



How the Finns manage their life in old age

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The presentation

- My background (incl. connection to Taiwan)
- The Nordic countries
- LTC in the Nordic countries
 - Institutional care
 - Home-based care
 - Dementia care
 - Expenditures and user fees
 - Support for family care
- Recent Nordic LTC trends
- The future?
- Lessons for Taiwan?

The Nordic countries

	DEN	FIN	ICE	NOR	SWE	TW
Popul. (mill.)	5,3	5,2	0,3	4,5	8,9	23.0
Popul. +65 (% , 2007)	15,3	16,4	11,6	14,6	17,4	10.1
Population density (per km ²)	125	18	3	14	20	636
Religion (% of ev.luth.)	84	83	87	86	77	
Capital (metropol area)	Copenhagen (1,8)	Helsinki (1,2)	Reykjavík (0,2)	Oslo (0,5)	Stockholm (1,7)	Taipei (2.6)



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The Nordic countries

- On the one hand, the Nordic countries share
 - Cultural and historical background
 - Basic character as small, quite homogenous societies
 - Continuous political interaction (e.g. Nordic Council 1952, Nordic Council of Ministers 1971)
 - On the other hand, five individual countries
 - With different languages (especially Finland and Iceland)
 - With unsimilar political and economic developments
 - With national legislation
 - With national social policy systems
- “A Nordic family of five independent nations”



The Nordic countries

- ❏ Women participating largely in the labour market and in political decision-making
- ❏ Rapidly ageing societies
- ❏ Transparent and non-corrupted public administration
- ❏ Rather large social expenditures
- ❏ But also: competitive economies





The Nordic Welfare Model

- ❏ Gøsta Esping-Andersen (1990):
“social democratic regime” (“all benefit, all feel obliged to pay” = universalism)
- ❏ “The hallmark of the Scandinavian model has been comprehensive social provision where entitlement to benefits and a wide variety of services has been based on citizenship or residence.
- ❏ Other characteristics have included generous benefit levels, the funding of benefits through taxation rather than contributions from insured persons, and egalitarian redistribution.”
(Diane Sainsbury 1999, 75)



LTC in the Nordic countries

- ❏ Since the 1970s, the public sector has officially the responsibility for older people (maintenance and care)
- ❏ However, families still give the most part of care for older people
- ❏ Local authorities are the real makers of LTC services (local democracy as a strong Nordic value)
- ❏ Central authorities make legislation and regulate the local level with central grants and information but can not determine local action





LTC in the Nordic countries

▣ Institutional care

- Residential care (care homes etc.): social welfare services
- Nursing homes: health care
- Service housing (own apartments with care services available when needed): social welfare services, non-profits, some for-profits

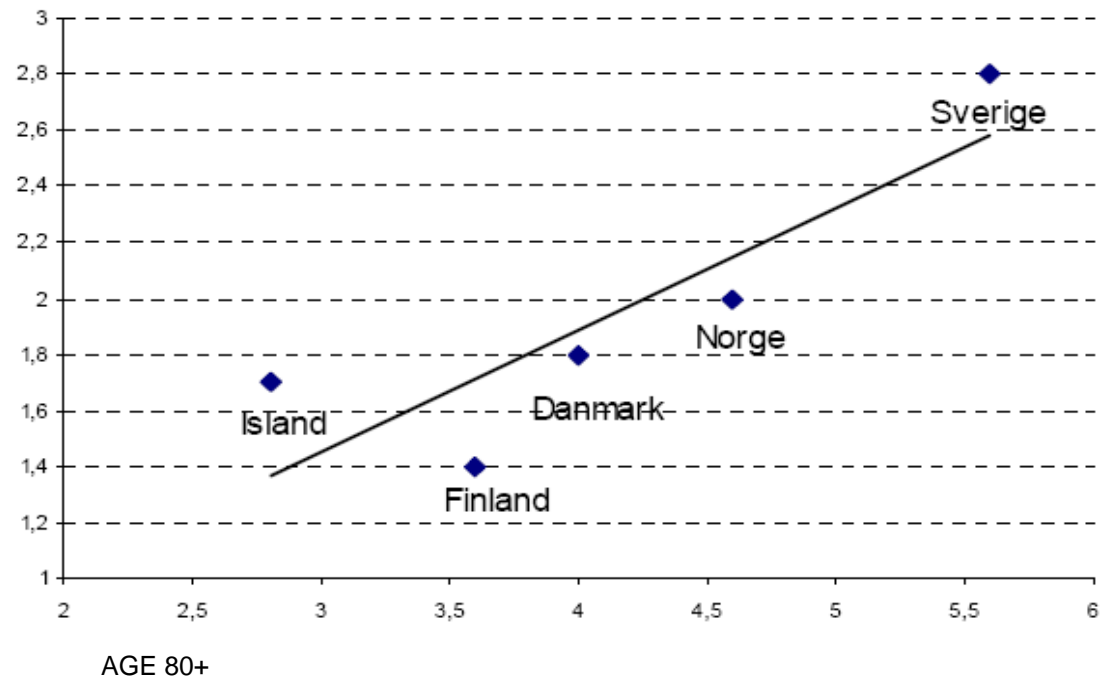
▣ Home-based care

- Home nursing
- Home help (help with ADL functions and social needs)
- Support for informal family care





80+ population (%) and LTC expenditures (% of GNP) in 2002





Coverage of institutional care in the Nordic countries 1984-2005 (% of +65)

	1984	1996	2005
Denmark	7.2	8.4	8.3
Finland	6.7	6.6	6.9
Norway	10.5	9.4	11.7
Sweden	9.5	8.2	7.0

Source: NOSOSCO 1993 & 1998 & 2007.



Coverage of home help for older people in the Nordic countries 1980-2005 (% of +65)

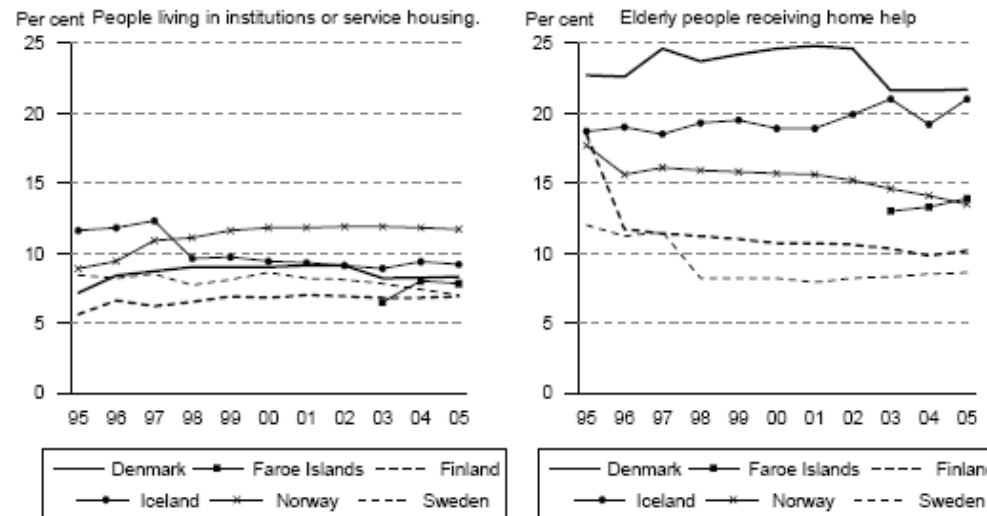
	<i>80-82</i>	<i>90-92</i>	<i>2000</i>	<i>2005</i>
Denmark	16	18	25	22
Finland	15	21	11	10
Norway	18	17	16	14
Sweden	16	10	8	9

Sources: Szebehely 2003 & NOSOSCO 2007.



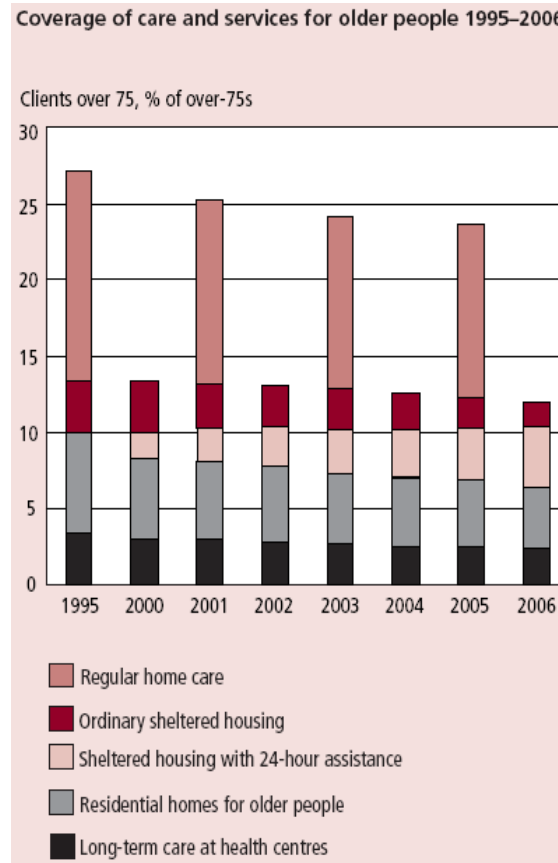
Care services for older people in the Nordic countries 1995-2005

Figure 7.8 People living at institutions or in service housing and people receiving home help in percent of the age groups 65 years or more, 2005





Care services for older people in Finland 1995-2006





Dementia care services in Finland

- ❏ Costs of dementia care are around 22700 Euro per person per year
- ❏ People with dementia are using around 70-80 percent of all the beds in long-term care
- ❏ As well, people with dementia are common users of short term care, respite care and day care services
- ❏ Dementia Care Mapping: evaluating the quality of care services from the perspective of people with dementia (results: large variations)



Dementia care services in Finland

- There are an increasing number of specialised dementia departments in LTC (care homes & local hospitals)
- There are also experiments of providing care for people with dementia in small-scale, home-like group homes, with promising results
- A large part of people with dementia are cared at home by spouses and daughters, sometimes without respite care, home care services or other support from social services





Social security and service expenditures for older people in Norden in 2005

Table 7.25 Expenditure on cash benefits to the elderly, the disabled and survivors in PPP/capita and per pensioner, 2005

	Denmark	Faroe Islands	Finland	Iceland	Norway	Sweden
<i>The elderly</i>						
Cash benefits per capita	2 506	1 066	1 924	1 280	1 912	2 478
Retirement pension per pensioner	13 338	8 259	9 650	12 022	13 621	13 233
Services per person 65 years and older	3 311	4 488	1 497	4 720	4 496	4 044
Total benefits and services to the elderly per capita	3 003	1 662	2 161	1 836	2 574	3 175





User charges in care for older people

- ❖ Denmark: care (except temporary home help) and cleaning are free, pay for rent, meals, hairdressing and laundry services
- ❖ Finland: in LTC 82% of income (18% of expenditures), in home help according to income (14% of expenditures)
- ❖ Iceland: in LTC 3% of expenditures, in home help 10% of expenditures
- ❖ Norway: in LTC 10% of expenditures, in home help personal care and home nursing is free, otherwise in home help up to local authorities to decide
- ❖ Sweden: up to local authorities to decide



Family care in the Nordic countries

- ❏ “The breadth of family care has been one of Denmark’s best kept secrets” (Lewinter 1999)
- ❏ No legal obligations but normative expectations on family members to care
- ❏ Also in the Nordic countries, the real mainstream of care is informal: 60-70% of care comes from family members
- ❏ Focus on developing public services meant that family care remained more in shadow (in Norway studies since the early 1980s) – become in the focus of attention in the 1990s



Family care in the Nordic countries

- Family care within the household
 - Norway: given by 5% of adults (2000)
 - Sweden: given as often by men as by women – but: when men are carers, more often supported by public services
- Family care to another household
 - Norway: given by 8% of adults (2000)
 - Sweden: given almost as often by men as by women – but: women provide care more (per person) and more often



Supporting family care in Norden

- Different models of support in different Nordic countries
- Home care allowance for older and disabled people in Finland
 - 1970s: local experiments
 - 1981-83: experiment by 28 local authorities (with 50 % central grant)
 - 1984: included in the Social Welfare Act
 - 1993: specific Act ('kin carer')
 - 1998: minimum level & a free day/month
 - 2002: 2 free days/month
 - 2006: new Act: 3 free days/month
 - differences between municipalities



Supporting family care in Finland

Home-help services

	1995	2000	2005	2006
Support for informal care ³				
Clients over 65 / year	11 294	14 355	19 796	20 325
% of over-65s	1,5	1,8	2,4	2,3
Clients over-75s / year	8 041	10 300	14 517	14 870
% of over-75s	2,7	3,0	3,7	3,7

Supporting family care in Norden

- Leave from work (& a cash benefit) to care for a terminally ill family member in Sweden, Norway and Denmark
- 'Career break' system in Finland: possibility for a leave of 12 months from work (& a cash benefit)
- Possibility for local authorities to employ family carers as 'home care workers' in Sweden and Norway (becoming less popular since the 1980s)



Supporting family care in Norden

- Home-based care services: becoming difficult to get in Sweden (and Finland) if
 - there is a spouse
 - there is an available daughter
 - the family carer is not a man
 - care needs are not very extensive
- Respite care
 - Mostly available in institutions
 - ‘Interval care’
 - Some NGOs (carers’ associations) provide home-based care
 - Due to lack of access, free days ‘not used’ by many





Recent Nordic LTC trends

- ❏ “Weak universalism”: services available for all social groups but user rights are weak and the role of professionals in targeting the services stricter is strong
- ❏ The aim to reduce the need for institutional care (since the 1980s, for both older and disabled people)
- ❏ Intensification of home-based services
- ❏ Integration of family carers into the formal care service system (contracts, financial and other support for family carers who give demanding care)



Recent Nordic LTC trends: The social-health divide

- Older people are the main users of health care (hospitals, GPs, home nursing)
- Hospitals and psychiatric hospitals do not anymore provide long-term care for older people
- The divide between residential homes and nursing homes (the latter important particularly in Finland: health care centre wards)
- The aim to integrate social care and health within home-based care
- Different professions, different orientations (curing/preventing illness vs. supporting everyday life)
- Issue of funding structures



Recent Nordic LTC trends: The role of non-profit organisations

- Initiators and developers of services that have later become adopted and provided by the public sector
- Particularly in Finland significant providers of certain social care services (for example, service housing)
- Often in very close co-operation with local authorities
- Has had particular funding sources (like the Slot Machine Association in Finland)
- The position is now under change due to the introduction of competitive practices (like the purchaser-provider split and competitive tendering): 'the contract culture'
- Differences between non-profit and for-profit services are decreasing



Recent Nordic LTC trends: The role of for-profit organisations

- Traditionally only a marginal role in LTC in the Nordic countries
- Recently a sector of rapid growth (in relative terms)
- A huge variety of providers: from one-woman firms to international provider chains
- Public services have partly been out-sourced to for-profit providers
- Also direct demand from older people and their family members has increased but this is limited by the price level
- Tax deductions have been introduced in order to promote direct demand
- Still a minor player – but a player whose entrance is changing the rules





The future?

- ❏ “Forecasting is difficult – in particular if you are trying to forecast the future.”
- ❏ Scenarios are based either on the continuation of current trends or on a rupture in them, due to unforeseen major global, national or local events
- ❏ But as, by definition, unforeseen events can not be forecast, it is better to rely on existing trends – even though in the end they will be changed by unforeseen events





The future?

- ▣ Nordic societies will continue ageing
- ▣ Nordic women will not leave the labour market
- ▣ There will be an ever increasing need of LTC services
- ▣ LTC services will continue to enjoy large public support by Nordic citizens
- ▣ Policy-makers will be demanded accessible and even more responsive LTC services
- ▣ The state and the local authorities will continue being responsible for LTC



The future?

- The role of family members will increase, both in providing informal care and in applying formal services
- The role of for-profit services will increase and non-profits will become more commercialised
- The difficulties in co-operation between social care and health care as well as between formal carers and informal carers will continue
- Differences between the five Nordic countries and, on the other hand, between localities within the countries will increase





Lessons for Taiwan?

- ❏ Family care will always stay the mainstream of care and it needs support and recognition
- ❏ However, in a society with rapid ageing and a high female labour market participation rate, formal care services are unavoidable
- ❏ If (but only if) formal services are accessible, affordable and attractive (for their quality and responsiveness), will people use them
- ❏ Only if services are used, will quality of life for older people and reconciliation between work and family for their children/in-law be secured
- ❏ It is important to make care services affordable for the whole population, not only for the richest – or the poorest - group





Lessons for Taiwan?

- ❖ Migrant care workers may be a short-term solution but as their employment bases on inequality between nations and on a lack of occupational possibilities in sending countries, a wise country does not base its LTC policy on their everlasting availability
- ❖ Taiwan has now one-in-a-lifetime opportunity to make a fundamental reform of its LTC policy that will guide the way for decades
- ❖ It is good if all groups of service users and all sources of care (family carers, public and private home-based and institutional care services, personal assistants, migrant carers) can be covered by the same system, remembering in any case the different needs and situations of different groups and individuals

