correspond to the number of older persons receiving the services of the unit so as to be able to meet the service needs required by the older persons' functional capacity and to guarantee services of a high quality. (Finlex, 2012.) In Toivakka municipality the care units have barely sufficient amount of staff (See Table 1.) but it is difficult to find substitutes to a short term needs. This means that the care units often have understaffed shifts. Local authorities in Toivakka have noticed this, and new employees will be hired. In addition, the educational structure of the staff is taken into consideration.

Table 1. Senior service employees in Toivakka municipality in 2013

Care Unit	Permanent employee	Long-term substitutes
Homecare	5 practical nurses, 1 registered nurse, 1 Bachelor in Social services	
Idankoti (10 residents)	4 practical nurses 1 home carer	1
24-service house (20 residents)	9 practical nurses 1 home carer 1 ward domestic	1 1
Nursing home (22 residents)	12 practical nurses 1 registered nurse 1 nursing aid 1 ward domestic	3 1

According to the Act on Elderly Care, a care unit must have a manager who is responsible for seeing that the principles defined by this act are followed in the work

with clients and that the services also meet the other requirements set for them. The operation of the unit must be led so that it supports client-oriented social and health care services of a high quality, promote a rehabilitative approach, enhance cooperation between different bodies and strive for a constant development of the working methods. (Finlex, 2012.) There is a manager of elderly care in Toivakka municipality, and the term of the appointment lasts until the end of year 2014.

According to the new Act, the manager of the care unit must see to it that self-monitoring is organized in the unit to ensure the quality, safety and appropriateness of the services. Moreover, the unit must devise a self-monitoring plan which must be kept on public display. This section of the Act will be applied from January 2015. (Finlex, 2012.) As yet, there is no self-monitoring plan in Toivakka municipality.

At least every six months the local authorities must publish information on how long older persons must wait before they can receive the social services they have applied for. The information has to be published so as to ensure that the elderly people actually receive the information. (Finlex, 2012.) Municipality of Toivakka has not yet published the waiting times. The local authorities in Toivakka need to decide how this information is published in the future.

### 3 SENIOR SERVICES IN TOIVAKKA MUNICIPALITY

#### 3.1 Municipality of Toivakka in Central Finland

The Toivakka Municipality is situated in the Central Finland. Toivakka has a population of 2500 people. The population structure in Toivakka is quite similar to the rest of Finland, although the number of children under age of 6 is over 2% more than in Finland in general. The number of people aged between 65- 74 years will decrease in Toivakka by the end of year 2040, as it will also do in the rest of the country. However, the number of those over 85 years of age will grow in the next few decades. In Toivakka the number of those over 85 will increase from 63 persons to 191 persons by the end of year 2040. (See Table 2.)

Table 2. Population projection as a percentage of the whole population in Toivakka and in Finland in general (Statistics Finland, 2012.)

Age group	Toivakka		Finland	
	2013 %	2040 %	2013 %	2040 %
65-74	14	11	11	10
75-84	7	10	6	10
85-	3	7	2	6
<b>Total</b>	<b>24</b>	<b>28</b>	<b>19</b>	<b>26</b>

The municipality of Toivakka purchases its health care services from Regional Health Center (Seututerveyskeskus). Regional Health Center offers healthcare services from primary health care to specialized medical care. Toivakka has its own health center where medical and nursing services are provided. The center also provides dental care, maternity and child welfare clinics, a laboratory and physiotherapy services.



### 3.2 Structure of Senior Services

Across the Europe the situation in elderly care is quite similar. Governments are seeking solutions to increasing need of elderly care for example arrange funding to provide adequate and fit-for-purpose residential housing or financially supporting informal carers to continue their role. There are some regional differences for example Scandinavian countries appear more receptive and progressive with technologies, whereas putting trust into strengthening the possibilities for family caring is more prominent in Western and Southern European countries. (An Ageing Europe, 2009, 13.)

The senior housing forms differ across the Europe but the general emphasis is on design age appropriate infrastructure and the provision of local supportive services. The main goal is that aged people can live in their own home as long as possible. (Stula, 2012, 22-23.) In Finland the Ministry of Health and Social Affairs recommended that by the end of year 2012 91-92% of those who have reached the age of 75 years would live independently at home. It also recommended that 5-6% would receive 24-hour housing services and that only 3% would be placed in nursing homes or in health center wards. (Ikäihmistien palvelujen laatusuositus, 2008, 30.)

Statistics Finland showed that 82% of those who have reached the age of 75 years in Toivakka lived at home in year 2012. This was 10% less than what the Ministry of Health and Social Affairs has recommended. In addition, almost twice as many as what was recommended lived in 24-hour service houses. (See table 3.)

Table 3. Housing services in Toivakka and in the whole of Finland in year 2012. The number of those who have reached the age of 75 years as a percentage of the age group. (THL, 2013).

Type of accomodation	Toivakka %	Whole Finland %
Living at home	82	89
Service housing	0	1
24-hours service housing	11	6
Nursing home	7	3
Health center wards	0	1
	<b>100</b>	<b>100</b>

Nursing homes and health center wards are considered to be venues of institutional care. According to the Act on Elderly Care, long-term care and attention can be provided in the form of institutional care only if there are medical grounds for it, or if it is otherwise justified in order to ensure a dignified life and safe care for the older person. (Finlex, 2012.)

In Toivakka the structure of senior services has traditionally been focused on institutional care, but the situation is slowly changing. The number of those who have reached the age of 75, and are still living at home, has been growing for the last three years approximately by one per cent each year. At the same time the amount of long-term care in nursing home has decreased approximately by one per cent each year. (THL, 2013.) These changes are due to the work that has been done in nursing home. Instead of long-term care, the nursing home is gradually increasing the amount of short-term care. Practically this can be seen in homecare as the number of home visits has increased by 2000 visits each year for the last three years.

### 3.3 Client Oriented Homecare Services for Elderly

Although the functional capacity of the elderly has generally increased, it seems that no significant changes have been taken place among the oldest segment of the population. This means that the need for services have not been delayed among the population that has reached the age of 85. The decline of functional capacity and different kinds of illnesses create needs for homecare. The increasing numbers of elderly with dementia symptoms, psychological problems and alcohol abuse are also increasing the need for homecare. (Asiakaslähtöinen kotihoito, 2007, 3.)

Most government or state policies in Europe tend towards encouraging and supporting older adult to live in their own home for as long as it possible by using for example homecare support. (An Aging Europe, 2009, 10.) Supporting elderly person in their own home requires a balance between minimizing risk and maximizing independence. (Excellence in dementia care, 2008, 288.) Improving homecare service coverage and the content and quality of the services will be essential in the future. The need of preventive services as well as of those supporting the functional capacity will increase in order to enable living at home as long as possible.

(Asiakaslähtöinen kotihoito, 2007, 10.) The Finnish National Institute for Health and Welfare has studied Finnish opinions about social services. The study suggested that people considered homecare important and that it had increased their own resources in everyday life. (Kuntalaisten arvioita sosiaalipalveluista, 2010, 56- 57.)

When planning homecare services, it is important to consider the whole situation in life in order to ease everyday life and support social security and functional capacity. (Asiakaslähtöinen kotihoito, 2007, 10.) That is also the main focus of the Act on Elderly Care (Finlex, 2012).

Homecare plays a significant role in prevention of other services. In Toivakka the homecare services offer home visits supporting well-being and functional capacity to everyone who is over 80 years and not yet having any services. The Act on Elderly Care requires these kinds of home visits for people who are considered to have risk factors increasing their need for services (Finlex, 2012).

In Toivakka the number of home visits has been increasing for several years. In 2011 there were 15 930 visits and in 2012 19 500 visits. In 2013 homecare had 22 200 visits, and the beginning of the year 2014 shows that the number of home visits is still growing.

Developing homecare is one of the main tasks when improving service structures in elderly care. The aim of developing homecare is to increase the actual time spent with the client. At the moment, for example, documentation and recording statistics of the visits take time from direct client work. ERP- systems (Enterprise Resource Planning) are proved to be useful in this development. (Laatusuositus hyvän ikääntymisen turvaamiseksi ja palvelujen parantamiseksi, 2013.) In the near future Toivakka needs to consider the ERP-system as a part of developing homecare.

Studies show that the lack of time is considered the biggest challenge when offering good quality care. This means that when developing homecare, we need to ascertain that we have sufficient numbers of nursing staff in order to produce good quality care. (Attitudes to homecare in England, 2013; Kuntalaisten arvioita sosiaalipalveluista, 2010, 58; Tujunen, 2009, 59-60.) Toivakka will hire one new nurse for homecare in the beginning of year 2014.

### 3.4 Supportive Services for Elderly

#### **Meal service**

Nutritional problems of elderly people are linked to illnesses and an impaired functional capacity. Especially those with dementia have poor nutritional status and they suffer from lack of energy. The significance of meal service for an adequate energy intake is very important to elderly who use the service. (THL, 2009.) In the study of Finnish National Institute for Health and Welfare on the Finnish opinions about social services the meal service was considered one of the most important supportive services. (Kuntalaisten arvioita sosiaalipalveluista, 2010, 58- 59.)

In Toivakka the meal service mainly means the Meals on Wheels-service but it is also possible to dine in the halls of nursing home. The meal service is meant for those

who are permanently or temporarily unable to prepare their meals. The meals are delivered warm, seven days a week.

### **Security telephone**

In order to increase the elderly population's safety of living at home a security telephone has been made available. A security telephone is programmable telephone, and it comes with a wrist band. The telephone will make the call by just pushing one button either on the phone or on the wrist band. This kind of assistive technology has proved to be effective and to increase the safety of living at home. (Excellence in dementia care, 2008, 288.)

In Toivakka all the security telephones are rented. The calls are answered by a private company which will send help according to an agreement made with the callers. The agreement determines whether the help is given by a family member or by homecare staff.

### **Other supportive services**

The other supportive services in Toivakka are laundry service, bathing service and housecleaning service. Housecleaning service and laundry service are bought from the private sector. The bathing service is part of the homecare services. It is meant for people who need help in maintaining personal hygiene because of their state of health or because of inadequate washing facilities.

## **3.5 Housing Services for Elderly**

**Maijanvakka** is a small service house in the center of Toivakka. It offers homelike living for three elderly who do not manage at home anymore but do not yet need 24-hour service. Homecare is responsible for the services in Maijanvakka. Homecare visits there four times a day and when needed. During night time, help is available by security telephone.

**Palvelutalo, a 24-hours service house**, has 14 apartments and offer homelike living for 20 people. Living in Palvelutalo is meant for aged or disabled who do not manage at home anymore, not even with all homecare and supportive services. Palvelutalo also offers short term care, for example, during family caregivers' statutory leaves. In Palvelutalo nursing staff is available 24 hours a day.

**Idankoti, a 24-hours service house,** is for ten people at different stages of dementia. Idankoti offers homelike living. The security of the people living there is aimed to be ensured with code locks on the doors. Nursing staff is available 24 hours a day.

**Nursing home** offers a home for 22 people. Long-term care in the nursing home is meant for those who need 24-hour care and a great deal of help with their daily activities of living. The nursing home can also offer short-term care, for example, for persons who are temporary ill or who have been discharged from hospital and are not yet capable of going home. Nursing staff is available 24 hours a day.

### 3.6 Informal Care

In European Union there is a strong correlation between care of the older people and informal care. This is more common in some countries for example Ireland, Slovenia and Italy, where a high percentage of older people, who still live independently, rely on family members to provide care without any significant state assistance. (An Ageing Europe, 2009, 10.)

In Finland informal care is supported financially and by different kind of services. In Finland informal care means an entity of different kind of services. It consists of any necessary services for the care receiver, a care-allowance and leaves for the caregiver and other supportive services. The purpose of informal care is to enable care at home for a person who needs a great deal of help in his or hers daily activities of living. (Finlex, 2005).

A person who carries out intensive and demanding care work at care receiver's home may be eligible for informal care support (also known as home care support). The caregiver can be a family member or a loved one who based on his or her own health and functional capacity is capable of care work. The caregiver needs to be an adult and ready to be responsible for the care. (Finlex, 2005.)

Informal care support is not a subjective right. The criteria for granting support for informal care and the amount of care-allowance can vary from one municipality to another. The amount of the care-allowance has different categories depending on

the level of commitment and intensity of care. Every municipality decides the payment categories and criteria for informal care support within the limits of law. Family income and wealth do not affect the amount of payment. Care-allowance is taxable income. (Finlex, 2005.)

A caregiver, who has made an agreement for informal care support, is entitled to at least three days leave during the months in which he or she is bound to providing 24-hour care or otherwise continual care on a daily basis. The municipality is responsible for arranging the care while the caregiver is on statutory leave. (Finlex, 2005.)

Toivakka tries to support well-being of those who have made an agreement for informal care. The main supportive services are homecare visits and caregivers' leaves. While the caregiver is on leave, substitutive care is arranged at 24-hour service house. There is also a peer support group for caregivers, which meets once a month.

### **3.7 Senior Council**

The Act on Elderly Care demands that every municipality in Finland needs to have a Senior Council (Finlex, 2012). In Toivakka the Senior Council has been active for several years.

One of the key factors in producing good quality services is the older population's opportunity to influence on political decision-making. Senior Councils are one way to secure this. The main task of Senior Councils is to bring the older population's voice to political decision-making, planning and evaluation and also to inform older population about bending issues. (Laatusuositus hyvän ikääntymisen turvaamiseksi ja palvelujen parantamiseksi, 2013, 18.) The Senior Council must be included in the preparation of the plan for elderly care and also in evaluating the adequacy and quality of senior services (Finlex, 2012).

Senior Council can influence on municipal decision-making by making propositions, initiatives and issuing statements from the older population's point of view. Senior Councils have an important role in the cooperation of different bodies, such as

voluntary organizations, political decision makers and municipal office-holders. Senior councils can also activate the older population to use their own recourses for their well-being and the well-being of the community. (Laatusuositus hyvän ikääntymisen ja palvelujen laadun parantamiseksi, 2013, 18.)

### 3.8 Other Services

Multiple role changes occur over the course of life. Retirement is probably one of the most common role changes faced by an aging person. Retirement can be planned and anticipated or sudden if it is related to an illness or injury. Some people experience a lack of purpose with this transition. Those who retire unwillingly may be at greater risk for alcoholism, depression and suicide. Some people find fulfillment to their lives in voluntary work. (Gerontological nursing, 2010, 303-304.)

The annual study called Kansalaisbarometri 2011, indicated that 60% of the Finnish people considered the work of voluntary organizations important to their own well-being. This study indicated that especially those who are retired valued the work of voluntary organizations. On the other hand, the respondents felt that information about the voluntary organizations was insufficiently available. The stated that not only better websites but also printed information is needed. (Kansalaisbarometri 2011, 2011, 148- 170.) Churches and voluntary organizations are active in Toivakka. They have many free time activity groups for the elderly, for example, gyms, choirs, bands and craft groups.

The evaluation of social services by municipal residents was a study on how municipal residents in Finland found the quality of life and availability of social services. In this study, grocery store, schools, daycare, and health centers were considered important, and the respondents hoped that they would be closely available. The significance of public transport was also highlighted in the study. (Kuntalaisten arvioita sosiaalipalveluista, 2010, 75.) The European Union report An Aging Europe indicated that social isolation in rural areas is worsen due to closing and reduction of services like post offices, banks and markets. (An Aging Europe, 2009, 22.)



When services are removed from rural areas people come dependent on transport services. Transport services were also deemed important in the Finnish National Institute for Health and Welfare study on Finnish opinions about social service. However, the respondents were generally unhappy with the services. The main reasons for the services were complicated and insufficient, and inadequate information was given about them. (Kuntalaisten arvioita sosiaalipalveluista, 2010, 56- 59.)

The typically formulated expectations for the senior life are not only having good health but also maintaining independency in and maintaining an active from of life. In order to maintain the activity we should be able to offer different kind of leisure activities. Focus on health promotion and prevention of diseases can be valuable as long term strategy for public service providers, even on municipal level. The day centers will have more and more activities devoted to prevention of disorders. (An Aging Europe, 2009, 19-20.)

The Toivakka municipality has a day center that is open ones a week. It offers mainly recreational services to seniors but it also a place where different kind of experts give lectures about health promotion and self-care of diseases. In the study of the Finnish National Institute for Health and Welfare on Finnish opinions about social services day center services were considered one of the most important services. (Kuntalaisten arvioita sosiaalipalveluista, 2010, 58- 59.)

Participation in a regular exercise program has many benefits for the elderly. Regular exercise is good for those with health problems such as diabetes, cardiovascular disease and osteoporosis. It is also beneficial with regard to functional ability because it promotes independence and coping with the activities of daily living. Finally, it does not only have a positive impact on physical health but also on mental health. (Gerontological nursing, 2010, 314.)

Health promotion activities can help to prevent functional decline in the elderly. Functional disability is not only caused by aging, as it can also result from illnesses and diseases that are related to unhealthy lifestyle decisions. A major focus of health promotion efforts for the elderly is to minimize the loss of independence associated with illness and functional decline. (Gerontological nursing, 2010, 354- 355.)

Every person is invited to a health checkup in Toivakka after his or her 70<sup>th</sup> birthday. The idea of these checkups is survey the person's overall life situation and detect possible illness in time. These adult clinic visits are also a good opportunity for health promotion work.

Quality of life can be difficult to define. It is generally believed to include the physical, social and psychological dimensions of a person's experience. Often quality of life is the result of the interaction between these three dimensions. (Excellence in dementia care, 2008, 337.) All the services mentioned earlier are something that can help to secure the quality of life in later years.

### **3.9 Nursing Staff in the Field of Senior Services**

Social and health care needs a great deal of personnel and it is one of the biggest fields of work in municipalities. Social and health care also takes the biggest part of the municipal budget. (Lehto, Kananoja, Kokko & Taipale. 2001, 213.) The need for nursing staff in elderly care will increase in the future. Two main reasons for this are growth of service needs and age structure of the nursing staff. The age structure in the main job functions across the social care sector is similar most European countries. Economic research institutes estimate that for example in Germany there will be a requirement for roughly 2 million jobs related to caring for the older persons. Even though the situation is imminent, there are only few local and national recruitment strategies. (An Aging Europe, 2009, 16-17.)

In order to have enough professional nursing staff in the future, we need to make elderly care more attractive career choice. This is a shared challenge of education, working life and management. (Seudulliset vanhuspalvelujen strategiset linjaukset vuoteen 2030 ja toimeenpano- ohjelma, 2008, 72.)

It is essential to have adequate numbers of skilled nursing staff in order to offer safe and good quality services for the elderly. It has also a great significance for the well-being, work safety and stability of the nursing staff. (Laatusuositus hyvän ikääntymisen turvaamiseksi ja palvelujen parantamiseksi, 2013.) According to the Act

on Elderly Care, every care units must have personnel whose number, education and task structure guarantees high quality services (Finlex, 2012).

In elderly care services of Toivakka there are 38 permanent employees. The average age of them is 48.6 years. In the becoming years several employees will be retired, and it will have significant influence on the whole personnel structure. During the next five years 10 employees will be retired. Because of different kinds of absences, such as maternity leaves, annual holidays and sick leaves, there are 17 substitute nurses working in Toivakka. Their average age is 44.8 years, and four of them will be retired during the next five years. The local authorities in Toivakka have realized the situation, and during the year 2014 one registered nurse and one practical nurse will be hired for elderly care.

## 4 RESEARCH AIM AND QUESTIONS

The aim of this study was to describe elderly people's and professionals' views and opinions about senior services in Toivakka. The aim was to form an overview of the current situation of elderly care and, moreover, give a structure for the development of the elderly care in Toivakka. The aim was also to focus on factors that could help postpone the need for elderly care services and, on the other hand, focus on the services that support independent living at home.

The results of this study will be used when creating a plan for ageing population for the Toivakka municipality. On the basis of the study results, the plan for aging population can focus on the areas where improvement is needed or areas which are considered important.

Research questions:

1. What do recently retired people in Toivakka municipality need in order to continue a healthy and fulfilling way of life?
2. How to activate and support elderly people in Toivakka?
3. What kind of services do the aged people in Toivakka consider important?

## 5 RESEARCH IMPLEMENTATION

### 5.1 Research Methods and Data Collection

This Master's thesis was a case study. According to Berg and Lune (2013, 325), a case study can be defined in many ways. Some define it as an attempt to systematically investigate an event or a set of related events with a specific aim and some sources claim that it is not a method at all. In general the idea is an approach capable of examining simple or complex phenomenon. (Berg & Lune, 2012, 325.) This study concentrates on the aged population in Toivakka municipality and to the senior services there.

A qualitative method of data collection was used in this study. When using qualitative methods, the sample does not have to be large because the aim is not to make statistical generalizations. Qualitative research aims to understand the phenomenon. The focus is on interpreting the results, their meaning and using of the findings. (Metsämuuronen, J. 2006, 67.) In Finland research on clients as service users has been conducted to some extent, but the full potential of qualitative methods in developing customer service insight in social and health care is not yet fully understood. (Matkaopas asiakaslähtöisten sosiaali- ja terveystalvelujen kehittämiseen, 2011, 42.)

#### 5.1.1 Method A: Focus Group Discussions with Ageing People

One part of the data collection was done by using focus group discussions. The term focus group refers to a type of an interview where multiple participants are interviewed together. The group is formed by the researcher who leads a group discussion on a particular topic or topics. (Berg & Lune, 2012, 164.)

Focus group discussions can be used as a method of strategic planning. The essential purpose of focus group research is to identify different views around the research topic. (Hennink, 2007, 1.) This method can be used, for example, when improving health services provision or outreach (Qualitative Research in Health Care, 2005, 58).

The size of the group is determined in the literature. Hennink (2007) suggests that a good size for the group is anywhere between five to ten participants. Morgan (1997) proposes that the size of the group is good to be from six to ten. Based on the literature, six participants were selected for both groups.

Recruiting participants for the group discussions is done non-randomly according to criteria specific to the research objectives (Hennink, 2007, 93). The researcher needs to identify which types of people are likely to produce the desired data (Research methods for health and social care, 2009, 216). In this study, there were two groups and the participants were chosen based on age. Act on Elderly Care considers the segment of population that has reached the age of 63 to be elderly population (Finlex, 2012). One group consisted of participants who were aged between 55-63 years, and the other group of those who were older than 63 years of age. The idea was to collect views from those who were elderly according to the legal definition and, on the other hand, from those who had not yet reached the official age. The people in the older group are the ones using the services at the moment and the people in the younger group were the potential service user in the future.

In order to assemble the focus group of those over 63 years, the researcher visited meetings that were meant for retired people. The participants were told about the discussion group and asked to volunteer. At the end, there were more volunteers than was possible to include in the focus group. The researcher tried to recruit people for the focus group of those who were aged between 55- 63 years in many ways. Different kinds of meetings and gatherings and also Senior Council and Senior Service Center were visited. At the end six volunteers were found for the focus group discussion.

The focus group of those over 63 years had one man and five women. The focus group of those who were aged between 55-63 years had two men and four women. All of the participants in the focus group of those over 63 years were retired. In the younger focus group five participants were in working life, and one of the participants was retired.

In a focus group discussion questions should be open-ended and more general. The use of a pilot group is recommended in order to test the questions in advantage so as

to ensure that they are clear and will generate useful discussion. (Research Methods for Health and Social Care, 2009, 216.) In this study four main topics were chosen for the discussions (Appendices 1a and 1b). The four main topics are presented in Table 4.

Table 4. The four main topics for the focus group discussions in Finnish and in English

In Finnish	In English
1. Mitä juuri eläkkeelle jääneet toivakkalaiset tarvitsevat hyvän ja terveen elämän jatkumiseksi?	1. What recently retired people in Toivakka need in order to continue a healthy and fulfilling way of life?
2. Miten ikääntyneitä toivakkalaisia voitaisiin aktivoida ja tukea ennaltaehkäisevästi?	2. How to activate and support elderly people in Toivakka?
3. Millaisia palveluita ikääntyneet toivakkalaiset pitävät tärkeänä?	3. What kind of services aged people in Toivakka consider important?
4. Kuinka kolmas sektori voisi osallistua paremmin ikääntyneiden toivakkalaisten hyvinvoinnin tukemiseen?	4. How the third sector play a more active role in promoting the wellbeing of elderly people in Toivakka?

A pilot group was used to test the questions. The pilot group consisted of two persons, one from each age group of this study. The other one was 59 years and the other one 79 years of age. After the pilot group had evaluated the questions, the researcher added “Toivakka” in every question because it was not clear for the informants if they needed to think of the situation in whole country or only in Toivakka.

There are some advantages and disadvantages in this method. One advantage of this method is that it can provide a wide range of perspectives in rather a short time

(Morgan, 1997, 26). This is because the other group members and the researcher can clarify responses and ask follow-up questions. By encouraging the participants to compare and contrast their views and experiences, the researcher is able to gain insights into the consensus and diversity of perspectives. One main disadvantage is that the participants are generally not representative of the broader population that interests the researcher, and so the results cannot be generalized. Secondly, the dynamics of the focus group interactions can bring bias into the findings. (Research methods for health and social care, 2009, 214- 215.)

Research Methods for Health and Social Care (2009) recommends the following methods for focus group discussions, and they were used in this study. A suitable date and time was agreed with the participants. The venue was chosen so that it was pleasant, neutral and free from interruptions. First the researcher introduced herself and explained how the group will run. The researcher explained that the discussions would be recorded and that the records would not be given to any third party. The confidentiality of the discussions was explained to the participants. The time for the discussions was set at 90 minutes, and the researcher ensured that the discussions would stay on the set topics and that everyone had a change to say their opinion on the matter. (Research Methods for Health and Social Care, 2009, 217- 218.) All of the volunteers who were chosen for this study arrived at the sessions of the focus group discussions.

### **5.1.2 Method B: Online Questionnaire for Professionals**

Computer-based conversations can take place either synchronously or asynchronously. Synchronous environments include, for example, real-time chat rooms whereas asynchronous environments include, for example, the use of e-mail. (Berg & Lune, 2012, 133.) The other part of the data collection in this study was conducted by using an asynchronous environment and an online questionnaire with four open questions to professionals who worked with elderly. This method was chosen because it was not possible to assemble a group for a group discussion. The advantage of this method is that it allows the subjects to answer on their own time



and from any place. The downside of this method is that it lacks the spontaneity and a possibility to ask further questions on interesting topics. (Berg & Lune, 2012, 134.)

The four open questions in the questionnaire were the same as the ones used in the focus group discussions. The questionnaires were sent to the professionals by email (Appendices 2a and 2b). The questionnaire was also tested by a pilot group. The pilot group consisted of three nurses. Also in this pilot group it was not clear whether the questions concerned whole Finland or only Toivakka. The researcher added "Toivakka" in every question, so that it would be clearer that the questions concerned only the Toivakka municipality.

The questions were sent to six people. Those six professionals were the two doctors who work at Toivakka Health Center, the nurse responsible for the Senior Health Check-ups, the nurse of the Elderly Care Center, the charge nurse of homecare and the person responsible for matters related to informal care. These six professionals are the only ones in Toivakka who work in those positions. This is the reason why they were chosen for this study.

## 5.2 Data Analysis

In qualitative research data analysis and interpretation are interrelated. The researcher analyzes and interprets the data as the qualitative project proceeds. The process requires that the researcher is open to new ideas in the data and that he or she revisits and revises the analysis and interpretation as the study proceeds. (Hesse-Biber & Leavy, 2011, 301.)

Before the actual analysis of the data can start, the material needs to be translated into a form that is possible to analyze. Usually the data is transcribed into a textual form. (Metsämuuronen, 2003, 196.) Transcribing the data is not a passive act, but instead gives the researcher an opportunity to actively engage with the research material from the beginning of data collection. It also ensures that the researchers are aware of their own impact on the data. (Hesse-Biber & Leavy, 2011, 304.)

One of the main tasks of data analysis involves segmenting the data into smaller parts for analysis. This segmentation serves both practical and theoretical purposes. The large amount of data that is obtained from focus group discussions needs to be broken up into smaller, more manageable parts for analysis. The data also needs to be segmented also for analytical reasons. The data needs to be segmented based on meaningful characteristics or themes that rise from the discussion. An analysis of individual themes provides more detailed information of each issue and enables comparison between groups. (Hennink, 2007, 209.)

In this study all the discussions were recorded, and the data was transcribed into a textual form. The textual form was a word-for-word record of the discussions. The textual data involves reading and re-reading in order to discover the issues under discussion. In this study, conventional content analysis was used, and the themes were identified inductively from the issues raised by the participants. The greatest advantage of this method is that it allows the researcher to identify the issues of importance to the participants and that it may also highlight issues that the researcher had not anticipated. (Hennink, 2007, 211-221.)

The e-mail answers were already in textual form. The doctors did not answer to the questions. Hence, a total of four answers were received. The textual data was read through several times. The idea was to inductively identify the themes from the raw data. The themes were identified by highlighting phrases which had a common theme. The material was then sorted based on these themes. (Berg & Lune, 2012, 352.) After the themes were identified, the data was labeled according to these themes. The themes that rose from the data in this study are presented in the Table 5.

Table 5. The themes from the data

<b>Theme</b>	<b>Description of the themes</b>
Loneliness	Need to be needed Lack of free time activities
Annual health check-ups	Occupational health service end when retired Senior Clinic
Physical well-being	Regular exercise Instructed exercise groups Lifestyle Home visits
Mental well-being	Free time activities Participation Social activity
Informing	Information is scattered
Supportive services	Day center Supportive home visits
Health center services	Doctors' and nurses' appointments Oral healthcare Laboratory Physiotherapy
Transport services	Municipal transport services Lack of public transport
Non-governmental organizations	Friend visitor volunteers Free time activities Churches

## 6 RESULTS

### 6.1 Retired People's Needs in Order to Continue a Healthy and Fulfilling Way of Life

Loneliness came up in both focus group discussions. The respondents felt that retirement can be difficult especially for men. If their social network mainly consists of workmates, one can be really alone when retired. *"..miehet määrittää itseään enemmän työn kautta ja kun ei oo sitä työtä enää, on aika tarpeeton olo"* (..men define themselves through work and when they don't have that work anymore, they feel useless. Translated by the author.)

The desire to feel needed was discussed in both focus groups. Not everyone has hobbies, friends or grandchildren to keep them active after retirement. *"Tulee sellainen tunne, että kukaan ei tartte mua enää, kun ei puhelinkaan soi. Tässäkö mun elämä sitten oli?"* (You get that feeling that nobody needs me anymore because not even the phone rings. So, was this my life? Translated by the author)

Different kind of free time activity groups were suggested as a solution to this. There are already several activity groups in Toivakka, but informing about them was seen as a problem. Finding information can be difficult for those who are not active themselves.

Both focus discussion groups raised the issue that when people are retired, they fall out of annual health check-ups. This happens when occupational health services end. People seek help after the symptoms occur, and health problems are not addressed on time. The professionals raised the same issue. Toivakka has a Senior Clinic, but one needs to be active in order to seek help from there regularly. Invitations are sent only to those who turn 70 years of age. As a solution to this, both of the focus groups suggested annual health check-ups for retired. *"Sitä pitää olla ite kauhean aktiivinen jos haluaa päästä johonkin kontrolliin eikä kaikki älyä edes sellaista pyytää"* (You have to be really active yourself if you want some kind of check-ups, and not everyone even realizes to ask for them. Translated by the author.)

The significance of regular exercise for well-being was recognized in both focus groups but also among the professionals. One way to encourage this seemed to be instructed exercise groups for seniors. They were seen as important not only for physical well-being but also for social reasons. The social significance of regular exercise groups was mentioned in both focus groups, but not in the answers from the professionals.

Non-formal Adult Education Center offers Pilates groups in Toivakka. They have become popular among the elderly, but enrolment to those groups was seen problematic. Enrolment is only possible online, and the groups are full in about five minutes. Not every elderly person has the possibility to use computer. *“Jotenkin sitä toivois, että olis ikäihmisille helpompia tapoja päästä liikuntaryhmiin, kun tietokoneella.”* (Somehow you wish that there would be easier ways for seniors to enroll for exercise groups than computer. Translated by the author.)

In the professionals' answers the significance of lifestyle for well-being was emphasized more than in the focus group discussions. Exercise, nutrition and one's own activity increase well-being and can prevent many diseases. The living environment in general was seen important especially for the mental wellbeing.

## 6.2 Activating and Supporting Elderly People in Toivakka

Poor flow of information was seen as the biggest problem in both of the focus groups as well as with the professionals with regard to activating and supporting the retired. The focus group of those between 55- 63 years suggested a manual for the retired as a solution. To this manual could contain contact information and information about different activities that the municipality and the third sector has to offer. In addition, the focus group of those, over 63 years of age wished for the information to be compiled in one place. All the respondents felt that the manual should be printed. According to the professionals, active informing does not only encourage in participation, but also enables directing to services in time.

Home visits supporting well-being and functional capacity were seen as an important support service for the elderly by both focus group discussions and by the

professionals. The focus group of those who were over 63 years thought that the visits should be done for 75 years old. This was because the gap between the health check-ups for 70-years-olds and the home visits for 80-years-olds was seen too long. The same idea was expressed by one of the professionals. *“Olis hienoa, jos kerta terveystakeskus tekee tarkastukset 70-vuotialle, niin oliskin kunnan tarkastus sitten 75-vuotiaana. Viidessä vuodessa voi tapahtua aika paljon.”* (If the health center has check-ups for the 70-years-old, it would then be great if the municipality offered check-ups for 75-years-old. A lot can happen in five years. Translated by the author.)

Toivakka has a day center that is open once a week. It offers mainly recreational services for seniors, but it is also a place where different kinds of experts give lectures about health promotion and self-care of diseases. The respondents saw that it is important for the well-being to have this kind of activity. The respondents thought that this had become popular and that it also attracted men. *“Miehillä on siellä oma pöytä ja semonen hyvä porukka. Siihen pöytää ei ole naisilla asiaa.. niillä (miehillä) on ihan omat jutut.”* (Men have their own table there and...you know... a good group. Women are not allowed to that table... they (the men) have their own things there. Translated by the author.) The professionals felt that more traditional day center service would also be needed, in other words, a place where it would be possible to also have basic nursing services. All the respondents felt that it would be good to have a day center more than once a week.

The lack of small rental apartments rose in both focus group discussions, and in half of the answers from the professionals. Aged people in rural areas, such as Toivakka, often live in a big single family house which is heated with wood. The respondents felt that when functional capacity starts to decrease, people would be willing to move to an apartment and living alone in a single family house might be obstacle what comes to living independently.

Otherwise the opinions about this topic varied between the focus groups and the professionals. In both of the focus group discussions the significance of hobbies and social activity was emphasized. Both focus groups wished that there would be more different kinds of activity groups. The respondents felt that venues were a bigger problem than bringing the groups together. Toivakka has started to collect rent from

voluntary organizations. According to the respondents this has become an issue to voluntary organizations which are already struggling with funding. *“..kyllä niitä vetäjiä löytys.. niihin ryhmiin. Eläkeläisissä on paljon osaajia ja ne tulis mielellään.. Pitäs vaan ne tilat saaha.. enää ei ole rahaa kokoontua.”* (There would be instructors for the groups. There are a lot of experts among the retired, and they would be happy to come. We just need the venue.. we just don't have the money to gather anymore. Translated by the author.)

In the responses from the professionals healthcare issues were more emphasized than in the focus group discussions. Regular nurses and doctors appointments, Senior Clinic, diabetic controls and dental care were highlighted. They were also seen in terms of health promotion. The professionals pointed out that more lecture events for seniors about health promotion would be needed.

### 6.3 The Most Important Senior Services

Health care services were mentioned as the most important service for seniors in both focus group discussions and by the professionals. Everyone was happy with the current services except for physiotherapy which was seen inadequate. The physiotherapist visits Toivakka once a week, and it is hard to get an appointment.

Although people are happy with the health care services they are generally afraid that if Toivakka loses its position as an independent municipality, the health care services will be transferred to bigger municipalities. Some of the services are already in bigger municipalities, such as X-ray and specialists appointments. Laboratory services are available only twice a week. This has been the situation for several years and none of the respondents saw that as a problem. *“Terveysasema on hyvä, toimiva. Kun pysyisivät nämä palvelut edes nykyisellään... omassa kunnassa.”* (The health center is good, it works well. If we only could keep these services as they are now... in our own municipality. Translated by the author.)

All the other basic services, such as, a pharmacy, a grocery store and bank were also held important. All the answers highlighted the wish that Toivakka would be able to maintain the current services.

Meal service was mentioned in the focus group of those over 63 years. It was considered important for health and for the quality of life. On the other hand, the respondents felt that for those who live close to a nursing home and were able to walk could rather eat in the dining hall of the nursing home. The respondents also felt that it would make eating a social event and give a good reason to have a little exercise.

Transport services were also mentioned in both focus groups but not by the professionals. Transport services were held important in order to live at home as long as possible and to delay the need of homecare. This was seen especially significant for the villages of the municipality because Toivakka has no local public transport. Moreover, there are inadequate public transport connections to other municipalities where some of the services are, and, therefore, most of the elderly are dependent on transport offered by their relatives and neighbors. Both focus groups felt that transport services were one of the most important services as far as the quality of life was concerned.

The Finnish Red Cross has friend visitor volunteers in Toivakka. This service was seen as one of the most important services that the voluntary organizations have to offer. This service was also mentioned to be meaningful to the quality of life. It does not only help those who are lonely but also those who need, for example, help when walking outdoors. *“Paljon on niitä ihmisiä, jotka ei lähde yksin ulos... pitäis aina olla joku kaveri. Tärkeätä olis, että niitä kavereita löytys.”* (There are a lot of those who won't go outdoors alone... they would always like to have someone with them. It would be important that such people are available. Translated by the author.)

The number of volunteers was not seen as a problem. Every person in need of a voluntary friend had been able to have one. On the other hand, the respondents were not certain if people were aware of this kind of service.



*Mun mielestä ei niitä pyyntöjä ole ollut niin hirveästi, että olis tullut sellaista tunnetta, että me ei pystyttäis vastaaman tarvetta... ehkä ne ei sitten osaa kysyä sitä... ne yksinäiset ihmiset. (I think that there has not been so many requests that there would be a feeling that we can't respond to the need. Maybe they don't understand to ask for it... those lonely people. Translated by the author.)*

In the villages of Toivakka there are no friend visitor volunteers, but the respondents felt that there would be a need for them. The focus groups felt that the reason for this is that the friends need to have training, and that the trainings are always held in the municipal center of Toivakka. As a solution the respondents suggested that the Finnish Red Cross would have trainings in villages, and, on the other hand, that the information about the need would be brought to the villages.

*Tuolla syrjäkylilläkin on ne kyläseurat ja niissä on niitä eläkkeellä olevia, hyvinkin virkeitä ihmisiä, että sinne viiiä viestiä, että tätä tämmöistä toimintaa, ystävä toimintaa, tarvittais (There are those village societies in the villages and they have active, retired people in them. They should get the message that this kind of friend service is needed. Translated by the author.)*

The focus group of those who were older than 63 years was the only one that mentioned homecare as important service for the elderly. They also highlighted the need for a deacon's services along with other parish work.

## 7 THE DISCUSSIONS AND CONCLUSIONS

### 7.1. Main Findings and Discussion

This Master's thesis was a case study on what kind of views and opinions the aged populations and the professionals had about the senior services in Toivakka municipality. The need for this study came from Toivakka municipality. The aim was to involve the clients and the professionals in the development of the future senior services in Toivakka. As Timo Toikko (2009) notes, in order to develop good quality services, service users and professional experts should be involved in the development process. (Toikko, 2009, 3).

The population in Finland is aging rapidly, as it in whole European Union. Aging population sets increasing demand to the elderly services. Governments need to solve how services meet the need and how they are funded. (An Ageing Europe, 2009, 13.) This means that the municipalities need conscious and systematic aging policies. (Ikäihmisten palvelujen laatusuositus, 2008, 15-16.)

In Finland the Act for Elderly Care requires that every municipality has a plan to support the well-being, health, functional capacity and independent living of the older population. The Act obligates that the aged population can take part to draw up the plan and they need to have a possibility to influence on their living conditions and service development. (Finlex, 2012.) From the municipal point of view the optimal way to provide services is that the services are economically produced and that the municipal residents are satisfied with them. (Jäppinen, 2011, 161.) The information that was received from this study can be used when Toivakka municipality is drawing its' plan for elderly care.

The results of Hennala's (2011) dissertation indicate that municipal residents see the possibility to influence on developing the services as their right. (Hennala, 2011, 120.) In this study this could be seen in the fact that it was not a problem to find volunteers for the focus group discussions. The Finnish Society for Social and Health made an annual study about Finnish well-being in 2011. The study showed that the clients' opportunities to influence on their social and health services were poorly provided. (Kansalaisbarometri 2011, 2011, 103- 104.)

Loneliness of those who are retired was one of the major issues that were raised in the focus group discussions in this study. It was related to the fact that people desire to feel needed. The discussion about loneliness was related to every main topic that was discussed in this study. Retirement was seen as a major change in life and strongly related to loneliness. The book *Gerontological nursing* remarks that retirement is probably one of the most common role changes faced by an aging person. Some people experience a lack of purpose with this transition. Those who retire unwillingly may be at a greater risk for alcoholism, depression and suicide. Some people find fulfillment to their lives in voluntary work. (*Gerontological nursing*, 2010, 303-304.) The findings of this study seemed to suggest the same ideas.

In both focus group discussions the significance of voluntary organizations was emphasized. Four main topics were discussed, and the role of voluntary organizations was raised in every one of them. The annual study *Kansalaisbarometri 2011*, indicated the same ideas. That study showed that 60% of the Finnish people considered the work of voluntary organizations important to their own well-being. That study indicated that especially those who are retired valued the work of voluntary organizations. (*Kansalaisbarometri 2011*, 2011, 142- 149.) In this study the Finnish Red Cross friend visitor volunteer service was seen as one of the most important services that the voluntary organizations had to offer. This service was also mentioned to be meaningful to the quality of life. An interesting aspect in this study was that the professionals did not see the role of the voluntary organizations as important or did not highlight that in their responses although one of the questions concerned the issue.

One of the main problems that were raised in this study was the delivery of information. It was seen inefficient, and the respondents felt that the information was scattered. The focus groups felt that it complicates the work of voluntary organizations. The professionals thought that the aged people needed more information about the senior services in Toivakka, for example, about the work of the Senior Clinic. Poor information was seen as the biggest problem by both of the focus groups as well as by the professionals when it came to activating and supporting the retired. The study *Kansalaisbarometri 2011* (2011) had the same kinds of results. In that study the respondents felt that they were unable to find sufficient information

about voluntary organizations. (Kansalaisbarometri 2011, 2011, 170). All the respondents in this study felt that the information about the elderly services that the municipality, voluntary organizations and churches had to offer should be collected in one place, in a manual that would contain all the information. The respondents felt that the manual should be printed. The respondents in the study of Kansalaisbarometri 2011 (2011) also felt that not only better websites but also printed information was needed. (Kansalaisbarometri 2011, 2011, 169- 170.)

Day center services were deemed important for well-being by all the respondents although the professionals felt that day center services with basic nursing services would also be needed. The study of the Finnish National Institute for Health and Welfare on opinions about social services also raised day center services as one of the most important ones. (Kuntalaisten arvioita sosiaalipalveluista, 2010, 58- 59.) All the respondents in this study stated that it would be good to have a day center more than once a week.

The significance of regular exercise for well-being was recognized by all the respondents. Exercise was seen as important not only for the physical well-being but also for social reasons. It was interesting that the social aspect of regular exercise was mentioned in both focus groups but not by the professionals. Regular, instructed exercise groups were held important by all the respondents, and both focus groups wished that there would be more of those. The study called *An Ageing Europe* remarks that in order to maintain the activity of the older population, we should be able to offer different kinds of leisure activities. A focus on health promotion and the prevention of diseases can be valuable as a long-term strategy for public service providers, even on municipal level. (*An Aging Europe*, 2009, 19-20.) In this study the significance of hobbies and social activities for well-being was raised by both of the focus groups. The lack of venues was seen as the biggest problem. In the answers from professionals the significance of healthcare issues and lifestyle for well-being was emphasized more.

The lack of small rental apartments was raised in both focus group discussions and in half of the answers from the professionals. It was seen as an obstacle for the goal of maintaining independent living as long as possible. Stula (2012) summarizes the results of comparative studies on the topic of "Living in Old Age" that across Europe the general emphasis is on designing an age appropriate infrastructure and on the provision of local supportive services. This is essential when the main goal is that the aged people can live in their own home as long as possible. (Stula, 2012, 22-23.)

Health care services were mentioned as the most important service for seniors in both focus group discussions and by the professionals. In addition, other basic services, such as pharmacies, grocery stores and banks were held important in all responses. The answers expressed the wish that Toivakka would be able to maintain the current services. This study indicated that people were generally afraid that if Toivakka lost its position as an independent municipality, the health care services would be transferred to bigger municipalities. Moreover, the loss of other services worried the respondents in this study. The same kinds of results were gained from the study called *The Evaluation of Social Services by Municipal Residents* (2010). In this study, grocery stores, schools, daycare centers, and health center were considered important and the respondents hoped that they would be closely available. (Kuntalaisten arvioita sosiaalipalveluista, 2010, 75.) The European Union's report *An Aging Europe* indicated that social isolation in rural areas was becoming worse due to the closing and reduction of services, such as post offices, banks and supermarkets. (An Aging Europe, 2009, 22.) Based on these findings the respondents of this study did not worry in vain.

In both of the focus groups transport services were considered one of the most important services with regard to the quality of life. Transport services were held important for living at home as long as possible and for delaying the need of homecare. This was seen especially significant in the villages of the municipality because Toivakka has no local public transport. Transport services were also mentioned important in the Finnish National Institute for Health and Welfare study on Finnish opinions about social service. (Kuntalaisten arvioita sosiaalipalveluista, 2010, 56- 59.) In the present study the significance of transport services rose in both of the focus group discussions but not in any of the responses from the professionals.

The focus group of those who were older than 63 years was the only one that mentioned homecare as an important service for the elderly. However, the Finnish National Institute for Health and Welfare study on Finnish opinions about social service suggested that people considered homecare important and that it had increased their own resources in everyday life. In this same study meal service was considered one of the most important supportive services. (Kuntalaisten arvioita sosiaalipalveluista, 2010, 56- 59.) Meal service was mentioned only in the focus group of those over 63 years. It is possible that the focus group of those who were 55-63 years did not mention homecare as important service because they were young and healthy and managing well in their activities of daily living. The role of homecare and meal service might be amplified later in life.

Home visits supporting well-being and functional capacity were seen as an important support service for the elderly by both focus group discussions and by the professionals. The Act for Elderly Care requires that local authorities provide home visits, appointments and examinations that support the well-being, health, functional capacity and independent living for the older population. (Finlex, 2012.) However, the Act does not stipulate how often those services need to be offered. At present Toivakka offers health check-ups for the 70-year-olds and home visits for the 80-year-olds. All the respondents in this study claimed that the gap between the health check-up for 70-year-olds and the home visits for the 80-year-olds was too long.

## **7.2 Trustworthiness and Ethics of the Study**

Validity and reliability are important and complex issues in qualitative research. Obtaining validity in a qualitative study is not a specific entity or goal that the researcher can easily achieve. In qualitative research, validity takes the form of subjecting one's findings to competing claims and interpretations. (Hesse-Biber & Leavy, 2011, 50.) Reflexivity, transparency and critical examination of evidence are ways to ensure credibility in qualitative research. Validity is not a procedural matter. Instead, it refers to the quality and strength of the arguments that the researcher makes about the reliability of the evidence and the credibility of the conclusions. (Qualitative Research in Health Care, 2005, 8, 12.) In this study the goal was to hear

the voice of those who are potential users of elderly services and those who might use the services in the future. This information can be used when planning senior services in the Toivakka municipality.

It is often said that qualitative research lacks the ability to generalize its findings to a larger population because of generally small, non-representative samples. However, qualitative research aims for analytic generalizability, which is comparable in its power although different in aim from generalizability of quantitative research. (Hesse-Biber & Leavy, 2011, 53.) In this study, the sample size was relatively small, but it represented different age groups and people with different backgrounds and different stages of health. The results might have been more generalizable if there had been more focus groups from different age groups. The questions in the group discussions were easy to clarify, and follow-up questions easy to ask in order to gain answers to the research questions. The e-mail questions were sent to social- and health care professionals who were familiar with the topics.

The respondents in the focus group discussions were volunteers, and it is possible they were those who are always active. It is possible that less active people might have seen matters differently. On the other hand, the guidebook, *Asiakkaat kuntapalvelujen kehittäjiksi* (Clients Developing Municipal Services), says that the active residents are not something to be ignored. Every community has a small group of active residents. They often have connections and a wide perspective on municipal residents' views. (Larjovuori, Nuutinen, Heikkilä-Tammi and Manka, 2012, 24.)

All the participants in the focus group discussions were volunteers. The anonymity of the respondents was protected so that no personal information about the respondents, their backgrounds or anything which can help to identify them was published. The discussions were recorded and the records were for the researcher's personal use only. The confidentiality of the conversations was agreed orally with the participants.

The online questionnaires were sent to the professionals by e-mail. The e-mail included a text that explained the purpose of the study and that responding to the questionnaire was voluntary. It was also explained that all the responses would be analyzed with confidentiality. Since the professionals were the only ones who

worked in known positions, the researcher needed to be very careful when presenting the results in order to protect the anonymity of the respondents. The doctors did not respond to the questions, and it is possible that the medical view to the elderly care would have been different or would have given a new perspective to the issue.

### 7.3 Conclusions

It was interesting that the elderly people considered **the work of voluntary organizations** important for their well-being and that this was not so clearly recognized by the professionals. Practically all of the leisure activities that were mentioned in this study are produced by voluntary organizations in Toivakka. However, the municipality has decided to collect rent for its venues. This has led to the situation where voluntary organizations have been forced to reduce their activities. This decision may affect to the well-being of elderly people in the future.

Also **the significance of transport services** was emphasized in this study. It was also one of those services that were considered important by the focus groups. However, the professionals did not mention them in their responses. Transport services are among those services that the Toivakka municipality has been reducing during the last few years. The respondents in this study felt that effective transport services would support independence and delay the need of other services.

As this study indicates, professionals and municipal decision-makers may not always realize what kind of services are the most important for the elderly and what kind of influence those services have. Because of that it would be advisable **to hear the clients' voice** also in the future. In future studies it would be reasonable to have a larger sample in order to have more generalizable results.

The participants in the focus groups of this study were chosen based on their age. Different kinds of results may have been gained by a study where one group had consisted of those who used senior services on regular basis and the other group of those who had never used the services. That kind of a **study** might have helped to a better understanding of **the efficiency of the services**.



The aim of the Toivakka municipality is to offer adequate and good quality senior services. In order to be able to do that also in the future the service structures need to be developed. **The service development needs to be systematic** and it needs the **commitment of all municipal decision-makers and employees in official posts**. The main focus should be on homecare and supportive services. Furthermore, the infrastructure needs to be developed to a more diverse direction in order to support living at home. **Municipal residents should be able to influence** on the development of senior services. Feedback should be collected from clients and their family members and municipal employees. This information should have real influence on the service structure and on the way the services are formed. The information that was gained from this study was used in November 2013 when Toivakka municipality was drawing its plan for elderly care.

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## APPENDICES

### APPENDIX 1a. Ikääntyneiden ryhmähaastattelunrunko

1. Lyhyt esittely
2. Mitä juuri eläkkeelle jääneet toivakkalaiset tarvitsevat hyvän ja terveen elämän jatkumiseksi?
3. Millaisia haasteita juuri eläkkeelle jääneet saattavat kohdata?
4. Kuinka ylläpitää fyysistä aktiivisuutta eläkkeelle jäämisen jälkeen?
5. Kuinka ylläpitää sosiaalista aktiivisuutta eläkkeelle jäämisen jälkeen?
6. Miten ikääntyneitä toivakkalaisia voitaisiin aktivoida ja tukea ennaltaehkäisevästi?
7. Osallistutaanko tarjolla oleviin ryhmiin?
8. Onko tietoa erilaisista ryhmistä riittävästi saatavilla?
9. Millaisia palveluita ikääntyneet toivakkalaiset pitävät tärkeänä?
10. Millaiset palvelut ovat teille tällä hetkellä tärkeitä?
11. Millaisten palvelujen arvelette olevan teille tärkeitä tulevaisuudessa?
12. Millaisilla palveluilla voidaan tukea ikääntyneiden elämän laatua?
13. Kuinka kolmas sektori voisi osallistua paremmin ikääntyneiden toivakkalaisten hyvinvoinnin tukemiseen?

## **APPENDIX 1b. Structure for the elderly focus group discussion**

1. Brief self-introduction
2. What recently retired people in Toivakka need in order to continue a healthy and fulfilling way of life?
3. What kind of challenges recently retired people might be facing?
4. How to keep up with physical activity after retiring?
5. How to keep up with social activity after retiring?
6. How to activate and support elderly people in Toivakka?
7. Do people take part in different kind of supportive groups?
8. Can people get enough information about supportive services?
9. What kind of services aged people in Toivakka consider important?
10. What kind of services you find important?
11. What kind of services you think you might find important in the future?
12. With what kind of services can elderly population's quality of life be supported?
13. How the third sector could play a more active role in promoting the wellbeing of elderly people in Toivakka?

## APPENDIX 2a. Sähköpostikysely sosiaali- ja terveydenhuollon ammattilaisille

1. Mitä juuri eläkkeelle jääneet toivakkalaiset tarvitsevat hyvän ja terveen elämän jatkumiseksi?
2. Miten ikääntyneitä toivakkalaisia aktivoidaan ja tuetaan ennaltaehkäisevästi?
3. Millaisia palveluita ikääntyneet toivakkalaiset pitävät tärkeänä?
4. Miten kolmas sektori voisi osallistua paremmin ikääntyneiden toivakkalaisten hyvinvoinnin tukemiseen?

## **APPENDIX 2b. Email questions to social- and healthcare professionals**

1. What recently retired people in Toivakka need in order to continue a healthy and fulfilling way of life?
2. How to activate and support elderly people in Toivakka
3. What kind of services aged people in Toivakka consider important?
4. How the third sector could play a more active role in promoting the wellbeing of elderly people in Toivakka?