

# Social Public Services: Quality of Working Life and Quality of Service

## Finland

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## Summary

This report is part of the “Social Services: Quality of Working Life and Quality of Services”, a research project funded by the European Foundation and which is being implemented in eleven European Union member countries in the same way as this section applicable to Finland. Social services and the changes that have occurred are examined. Trends are examined first at a general level and then with special reference to three population groups. The report describes successful changes achieved in the services. The introduction describes the structure, financing and production of services at a general level, as well as changes occurring in recent years. Service changes and needs are examined in greater depth with respect to the three population groups. The population groups under review are the elderly living alone, long-term young unemployed people and mentally retarded adults. Nine examples of public services provided for these population groups have been chosen as illustrations of successful changes in these services. Two of the nine instances are described in greater detail. The individual examples were selected on the basis that the service succeeds in meeting the multiple needs of clients. This was deemed to have been achieved by the combined efforts of service providers or professionals in different fields. The central factor influencing the selection of examples was the extent to which the work was geared to the contributory potential of clients and improvement in the quality of services in particular instances. The report outlines the influence of changes in the quality of services and working life. No fresh empirical data was collected for the purpose of the report. Instead, it was based on existing research and other documentary data and on interviews with clients, workers, and political decision-makers. The selected examples were examined by on-the-spot observation on several occasions. The objective intent of various service systems to articulate the overall need structure of clients was observable, being one criterion of the quality of services, particularly with respect to the elderly. Due to the long history in Finland of a public service system, innovations consist above all in framing things in new terms of reference and the critical evaluation of work methods, “doing things differently”. The case studies found in this report were selected on the basis that each one represented an innovative change of direction compared to earlier practice. The cases described are good examples of service activities that relate to the problems and needs of clients in a comprehensive way. The conclusion of the report presents development proposals for the Finnish service system based on the examples analysed.

## **Introduction**

### **Key features of the Nordic welfare model**

Examination of the Nordic welfare model's ideological background revealed two fundamental features – Protestantism and democracy. A strong Lutheran conviction is said to express itself in a strong sense of individual responsibility or accountability. It has been found that Nordic people generally emphasise principles of the common good and equality on this account. A few words about democracy. The Social Democrats have enjoyed almost uninterrupted political leadership in the Nordic countries since the Second World War. Support for the party did not diminish even during the 1990's. In certain countries (e.g. Sweden) the power of the Social Democrats was stronger and more concerted than in others. In Finnish political life, it was more or less a given that the Social Democrats and the Centre Party shared political power, a fact of great significance for the exercise of social policy. Perhaps the key achievement or basic principle of the Social Democrats has been their concept of the nature of the State as a strong redistributive power. According by, the (often centralised) machine of State serves to plan and redistribute the fruits of a market economy.

We will examine next the landmarks of the Nordic, and more particularly the Finnish, welfare model. There are numerous different classifications, the following being just a basic checklist of key features in the Finnish welfare model:

1. A policy that is comprehensive;
2. Social rights derive from the fact of citizenship, currently they derive more from the fact of residence;
3. The public sector is the key actor;
4. Earnings-related and flat-rate elements in the income support system;
5. Public monopoly in the provision of services; services financed by taxation;
6. Large clientele and strong public support;
7. Equality an explicit policy objective; and
8. Vigorous redistribution of income.

Some of the above concepts require a more exact definition. The range of social policy in Finland is broad. In an effort to answer most of the basic needs of citizens, it includes social security, services, education, housing, the working world, etc. The role and significance of the State ranges over the entire political spectrum. Security of livelihood is based on two elements: the basic portion and a second, income-related portion for those who are employed. In a comparison of the Nordic states (including Finland) with other industrialised countries, the former can be characterised as transfer-heavy states in relation to income. Traditionally, the proportion of GNP assigned to social expenditure has been high. Because the public transfer of income has been considerable, taxation levels in the Nordic countries have been fairly high.

The Nordic model can be termed a success, if we examine what it has achieved: income distribution is more even than in other countries, the incidence of poverty is extremely low and differences in living conditions are fairly few (Atkinson, Rainwater & Smeeding 1995; Korpi & Palme 1998). In Finland's case, research has shown that the social security system has been effective in preventing or resolving social problems. Equality in the workplace is evident from the degree of participation of both women and men in education and in the

workforce (Nurmi 1998). It is also estimated that the increasing friction evident between generations throughout the world remains at a reduced level in the Nordic countries (Forma 1998).

Finland has had to distance itself somewhat from the concept of free (universal) subsidies and services for all. In practice, this means that there is a limit to the liberality of the system and that it has been necessary to add further eligibility conditions.

We can also adopt another viewpoint with respect to the Nordic model, by speaking of welfare contracts. Researchers and social policy experts have declared that the Nordic model rests on four underlying contracts: (i) the interest group contract; (ii) the generation group contract; (iii) the gender group contract and (iv) the contract guaranteeing certain basic rights to the least well-off in society. The generation group contract denotes that society guarantees care for the elderly that is secure and acceptable. In practice, this means that municipalities have a specific duty to organise and finance services needed by the elderly. This duty supersedes the duty of (adult) children to care for their parents. In a manner of speaking, society has relieved children of the material care of their parents. Real life shows the situation to be otherwise, of course. The continuing break-up of institutional care, together with rising client costs, has led to more active voluntary participation and to increased participation by near relatives.

The gender group contract is typified by the high proportion of women in the workforce, the aim of equal pay for men and women and the existence of support and services that allow both parents to be employed. Family social policy was developed in the Nordic countries during a period of strong economic growth. An example of this is home care allowance, which is paid to parents who do not avail themselves of public day-care facilities for their small children.

The contract for the disadvantaged in society has met with obstacles in times of economic recession. In principle, this contract denotes the right of everyone to a minimum income level. In recent times, with the increase of expenditure on subsidies intended for the most extreme cases, the lot of the deprived has deteriorated accordingly. Local authorities have increased the number of discretionary conditions attaching to the receipt of benefits to the extent that such conditions now border on the unlawful. The deterioration in the provision of services and the use of greater discretion in practically all the relevant benefits has endangered the supply of basic needs for poor people. Marginal groups such as alcoholics, the homeless and certain handicapped people are typically the losers.

## **Formulation of social security policy**

Social security policy has played a central role in Finland's social welfare policy just as it has in other Nordic countries. Three dominant features in the development of Finnish social welfare can be observed as early as the 1940's, just as in other Nordic countries: 1) the conversion of a universalist ideology into definite methods of public social security, that is to say the direction of benefits and services so that they reach the entire population or are intended to do so; this aim appears in a forceful and logical manner in official policy documents relating to social security; the principle is rooted in a process stretching over 30-40 years; 2) centralisation of the social security operating system, that is to say the increase of the State's involvement in the financing and control of social security, and 3) the increase of a coalition-type consensus in controlling the renewal of social welfare policy up to the 1990's.

The essential element in the case of Finland is that the three features stated above are closely related and result in what may be logically termed social security policy trends. These are characterised *inter alia* by the following a) the middle class has accepted social welfare both as a beneficiary and as a contributor through taxation, b) the identification of social security practices with providing for the impoverished (social subsidies, social welfare and social services) has become less prevalent and there is less stigma attached to it, c) social welfare practices have been centrally controlled, which has made it possible to implement widely-approved aims of social and regional equality in Finnish society, d) basic solutions relating to social welfare policy have been achieved through compromises stemming from consensus rather than conflict. (Rauhala 1996, 1998.)

At the end of the 1940's, Finnish social security policy began to develop in a more progressive direction, whereas previously it had been characterised by the controlled prescription of exceptions. Compensation for the loss of paid work by income transfer throughout the population has been the most consistently followed social welfare direction in Finland, in conjunction with which social services and care services facilitating everyday life have become inextricably woven, originating in the private initiative that gave rise to the establishment of children's nurseries in the 1880's. In Finland, this was originally justified in order to provide educational and care services for families and it is still part of the Child Day Care Act of 1973. In 1951, a legally prescribed, municipally-provided trained home help operation was introduced, intended primarily to help large families of limited means whenever the mother was unable to carry out her everyday duties due to illness or the birth of a child. The law clearly allowed for the provision of this service to other than those of limited means for which a fee could be charged. At the end of the 1950's, municipally-provided trained home help services were extended to the elderly. In the 1960's, households with elderly or handicapped persons were included among recipients of home services and pro-rata payments for the provision of such services were likewise collected.

It is as well to observe in the Finnish context that the extension of (care) services to the entire population occurred through political contracts and that those with higher income levels paid more for such services than did those with limited means. The administration of payment policies saw to it that payments did not result in a polarisation of population groups, nor were they of a scale to attract market operators. The public sector has been dominant in the social services, while some room has been left for private bodies (NGO's) and small-scale profit-making enterprises. It is essential to observe that in the formulation of public social services, the provision of immaterial benefits (care) has been approved as a public social welfare entitlement in conjunction with material benefits (compensation for paid work). This feature is peculiar to the Nordic countries: elsewhere, municipally-provided work assistance (children's day-care and home assistance can be perceived as such) is not provided to all households in need. On the other hand, it must be recognised that the social services were not in the strong position of social security in relation to income transfer before the 1990's, when certain services were turned into subjective entitlements.

Two tendencies can be observed in the historical development of the social services which throw light on the way in which they came into being. In the first place, social welfare directed to the needs of the poor and social welfare practices in the conventional sense were initiated as early as the 1940's. The change of direction, which occurred at the start of the 1960's in particular, was seen as a way of lessening the stigma attached to the social services: they became the instrument for modernising social security. The social coming-of-age of Finnish society during the 1960's, on the other hand, drew attention to needs to which the

State saw fit to respond with the reformation of social services. It is well to remember that Finnish women elected to undertake paid work at the start of the 1960's without day-care services, the lack of which led to what was probably the crux of the social question at the time: latchkey children. Employer organisations started to demand public day-care in the 1960's but in the political forum it was advocated mainly by the left. The political contract applying to work in the home can be seen as underlying the care services: in Finnish society a contract was struck between women and the State whereby care services were created to enable women to perform paid work, an offshoot of which was the provision of jobs for women. Men have remained a definite minority among employees in the public care services from the start. Reforms in the political forum were driven as much by men as by women: they were not, as empirical analysis (Rauhala 1996) demonstrates, the achievement of women alone. On the other hand, the State and its care services made it the norm in Finnish society that women also perform paid work. On the one hand, this has eased the burden on the man of being the sole breadwinner (and kept remuneration levels for men much lower than in countries where women do not, as a rule, leave the home). On the other hand, it has left women with a double shift job: according to research, domestic work is not evenly divided between men and women; instead women do most of it.

### **Tendencies in the 1990's**

Examination of the social services from the viewpoint of their "domestic work content", leads one to observe that they also serve as an obvious counterweight to institutional-type care (of the elderly and handicapped). Official documents dating back to the end of the 19th century show evidence of observations to the effect that institutional care would be costly and can be impersonal. When we speak of the institutional care quotient, it is important to recognise that at most 7% of those over 65 years old are permanently resident in homes for the elderly. Since from 1977, the number of places and clients in homes for the elderly has been diminishing and the same trend has been observable in handicapped care from 1981. Deinstitutionalisation is not a 1990's phenomenon in the case of Finland – it dates back to considerably earlier. In the wake of a decline in numbers in the 1990's, the process has been accelerated, but the discussion themes remain the same as in previous decades: institutional care is a) expensive, b) alienating and leads to the depersonalisation of clients, c) prevents social integration. The 1990's show a reduction in the number of psychiatric hospital places, which occurred at a faster rate than had been targeted due to the recession, and research and practice shows that community care services have not developed sufficiently to meet the mental health care needs of those released from institutions. The rapid break-up of the institutions and the underdevelopment of community care services have already resulted in the marginalisation of those with mental health problems and even to their abandonment, in the opinion of some critics.

The questions of deregulation, decentralisation and deinstitutionalisation have become the landmarks of European social policy discussion in the 1990's. How are these reflected in the social services?

Deregulation denotes the break-up of centrally administered control and financing systems and their transfer to systems deriving from local needs, in which the various models for financing and the supply of services can be applied according to a welfare-mix concept. In its favour, it can be said that deregulation allows a separation between financing and supply of services, which it is believed will open the door to providing services that are market-based, flexible and more adaptable to changing circumstances. Deregulation is also seen as fulfilling the shortcomings of democracy by devolving the regulation of matters to local level. Cost

control is supposed to improve as the rigidity of a central administration is eradicated. In order to counteract the drawbacks to deregulation, the right of users/recipients to complain about services has been extended, which holds good for entitlements but not necessarily for undetermined services attaching to them. The problem with deregulation is understood to be the subjection of services to the vagaries of political relationships. In other words, when services and the rights to them are no longer determined at national level, they can vary greatly in different municipalities and bring about regional and other social equality discrepancies, which all parties represented in the 1999 parliamentary election campaign, and the newly-elected rainbow government too, declared to be an undesirable consequence.

The history of Finnish administration shows evidence of both centralising and decentralising tendencies. Social policy activities, which initially, in the 19<sup>th</sup> century, were mainly conventional in the form of poor relief, were the responsibility of parishes originally and then of local communes, or municipalities. Some more radical interpretations of the birth of the municipal system in the Nordic countries attributes its origin to the provision of poor relief alone. The moment was ripe in the 1930's to pose the question of municipal self-determination: the 1936 welfare laws signified that the State was assuming a central role and beginning to enact laws, a trend which continued to gather momentum until as recently as the 1990's. At the start of the 1980's, discussion began with respect to client orientation and the quality of social welfare/social services, at which point the local level gradually came to be regarded in a new light. The experiment of independent municipal participation represented an interruption in the decades-long development of centralisation and the recession of the 1990's gave impetus to (but did not bring about) the aim of decentralisation. The reform of state grants in 1993 is the most distinctive feature of decentralisation: responsibility for the planning, control and financing of municipal operations was transferred to the municipalities. The State relinquished controlling by norms and the intricate earmarking of financing guidelines and became instead a source of information, the visible expression of which, in the social policy sector, was the dissolution of the National Boards of Social Welfare and Health and the establishment of the National Research and Development Centre for Welfare and Health (STAKES) in their stead.

The advantage of decentralisation is evident from its immediacy (a Nordic version of the principle of subsidiarity), which it is anticipated will increase the effectiveness of operations and the use of resources in accordance with local needs. Another advantage of devolution is the increase in democracy it brings with it: political decision-making in municipalities is closer to the people, who can then see more clearly how decision-making evolves into specific steps.

Devolution can also have negative consequences. There is as yet no strong evidence of the possible growth of inequalities between people due to a municipality acquiring a "well-off" profile or for some other reason; assumptions of this nature have been put forward. Doubt can also be expressed about the effectiveness of guidelines as a control method in fulfilling quality expectations relating to the social services.

### **Public sector reform approach**

The reform wave that has affected OECD countries since the 1960's is usually termed public sector reform (Public Sector Reform, Lane 1995, pp. 143-159). These reforms have generally aimed at increasing efficiency and generating savings. From a public administration

standpoint, the development of the industrialised nations in particular has been expressed in the following three trends: (e.g. Van Aerschot 1996, pp. 5, 7-8 and 13-17):

- Juridification of new life pursuits and phenomena;
- Growth and bureaucratisation of implementation mechanisms consequent on the above;
- Increased power of the professions

Juridification has meant the rapid extension of centralised formal legal prescriptions. The control mechanism for implementation grew apart from regulations. Both these factors led to the tremendous proliferation of norms. Consequently, Finland too experienced the emergence in the 1980's of what was termed a deluge of norms. Deregulation can be considered a reaction to centralised control and the increased volume of norms, frequently referred to as debureaucratisation (e.g. Tuori, 1987 and 1990).

Research literature also mentions moving from an *ex ante* to an *ex post* form of administration or control. In practice this denoted that (advance) planning gave way to (post) evaluation and that detailed, often centralised prior control gave way to framework guidelines and retrospective control. Results control and results evaluation have also been the principal innovations in the provision of social services.

The reform of the public sector in the Finnish context has led to four concrete changes – the delegation of decision-making powers, control of financial results, the reduction of norms (deregulation) and the replacement of legal responsibility with financial responsibility. The latter is directly connected to results and a paradigm change, which emphasises results and cost-effectiveness. More and more, social policy together with the social services amounts to a form of production, is product-oriented. In such circumstances, attention can easily veer towards the volume of supply rather than the beneficial effect of the product or services.

Reform cycles related to social policy appear to occur roughly every 30 years and there is evidence to back the claim that the 1990's represent an opportunity to re-assess the welfare state project initiated in the 1960's: we are on the threshold of a new cycle, even if the elements involved appear to a large extent to derive from previous developments (as they did in the 1960's but at that time it was more as a reactionary tendency). The modernising tendencies of social security in the 1990's are linked not only to putting a brake on the cost burden but also to dismantling the rigidity of operations and to assessing the potentially altered relationship between the job market and social policy. The official documents drawn up in the 1990's affecting ways of thinking on social policy (including government programmes) contain more about preventing the supplanting of welfare than securing the prerequisites for remunerative work. As such, it takes on an entirely different emphasis from the reform discussions relating to social policy in the 1960's. One of the contradictory tensions of social welfare in the 1990's is the emergence of the relationship between paid work and the supplanting of it, now very timely in circumstances of mass unemployment and long-term joblessness. Social security is interpreted as being an obstacle to participation in paid work, while according to the way of thinking in the 1960's, it was considered to enhance the opportunity for it (Rauhala 1998).

### **Structure, organisation and financing of social security**

Social security in Finland is divided into security of livelihood, public social affairs and health services and preventive social affairs and health policies. Security of livelihood is divided into social insurance and shorter-term monetary subsidies. Social insurance is paid



jointly by employees, employers and the State. The scope of social insurance includes *inter alia* old age pensions, disability pensions, sickness insurance, and unemployment insurance. Monetary subsidies include *inter alia* child benefit, maternity allowances, unemployment benefit and housing benefit.

The municipalities, assisted by the State, are responsible for social affairs and health services in Finland. It is up to the municipalities to organise the availability of welfare services in the area. Municipalities can produce these services alone, in conjunction with other municipalities or purchase them from private enterprises. Municipal social affairs and health services include basic health care and specialist treatment, children's day-care or a subsidy for home care, child protection, a child and family welfare clinic, home helps, services for the elderly in institutions (day centres), services for the handicapped, drug dependency treatment and general social work.

Social expenditure is financed mostly by the State, municipalities, employers and employees. Employers contributed about 36% of the cost, the State somewhat more than a fifth (about 23%), municipalities somewhat less than a fifth (about 18 %) and employees about 13%. The remaining costs are covered by user fees and the financial yield from different funds. The portion financed by employers, which relates to pensions, accrues through private pension companies and that which relates to other costs accrues through the State. Thus, by far the greater part of social expenditure in Finland is adjusted and directed through public channels.

The prominent role of the State in the creation and financing of welfare services has left little or no room for free competition in the welfare service sector. This monopoly position has led to users of such services hardly ever being seen as (paying) clients. Partly due to this state of affairs, the role of the client in the planning and administration of such services has been relatively minor. The political control mechanism is seen to operate in this area also.

The position, rights and self-determination of the client have been addressed twice during the period of "modern" social welfare. Special attention was given in the 1960's to the involuntary nature of institutions and, two decades later, the alternative choice movement emphasised in a variety of ways the potential of disadvantaged groups "to be responsible for their own lives". In this connection, the juridical position of the social welfare clients was strengthened through the establishment of the right of clients to learn about the contents of documents relating to them (Heikkilä 1988; Heikkilä & Kautto 1997, 25).

Finland's social welfare expenditure in 1998 amounted to over FIM 190 billion (EUR 31.6 billion) or about FIM 38 000 (EUR 6.3) per inhabitant. Social expenditure is just under one third of GNP. At its height in 1993, social expenditure amounted to 37% of GNP. Expenditure has decreased subsequently at a steady rate. About 69% of expenditure was used to ensure security of livelihood and 31% was used to finance services, varying considerably in relation to the main items of the budget.

Concerning the main groups in the social security budget, most money (27 %) was spent on the elderly and on sickness and healthcare (25%). About 14% of expenditure is assigned to the handicapped, 12% to the unemployed and 12% to financing social security for families and children. Most of the expenditure on the elderly, just under 90%, is to ensure security of livelihood and considerably less than 10% to services. Just over 80% of social welfare expenditure on the handicapped went to ensuring security of livelihood and just under 20% went to services. In the case of families and children, well in excess of 90% of social welfare

expenditure went to ensure security of livelihood and considerably less than 10% went on services. The ratio between what was spent to ensure people's livelihoods and what was spent on services remained relatively the same for the above main categories throughout the 1990s. The only change occurred in social expenditure on the unemployed, with the amount of monetary support noticeably increasing and the amount spent on services decreasing. This is mostly explained by the increase in per diem payments following the rise in unemployment.

Table 1: *Distribution of social welfare expenditure between main groups (%) and amount (%) spent on services for those groups.*

	1990	1992	1994	1996	1998
Expenditure, FIM mill.	132 494	166 279	180 118	185 954	193 500
% of GDP	26,6	35,8	36,2	33,3	31,0
Sickness and health care	29,2	24,5	22,1	23,7	25,1
Share of services (%)	80,1	81,7	83,3	84,3	84,2
Disability	14,5	14,2	13,9	13,6	13,7
Share of services (%)	16,9	15,8	16,5	16,9	16,9
Old age	28,0	26,9	26,7	27,5	27,3
Share of services (%)	12,9	11,9	11,7	12,6	13,2
Survivors	3,8	3,7	3,6	3,7	3,8
Share of services (%)	0,0	0,0	0,0	0,0	0,0
Families and children	13,0	12,6	14,5	13,0	11,5
Share of services (%)	44,6	40,0	33,8	40,1	43,8
Unemployment	8,2	12,3	14,5	13,0	11,5
Share of services (%)	15,1	7,6	6,7	8,0	8,7
Housing	0,8	1,1	1,3	1,2	1,1
Share of services (%)	0,0	0,0	0,0	0,0	0,0
Other	2,0	2,1	1,9	2,1	2,1
Share of services (%)	48,9	41,0	30,8	26,9	29,3
Administration	2,8	2,6	2,7	2,7	2,8
Share of services (%)					
Total	100,0	100,0	100,0	100,0	100,0
Share of services (%)	36,2	31,4	28,8	30,8	

## Social services personnel

There were just over 2 million people employed in Finland at the end of 1996. A total of 1 472 000 persons were employed in the private sector, 347 000 were employed by municipalities and 141 000 were employed by the State. The number of persons employed by municipalities and by the State rose by 24% between 1980 and 1996. The increase was especially marked in the social services, in which the number of personnel has increased by 64% in the last 15 years (National Accounts 1975-1992 and 1991-1996).

At the end of 1994, there were over 352 000 workers engaged in basic services in the private and public sector. Workers in the basic services sector include those in the fields of health care, social work, education, law enforcement, and firefighting and rescue operations. The majority of workers were in health care (132 000) and social work (111 000). Almost as many workers (91 000) were engaged in educational tasks. Basic services provide 700 workers for every 10 000 inhabitants: 259 in healthcare, 218 in social work, 179 in education, 24 in law enforcement, and 11 in firefighting and rescue operations. A total of 12.6 % of the workforce is engaged in social affairs and healthcare. The distribution of personnel over different regions of the country is relatively uniform (Kainulainen & Niemelä 1998, 24-27).

Most basic services sector personnel are employed by municipalities and the State. In 1997, a total of 220 435 social affairs and health care workers were employed by municipalities, 95 000 of whom were in the social services, 111 000 in health care and about 14 000 in administrative work. More than half (49 000) the number of social services workers are employed in children's day-care centres. Over 18 000 workers are employed in the institutional care of the elderly (mainly in homes for the elderly). Almost 14 000 workers are engaged in providing home help, by far the majority of whose efforts help the elderly. About 6 000 workers are engaged in the institutional care of the disabled. A total of 25 000 workers in the health care sector are engaged in basic health care tasks at health centres. This figure also includes those providing treatment at home for the sick. The precise number of persons engaged in providing treatment at home for the sick is not easily estimated because the basic health care work of these persons is organised on a population or locality basis and does not necessarily differentiate personnel by task. Health care personnel in health centres and clinics divide their work between being on call duty at the centres, working in the wards and visiting the elderly living alone.

At the end of 1990, the number of personnel employed in home service tasks was 11 500 and this figure had risen to 13 728 by the end of 1998. The number of personnel increased in the 1990's but these figures also fell from time to time. The number of those employed in institutions serving the elderly remained relatively stable during the 1990: There were 16 765 workers employed in institutions at the end of 1990 and 17 884 at the end of 1998. The figure fell slightly until the middle of the decade, later rising to more than at the start of the decade (SOTKA).

Just over 4 000 personnel are employed in institutions for the disabled in municipalities and consolidated municipalities. Just over 1 500 personnel are employed in running protected workshops and other services for the handicapped. Personnel employed in services for the handicapped in 1998 numbered 5.7 in municipalities and 6.2 in consolidated municipalities per 10 000 inhabitants. The latter figure has decreased since 1992 when it stood at 12.2 per 10 000 inhabitants. During the same period, the corresponding figure for such personnel in municipalities increased from 2.6 in 1990 to the current 5.7 per 10 000 inhabitants (SOTKA).

The change perhaps reflects the reduction of operations in centralised systems and institutions in accordance with the number of those needing such services. The number of personnel in the social sector has greatly increased both in absolute terms and in relation to personnel in other public sectors. There were 9 441 people employed in the social welfare sector before the second World War. In 1970, this figure had risen to 33 000 and in 1997 to 95 000. In addition to the above, there are 15 000 persons employed in private social welfare services. The majority (95%) of these are women. The rapid growth of the sector has also led to the employment by the municipalities of persons lacking professional training, mostly in the capacity of family care and home help personnel. In 1990, half of those employed in the social sector were professionally trained. (Rauhala 1999, 85-86).

### **Working conditions**

The Ministry of Labour has used an employment barometer to monitor the psycho-social development of the Finnish employment situation since 1992. An increase in workloads detrimental to health has been registered along with greater disparity between professional groups. The demands posed by work have increased at a faster rate than the ability to manage them. (Finnish Institute of Occupational Health 1997).

Follow-up studies in the field of social welfare and health demonstrated as early as the 1980's that the care sector is mentally stressful, a situation that is known to have deteriorated even more with the onset of the 1990's. The evolution of working conditions has been monitored at the National Research and Development for Welfare and Health (STAKES) in several research projects (Elovainio, M. (Edit.) 1992; Elovainio, M. & Kalliomäki-Levanto, T. 1995; Elovainio, M., Kalliomäki-Levanto, T. & Kivimäki, M. 1997; Elovainio, M. & Lindström, K. 1993; Elovainio, M. & Rintala, T. 1997; Elovainio, M., Sinervo T. 1994; Kananoja, A. & Elovainio, M. 1994; Merjola-Partanen, T., Nikkonen, M., & Voutilainen, P. (Edit.) 1993; Rintala, T., Elovainio, M. & Heikkilä, M. 1997; Sinervo, T. 1993; Sinervo, T. 1995; Sinervo, T. 1997). According to this research, mentally stressful factors arising from work at the start of the decade were particularly prevalent among those employed in home services. The urgency, responsibility and limited influence potential were experienced as being more stressful than on average. The work appeared at the start of the current decade to be rapid in pace and fragmented. The level of stress experienced has clearly risen over the current decade for all professional groups engaged in social affairs and health care and even more for social workers and physicians. Personnel involved in hospital care, home services and institutional care of the elderly have cause for concern in the long term regarding their working conditions (Sinervo 1999).

The break-up of the labour-intensive institutional care system is portrayed in different ways, depending on the profession involved. After the break-up of institutionalised care for the disabled and the mentally ill occurred, for example, these services were integrated into other service systems or were replaced by community care services. There was no systematic follow-up of the effect this had on the welfare of workers. Some reports stated that the work was more congenial and the routine of work was lessened but, at the same time, it had become more demanding, carried more responsibility and was mentally more stressful. Research was hindered by the limited number of personnel involved. They are frequently not factored into general surveys as they number so few in the case of an individual municipality.

The development of home services and home nursing care on a local basis yielded numerous positive experiences. Client relationships have become more enduring, work has become more independent and management more supportive. Collaboration between home services and home nursing care has not been without its problems due to the variety of work orientations. Personnel in both sectors find the work congenial but worrying reports indicate that it is physically exhausting, especially in the home services.

With regard to the future, the endurance of the least trained personnel is increasing by a problem. The least trained personnel are clearly older and the workload is physically as well as mentally tiring. As the age of personnel increases, the need for expertise also increases, while at the same time clients become more difficult to care for and the work becomes physically more demanding.

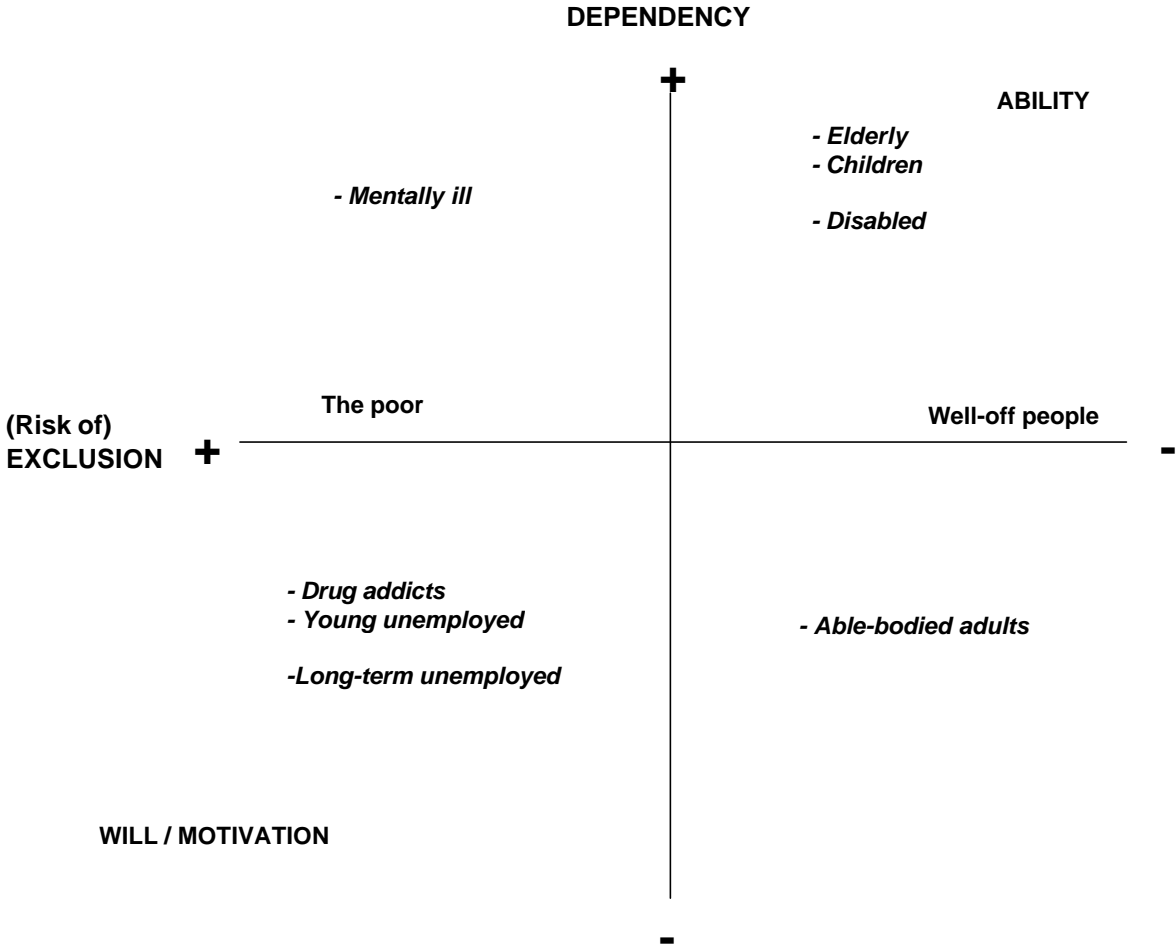
### **Targeting versus normality**

There is a certain amount of contradiction in the Finnish social welfare service concept of trying to target and integrate into comprehensive service units, which are then tailored to the needs of given client groups. In the case of Finland's development, progression from "care of the poor" towards a universally provided service indicates an acceptance of the normality principle. This principle was defined as the key factor in the report of the committee on basic social welfare (1971). According to the report, the need of individuals and not their economic

circumstances or other socio-economic factors is paramount when evaluating the right to basic services provided by society. Home service and children’s day-care are key elements of what are termed universal social services, as supplemented and developed on a large scale since the 1970s.

At what stage is it justified to use tailored service packages to supply the more common needs of a particular group? The accompanying diagram serves to outline the need for social welfare services in terms of two particular needs, which are (i) dependency and (ii) risk of exclusion/rate of exclusion.

Diagram 1: *Position of some population groups in relation to dependency and the risk of exclusion.*



It can be said that the more dependent people become, the more they need certain social welfare services. Likewise, the more excluded people become, the more they need the help of society in order to satisfy their fundamental needs. An increased degree of exclusion has been identified (as it is in this project) as going hand in hand with the existence of multiple problems. Empirical experience also suggests, that regular social services can easily lose contact with the truly badly off and with subcultures also suggests these groups are not retained in the network of general services. This is so, for example, in the case of unemployed young people, drug users, homeless alcoholics and perhaps released prisoners as well.

Based on the foregoing, a hypothesis can be adduced according to which co-ordinated and integrated service packages, targeting in other words, is justified when the need arises from the conjunction of many psycho-social problems, together with exclusion from normal life. On the other hand, the targeting and tailoring of packages is not justified when the need for such services arises from increased dependency or from cultural, economic or social differences.

## **Needs of client groups and developments to meet these needs**

### **Long-term young unemployed**

The transfer of young people from school to workforce has altered in Finland during the 1990's. The earlier clear path from comprehensive or vocational school into a stable job market has become instead a model in which unemployment, short-term work contracts and various training programmes are tied together over brief periods. The instability of the job market for young people affects especially the potential of those badly off and at risk of exclusion finding work. The phenomenon is an international one. The proportion of temporary work contracts among young Finns is exceptionally high compared to other OECD countries. On the other hand, it may be said that temporary or part-time contracts suit the situation of many young people and that they do not desire regular full-time employment. In particular, young people in their '20s think along these lines. Young people in Finland are forced to adapt to an employment model that is vulnerable to risks and has a high rate of job transfer separated by periods of unemployment. Unemployment has become a normal and essential element of a job market career. On the other hand, young people in Finland continue schooling longer in relation to their counterparts, for example, in the UK.

Among 18 year olds, 82% will still be at school in Finland, compared to 53% in the UK (Nyyssölä 1999, 169-173; Sutela 1998, 10).

Roughly one in ten young Finnish adults at the age of 30 still remains outside the world of study or work. The number of young people at risk of becoming marginalised in their own age group has doubled in the 1990's. During the same period there has been a fivefold increase (0.5% to 2.3%) in the ratio of young people availing of long-term livelihood support (clients for as long as 10-12 months a year) (Nuora 1999.) While the number of homeless has been reduced over the last few decades, the number of homeless under 25 years old is estimated to be roughly 1 500. Generally speaking, homelessness is generally for brief periods in the case of young people, but it is a sign for some of them of an incipient marginalisation spiral and unsuitability for normal living and the regulations attaching thereto (Sauli & Starck 1998).

A pronounced change took place in the employment situation of young wage earners between the 1980's and the middle of the 1990's. While 61% of wage earners in the 15-24 age group had a full-time and permanent employment relationship in 1989, the corresponding figure in 1993 was only 34%. The proportion of part-time and temporarily employed young people has risen considerably during the recession. Only one in six young people in new jobs obtain full-time and permanent employment (Nätti 1995, 89-90).

Registration by the applicant at the labour office is a prerequisite for obtaining unemployment security in Finland. Unemployment security includes: a training subsidy (for those in manpower policy adult training programmes), a daily unemployment allowance (basic or earnings-related), a job market subsidy and an unemployment pension obtainable at the age of 60 by the long-term unemployed. The daily unemployment allowance is paid for the first 500 days, after which a job market subsidy is paid automatically for 180 days. A discretionary job market subsidy is paid for an indefinite period thereafter.

Slightly modified general unemployment security regulations apply to unemployed persons under the age of 25. The intention is to encourage or force them to acquire professional expertise and not become accustomed to the role of being unemployed at the outset of their working life. All persons fulfilling the employment suitability condition are basically entitled to a daily unemployment allowance irrespective of their age. The employment suitability condition holds good for all wage earners, irrespective of age, who have been engaged for 43 weeks annually in national pension-accruing work for at least 18 hours per week and were paid in accordance with a collective agreement (the union rate). If the length of employment condition is not fulfilled in the case of young persons, they are entitled to a job market subsidy. Those under the age of 25 are required to have received (or looked for) vocational training or to have participated in a manpower policy training course or on-the-job training. Persons under the age of 25 without vocational training who are attending a vocational school receive a study subsidy instead of a job market subsidy (KELA, the National Pensions Institute, 1999).

The 1996 changes to job market subsidies (the so-called training requirement) exerted considerable influence on the way young people act. On the one hand, they have energetically pursued the study option but, on the other, those indifferent to studying have become, or are becoming, more marginalised than before. After the changes, any passive, long-term unemployed young persons who have only attended comprehensive school are in even greater danger of being marginalised than before. It seems as if the training requirement had a greater effect on girls than on boys. At present, it is estimated that rather more than 10 000 "hard core" unemployed young people remain beyond the reach of training and manpower policy. A new form of collaboration between the authorities will have to be found for this hard core, as these young people probably react in a critical manner towards the training and manpower policy initiatives offered by the authorities (Viitanen 1998a; Viitanen 1998b).

The number of young people between the ages of 15-24 in the workforce in Finland in the autumn of 1998 was 255 000. Roughly 49 000 young people under the age of 25 were unemployed at that time (19.4%). Compared to the same period in the previous year, the number of unemployed young people had fallen by 4 000 (-2.5%) (Statistics Finland 1998).

Comparing the number of young unemployed in EU countries, it may be observed that, using comparable unemployment parameters, the number of young people unemployed in Finland at that time was lower than the average for EU countries. Comparison of the number of young unemployed people with general unemployment levels shows that the former is higher in all countries. The ratio of young unemployed people to general unemployment in Finland is at the level of the other Nordic countries and Ireland, being one a half times higher (Table 2).



Table 2: *Unemployed people under the age of 25 in EU countries for July 1997 and 1998*

	7/1997 %	7/1998 %	Young unemployed/ General unemployment %
EU total (15 countries)	21,0	19,5	197
Belgium	24,1	22,8	253
Spain	38,6	33,8	189
Ireland	16,3	13,7	147
UK	16,0	..	219
Italy	31,9	..	275
Luxembourg	7,0	5,3	252
Portugal	15,6	12,9	215
France	26,6	24,4	216
Sweden	16,9	13,8	161
Germany	11,5	10,7	114
Finland	17,1	16,0	152
Denmark	8,0	6,5	141

Source: *Statistics Finland. Labour statistics. SVT. Labour market 1998:14. (Eurostat)*

The Nordic Study Report completed in 1995 (Julkunen & Malmberg- Heimonen 1998) collected data relating to unemployment from 7 900 young unemployed people aged between the ages of 18 and 24. The data from Finland applies to 2 386 young people. Unemployment had lasted at the time of the survey for more than a year for almost 70% of the young unemployed. The average length of unemployment was 22 months. The average length of continuous unemployment was 10 months. Long-term unemployment is clearly more common in Finland and Norway than in other Nordic countries.

About half the young Finnish unemployed had taken part in some form of motivational activities. Such activities can be divided into three kinds: training, on-the-job training and personal development Training comprises both general training and training tailored to market needs. On-the-job training took the form of various job creation schemes and subsidies facilitating job creation. Motivational activities relating to personal development are those which provide motivation and instil confidence. Young people have found the active pursuit of the job market is a way improve their job market status. Young people who found employment found it mainly to be due to their having prior job experience and having been unemployed for short periods of time (Julkunen & Malmberg-Heimonen 1998, 107, 120).

Table 3: *Number of those (between ages 20-24 ) unemployed in the period 1990-1998 and breakdown of the duration of unemployment between 1994-1997. Source: Nuora / Statistics Finland*

Year	Unemployed Total	for whom unemployment had lasted over		
		3 months %	6 months %	12 months %
1990	14 364			
1991	31 163			
1992	54 094			
1993	68 024			
1994	64 746	65	38	19
1995	56 861	57	34	20
1996	52 560	58	28	15
1997	41 730	57	29	11
1998	35 751			

It can be seen from Table 4 that a relatively high number of young people around 25 years of age are engaged in the working world or studying. Roughly a fifth of young people are unemployed, living at home or outside the working world. The main occupations of those between 24-26 years of age (Kurikka 1997) can be broken down as follows:

Table 4: *Main occupations (%) of young people (aged 24-26) in 1996*

	Men, %	Women, %
Studying	26.0	24.9
Steadily employed	37.0	17.3
Part-time employed or temporarily employed	12.5	23.4
Training contract work	1.3	0.7
Entrepreneur or agricultural entrepreneur	5.6	2.0
On maternity or paternity leave	-	9.5
At home	0.5	6.1
Completing military or civilian service	0.2	0.2
Unemployed	14.2	12.4
Other	2.7	3.4
<b>Total</b>	<b>100.0</b>	<b>100.0</b>

One of the key factors influencing successful employment is training: training is directly related to the ease with which a young person will find employment in the working world. Although the Finnish educational system is geared to achieve equality, educational potential is still largely inherited. The socio-economic status of the childhood home is strongly reflected in the educational choices made by young people (Kurikka 1997, 16; Julkunen & Malmberg-Heimonen 1998, 30).

Persons without any vocational training are clearly more likely to be unemployed: half of the unemployed under 25 years of age in May 1995 had no professional qualification (Häme County Administrative Board 1996, 31). The significance of educational levels as well as the social position of parents has clearly risen during the recession (Helsingin Sanomat

25.4.1999). Since young people without any professional training find it difficult to establish a position in the job market, vocational training, implemented in the most suitable way for young people, becomes the key tool for integration. Workshop activities for young people have been recognised as a successful means of guiding them towards an educational path and a job strategy.

The first Finnish workshop was established in Helsinki in 1983. The Ministry of Labour established its first working group to study workshop activities in 1987. Prior to this, workshop activities had spread across the country mainly on the initiative of Youth Boards or through the collaboration of various authorities and administrative bodies. Originally, no laws or statutes existed for these activities. When legislation on workshop activities was introduced, it was considered that their operating principle was "to instil in the young at work the values of a wage-earning society" (Söderlund 1995, 94).

Workshop operations quickly became widespread: while they were estimated to number a few dozen in 1980, that figure has now risen into the hundreds. At the start of operations, workshops were perceived as a secure place for "marginalised" young people but, following their spread, attitudes to them have changed and the impact of workshop operations can be examined on a broader basis. Workshops are not to be seen "just as a means of generating employment". Rather, they provide young people with an opportunity to review their lives and their potential (Aaltojärvi & Paakkunainen 1995, 110, 124).

Workshops have become a key manpower policy procedure for the integration of young people into the working world. They represent a more flexible, project-oriented approach to the labour market. The increased number of workshops has largely been a function of Finland's joining the European union, as a compact of which workshops became part of the ESR Target 3 programme. Workshops are seen as providing an adequate answer to young people's needs, at least in relation to work experience, skills and social networks. A successful workshop can act as a springboard, especially for young people unable to seek training or work without special procedures. On the other hand, the obvious influence of workshops on furthering employment has remained fairly modest in general. The problem of the short duration of workshops, the low remuneration levels and the fact that pay is not motivationally related to work performance has also been recognised (Nyysölä 1999, 179; Vehviläinen 1999).

There are many reasons for youth unemployment. Some young people may be awaiting a suitable educational opening and "fund" themselves during the period with unemployment benefits. Others take a sabbatical and spend time with their friends, especially in the summer. Some young people are "genuinely" unemployed for reasons beyond their control. Long-term unemployed young people do not form a group with common needs in relation to services. Some of these young people seek support in learning to manage their lives, others seek guidance in choosing a profession and others seek services that will provide jobs. Some of the same young people experience these needs but such needs cannot be attributed to all long-term unemployed young people. "Unemployed young people are individual agents and individuality is the key that is worth polishing when building up labour market training systems" (Virtanen 1995, 84; Cf. Hämäläinen 1996, 36).

Some of the organisations in Finland working mainly with young people are listed on the web page of the Central Organisation for Social Security and Health ([www.sosternet.fi](http://www.sosternet.fi)). However, such organisations only rarely concentrate on advancing the position of young people or in

publicising their views. The activity of these organisations mostly involves various forms of assistance for young people. There are also a lot of other organisations and societies in Finland (political parties, religious congregations, etc.) which operate separate youth programmes. However, their foremost task is only rarely to publicise the views of young people. The latter, in this case, do not form a homogeneous unit, whose views would be systematically taken into account, for example in the development of public services. The way of life and habits of young people are systematically monitored only in a few municipalities and in particular by a few organisations nation-wide. In this regard, the key youth organisations are the Finnish Youth Alliance (Suomen Nuorisoyhteistyö Allianssi ry) and (text missing).

The organisation with the most influence is the Finnish Youth Co-operation Alliance (Allianssi). It acts at national level as a service and lobbying organisation for youth work. The organisation is a politically and religiously unaligned defender of the interests of young people. Its members are drawn from nearly every youth and educational organisation nationwide. The organisation has its own Internet page with a description of how their lobbying operation and services work ([www.alli.fi](http://www.alli.fi)).

The chief task of Allianssi is to organise training, disseminate information and offer exchange positions abroad for young people, support the participation of young people, immigration work and mobility, and promote development. Allianssi also maintains an information library about youth and carries out research and development work on youth activities with emphasis on the participation of young people and the significance of youth work for society.

One of the operational methods aiming at increasing the influence of young people on society are the Youth Elections. They gather over 100 000 young people each election year, who give their opinions about national politics. The elections are organised in secondary schools and vocational educational institutions throughout Finland.

The advisory committee on youth affairs is an expert body acting in collaboration with the Ministry of Education and which concentrates its activities on projects for the improvement of the way of life of young people and intra-Ministry collaboration with those responsible for youth matters.

The practical work of the committee is articulated around the following comprehensive items: follow-up and development of the way of life of young people, support for young people as regards socialisation and taking charge of their lives, encouraging of young people to participate in society, and initiation of projects which transcend cultural and social boundaries.

The committee commissions reports on the way of life of young people, their position and attitudes towards society and other key issues affecting their activities. The youth barometer survey is carried out regularly each year.

## **Mentally retarded adults**

The path of the mentally retarded towards the working world has always come up against the obstacle that, as soon as they reach the age of 16, they are automatically registered for a disability pension. Sheltered or community workplaces have been alternatives but the wages are minimal (a “service remuneration” of FIM 600-800 monthly).

A bill on the employment and educational advancement of disabled persons was introduced in parliament in summer, 1998 (HE 87/1998). It proposes amending the Rehabilitation Allowance Act, the National Pensions Act and the Assistance for the Handicapped Act. The intention is that the amendments would mean that all disabled persons between ages 16-18 would be guaranteed the option of a vocational education. After the amendments, it would be possible for disabled persons receiving a disability pension to interrupt receipt of the pension for a maximum of two years, while they undertook experiential work. Some other provisions relating to training and encouragement to work are contained in the amendments (Karjalainen 1999).

The rapid industrialisation of Finnish society and the migration from rural to urban areas that ensued led to pressure for changes in the care of the mentally retarded in the 1950s. Because they had access to hardly any institutions of their own, they were placed in municipal homes and mental hospitals. In 1958, the Mental Deficiency Act was passed, according to which a federation of municipalities would establish 15 institutions for the mentally retarded nationwide, in each of which there would be a central institution with 300-600 beds. The institutions were built for mentally retarded children. Twenty-five years later, the peak in care facilities at institutions for the mentally retarded was reached with a total of 5 900 beds. However, a change in attitudes (the Special Care of the Mentally Retarded Act, 519/1977) led to a shift of emphasis in the direction of open care.

According to the Act (Special Care of the Mentally Retarded Act, 519/77), a mentally retarded person is "someone whose development or mental activity is impeded or disturbed by an illness, defect or disability that is congenital or contracted at a developing age and who cannot obtain the services needed by virtue of any other law" (Kuparinen 1995, 11). In practice, application of the Special Care of the Mentally Retarded Act is limited in Finland to persons suffering from cognitive malfunctions or learning difficulties, even if the law's purpose as enacted was to include in its scope other disabilities as well.

Since 1978, the National Board of Social Welfare has operated a five year plan, in an effort to develop community care facilities and make home services compatible with other services. This was an attempt to lessen the need for institutional care. Consequently, the number of institutional beds has decreased since 1981 (Rauhala 1996). The Social Welfare Act 1984 (710/1982) amalgamated care of the mentally retarded with municipal social care services<sup>1</sup>, as a result of which *it became a principle in the provision of services that disabled persons are entitled to obtain all services generally available to other residents of a municipality*. The purpose of the Disabilities Act 1988 (1987/380) is to "promote the prerequisites for disabled persons to live and operate on a par with others by alleviating and removing the inconveniences and obstacles consequent on their disability". The Disabilities Act covers the so-called subjective rights of the seriously disabled (transportation and escort service, interpreting service, home alterations, specially planned dwelling), which the municipality when requested is obliged to arrange (Kuparinen 1995, 15-18; STM 1996, 2-6).

Estimates of the number of mentally retarded people vary according to how mental retardation is defined. Some working groups have estimated the number to be 0,6% of the population. This estimate is not based on epidemiological research but on the number of clients receiving special care. This figure corresponds to the incidence of extreme, serious and average learning

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<sup>1</sup> It should be recalled that the 1977 Act still governs for the care of the mentally retarded.

disabilities in the new-born. However, it can be assumed that the number of mildly mentally retarded will be two to three times more. The number of mentally retarded persons in 1990 was estimated to total 27 853, of whom less than 20 000 received special care services for the retarded (STM 1996, 14). These services were directed mainly towards the most retarded. A total of 38% of the mildly retarded used special care services for the retarded (Kuparinen 1995, 13).

Most of the care given to the mentally retarded takes place at home, where they live with relatives. About 14% live in institutions, 20% in community care dwelling units and 20% live independently. The remaining 6% are cared for (externally) by other families (STM 1996, 14).

The problem arose during the recession that more and more of the mentally retarded, although adults, remain living in their childhood home: whereas in 1980 there were 169 retarded persons living with parents over 65 years of age, by 1992 the figure had risen to four thousand (Kuparinen 1995, 119-120).

Table 5: *Service structure of care for the retarded. Number of clients in various service districts, 1995.*

Service	Number of clients
<b>ACCOMMODATION</b>	
Institutional care	3588
Assisted living	1035
Guided and assisted living	2798
Family care	1271
Specialist nursing psychiatric care <sup>(1)</sup>	118
Specialist nursing somatic care <sup>(1)</sup>	3
Health centre <sup>(1)</sup>	147
Home for the elderly <sup>(1)</sup>	196
Substance dependency care <sup>(1)</sup>	2
Service dwelling and psychiatric (care)	89
<b>EDUCATION</b>	
Work and activity centre	9616
Tutoring	3087
Specialist instruction as part of special care	761
<b>TOTAL NUMBER OF CLIENTS</b>	<b>22711</b>

<sup>(1)</sup> Those undergoing care for over 90 days

Source: *Services for the Retarded 1995. STAKES. Statistical bulletin 10/1997.*

New initiatives have been taken in the work and daily activities of the mentally retarded towards sheltered employment. Experience shows that it is indeed possible to have disabled people employed in regular work situations. There are about 2000 mentally retarded persons engaged in integrated work operations (STM 1996, 17; Cf. Sheltered Employment, Venäläinen 1996).

Care arrangements for the mentally retarded vary from one municipality to another. Most frequently, responsibility for the services lies with to the municipalities individually or else

jointly with specialist care circuits. The arrangements for care of the mentally retarded vary not only according to organisation but also according to how services are provided. Examples of the kind of municipal services provided by the Helsinki social affairs office are listed below (Vesanen 1995, 3):

- Social work
- Home care direction
- Teaching the extremely mentally retarded in day care and teaching units
- Adult education and continuing education after comprehensive school
- Work and daytime activities for the mentally retarded over 16 years of age
- Residential services in residential homes and sheltered dwellings
- Welfare clinic activities for the disabled
- Short and long-term institutional care
- Short and long-term family care
- Summer camp, leisure and free time activities.

Improvements in services for the mentally retarded have come about through increasingly effective collaboration between localities. Especially useful from the viewpoint of those using the services has been the mutual cooperation between various administrations and the increased flow of information. However, local collaboration is not a magic word for improving the quality of services. It is desirable that day-care, training and social welfare and health services should be organised locally but, for example, cultural and recreational services can be situated further away. The things considered prerequisites for setting up a local network include a survey of the existing structures, cooperation between all participants from the outset, definition of a joint objective, participants, committing themselves to the objective, the social welfare service acting as the responsible co-ordinator, training for all participants, project follow-up and the arrangement of meetings (Vesanen 1995, 24-25).

The reform of state subsidies led to the municipalities being made responsible for care of the mentally retarded. It follows that inequalities in the level of services arranged by the municipalities are greater than before (Kaipio 1996, 1). The number of institutional care beds for the mentally retarded was reduced by almost one third in the 1990's (Aalto 1993) and it is recommended (Ministry of Social Affairs and Health, MSAH 1996, 13) that the number be further halved by the year 2000. Replacement of institutional care with community care services has been a general feature. In the same connection, organisational changes have also taken place, for example, with municipalities undertaking the care of the disabled, so that services for the mentally retarded are often integrated into general services provided by the municipality. This kind of change took place, for example, in Padasjoki in the 1990's. The experience of transferring services to the responsibility of municipalities, and likewise the integration of services for the disabled into other welfare services obtainable from them, has been a favourable one in the opinion of relatives and personnel (Niiranen 1994).

Over one third of the services replacing institutional care of the mentally retarded are provided by the municipalities, less than one third by intermunicipal bodies and one third by private concerns or families. A marked rise has occurred especially in family care of the mentally retarded (MSAH 1996, 16).

The object of the policy programme for the disabled "Towards a Society for All" is to create the preconditions for the empowerment of the disabled in Finland. Empowerment permits the disabled to lead a rewarding and satisfying life based on their individual skills and objectives.

Emphasising this client-oriented way of thinking has been important for the service system: whereas previously the individual became adapted or rehabilitated, it is now a case of adapting society's service systems (the normalisation basis). Normalisation is used to create the same living conditions for the disabled as the rest of the population, to influence attitudes favourably and to increase social integration (Cf. MSAH 1996, 1).

With the change in the service structure (from institutional to community care), it became crucial to develop services supporting the daily routine of clients. Discussion has come round to the development of direct services in the home "ensuring a person's physical, mental and social well-being". It is crucial that such services cover all a person's needs and are not limited simply to social welfare and health services. Aims for the development of such services are *inter alia* the development of new work and operational methods, the strengthening of the status of clients and the diversification of the services available (MSAH 1996, 11-12).

Direct services in the home alter the status and working habits of the individual. The work emphasis becomes individual-oriented and occurs in a client's home rather than in a group context. When altering the structure, attention was devoted mainly to structural-economic factors, with only secondary emphasis being given to care itself and the daily routine of the mentally retarded (MSAH 1996, 17).

Care of the mentally retarded oriented towards direct services stresses the need for versatility on the part of personnel. At present, there are many students and persons paid from employment funds at work in group homes for the mentally retarded without training in social welfare and health work. The training has also been developed and redirected. There is still little experience, for example, of the way in which care givers have been retrained due to the limited funds available for new personnel. The continued education of personnel is important also as institutional care methods can easily be transferred to community care unless this is consciously avoided (STM 1996, 18, 25).

The support of social interaction, self-realisation, congenial routines, the right to human dignity and self-determination can all be regarded as part of the well-being of the mentally retarded. Based on these areas of well-being, questions can be posed: what kind of service would promote social interaction? What services would instil energy, variety and congeniality into the daily routine of the disabled? What kinds of service would promote human dignity and self-determination in the disabled? (Aalto 1993, 12).

Alterations in the service structure have improved the material standard of living of many mentally retarded persons and physical integration has been realised by and large. Social integration has not been without problems (MSAH 1996, 19).

Alterations in the service structure have also drawn attention to the importance of the quality of services, as it is no longer enough for quality to mean the availability of basic services and nothing more. With the breakdown of a centralised control system, there is concern about the variation in quality of the service and so more attention is now being paid to the quality of services for the mentally retarded, and suitable parameters have been developed by the Finnish Association on Mental Retardation (Kaipio 1996, 2).

Expertise – and services – connected with the care of the mentally retarded can be divided into three levels: the basic level includes support for daily activities (home care, daytime



activity), the care and therapy level includes services available every week or so (e.g. psychologist, personal adviser, home help) while the special expertise level includes services needed more rarely services (periods of extended tests and rehabilitative treatment, prosthetics, adaptation preparation courses) (Aalto 1993, 51).

These demand professional skills at different levels and are also split to some extent according to the location of the services and the way they are arranged. Services at every level cannot be provided by small municipalities and specialist services are arranged, for example, by having them purchased through specialist care circuits.

It is proposed that the following principles be observed in organising services for the mentally retarded (MSAH 1996, 28):

- Potential for participating as an equal member of the community and society
- Normality and integration
- Individuality and client-orientation
- Thinking in terms of life as a whole
- Quality of life and the right to self-determination

Several organisations in Finland operating on behalf of the mentally retarded are listed on the home page of the Finnish Federation for Social Security and Health ([www.sosternet.fi](http://www.sosternet.fi)). On the other hand, fewer organisations exist whose sole aim is the advancement of the mentally retarded.

Table 6: *Nation-wide organisations for the disabled in Finland*

Organisation	Membership	Personnel	Founded
FDUV - Det riksomfattande handikappförbundet (Association for the Welfare of Swedish-speaking Mentally Retarded People in Finland)			1954
Kehitysvammaisten Tukiliitto r.y. (Finnish Association of Societies for Persons with Mental Handicaps)	20 000	28	1961
Kehitysvammaliitto ry (Finnish Association on Mental Retardation)		50	1952
Kynnys ry - Itsenäisen Elämän Keskus (Threshold ry – Independent Living Centre)	1 300	20	1973
Suomen CP-Liitto ry (Finnish Cerebral Palsy Association)	3 100	29	1965

## **Elderly living alone**

About 14% of Finland's more than 5 million inhabitants are over the age of 65 and it is estimated that their number will rise to 25% by the year 2030. The number of those over the age of 80 will double in the same period. The ratio of the elderly population varies greatly among the country's more than 400 municipalities from as little as 6% to as much as 30% of the population (Vaarama & Kautto 1998, 7).

The societal goal of the centralised care of the elderly is to increase or maintain the well-being of the elderly. The key principles of Finnish policy relating to the elderly are economic independence, personal autonomy and social integration. These principles imbue the policy relating to accommodation and pensions jointly with social welfare and health services (Vaarama & Kautto 1998, 7).

Finnish social security relating to the elderly is founded on a conjunction between (monetary) support and wide-ranging public services. It has been possible to ensure a reasonable livelihood for the elderly by means of the pension system. The task of providing adequate services for the elderly in Finland lies with the public sector (Vaarama & Kautto 1998, 71).

In Finland, the municipalities are responsible for services intended for the elderly (as they are for services intended for other groups). The municipalities are obliged to provide welfare services, even if those providing them and the way in which they are provided may vary from one place to the next. The State and the municipalities are jointly responsible for providing and financing most welfare services.

The Social Welfare Act prescribes social services. Legislation lays down certain forms of assistance to which the elderly are entitled and which it is the duty of municipalities to provide: home help, institutional care, full service residences and preventive services for the elderly (living alone) (Vaarama & Kautto 1998, 10).

It has been the aim of care for the elderly since the 1960's that there should be a transition from institutional care to community care, and the number of institutional beds for the elderly has reached a stable level (Rauhala 1996a). Controversy about reducing the extent of institutional care flared up again in the 1990's. The objective is to reduce the number of persons aged over 75 in long-term institutional care (16% in 1992) to 10%. The first official strategy document about the elderly in 1996 (Policy Relating to the Elderly until 2001) contained six pointers for developing care of the elderly: maintaining the capacity for work and health of the baby-boomer generation (those born after the Second World War), maintaining the living standards of the elderly, developing services to answer needs, increased integration of the care system, ensuring continuity of care and bringing about greater equality in society from the standpoint of the elderly (Vaarama & Kautto 1998, 12).

Table 7: *Costs/Users of long-term care for the elderly 1995.*

	FIM Mill.	%	Aged over 65	Ratio % of those over 65 to popul.
Home nursing care	565	13	66 733	9
Hospital day-care	42	1	7735	1
Long-term hospital care	3 610	86	14 235	2
<b>Total</b>	<b>4 217</b>	<b>100</b>		

*Source: Vaarama & Kautto 1998, 29-30.*

The most important service for the elderly is home service. Home service personnel comprise home helps and home assistants under the leadership of a home service director. Home service personnel have organised into a union and are well-trained by international standards (Sinervo 1993, 62). Home service personnel are currently trained to second level direct care training and to higher vocational level with a basic qualification in social affairs. Personnel are also recruited from professional courses.

Table 8. *Key users of social welfare services 1995.*

	Aged over 65	Ratio % of those over 65 to popul.	Ratio % of those over 75 to popul.
Home service	87 101	12	29
Support service	98 703	13	33
Home care support	11 307	2	4
Day-care	3 034	0	1
Full service residences	13 949	2	5
Beds in homes for the elderly	22 950	3	7

*Source: Vaarama & Kautto 1998, 34.*

Home service work has developed from home assistance work to a more comprehensive form of client help. This has increased the professional demands on personnel. The job description of personnel has become more diversified and professional collaboration has become indispensable (Sinervo 1993, 77-78).

Home service activities in the 1990's centred on elderly households, while the overall volume of work has remained unchanged.

Monetary subsidies facilitating home living are of three kinds: pensioner home subsidy, pensioner care subsidy and relative care subsidy. There are also separate benefits for war veterans and their surviving spouses. The pensioner home subsidy is a discretionary subsidy, i.e. the subsidy is only paid when income is not deemed enough to cover reasonable housing costs. The home subsidy ranges from FIM 20 to just under FIM 900, the average being FIM 530 in 1996. The pensioner care subsidy is paid to (disabled) persons, who are medically diagnosed as needing care from which extra costs arise. This care subsidy varies (1996) from FIM 278 to FIM 1382 per month, the average being FIM 554. The relative care subsidy is paid to individuals who provide home care for persons who are disabled or have a long-term illness. The amount of the subsidy varies greatly from FIM 250 to FIM 5 500 per month. The average subsidy is FIM 1 496 (Vaarama & Kautto 1998, 39-41).

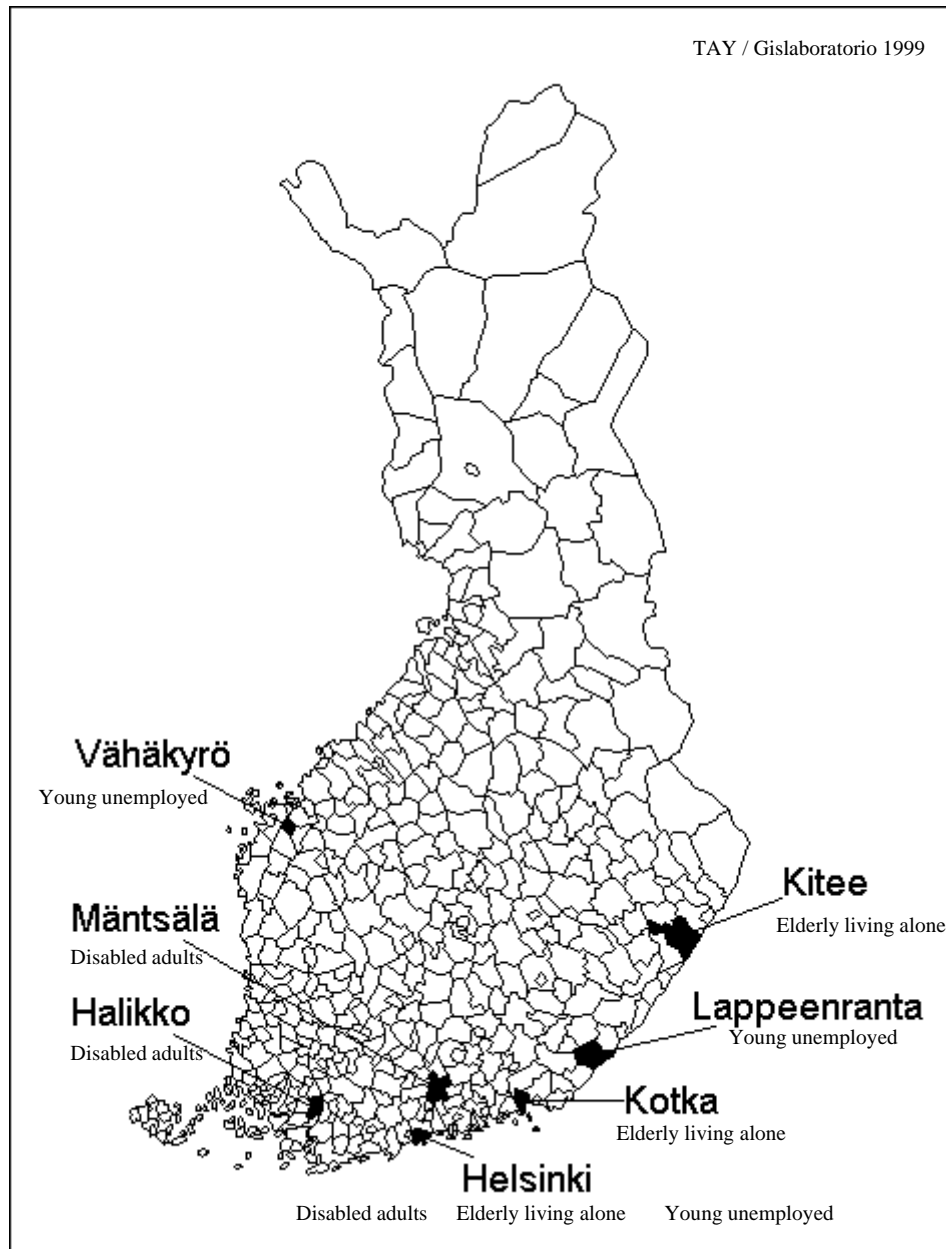
The associations in Finland for the elderly and pensioners are listed on the home page of the Finnish Federation for Social Security and Health ([www.sosternet.fi](http://www.sosternet.fi)) as follows:

Table 9: *Nation-wide organisations for the elderly and pensioners in Finland*

<b>Organisation</b>	<b>Membership</b>	<b>Personnel</b>	<b>Founded</b>
Eläkeläiset r.y. (The Pensioners Association)	60 000	8	1959
Eläkeliitto r.y. (The Pension Association)	120 000	-	1970
Eläkkeensaajien Keskusliitto EKL ry (Central Organisation of Pensioners EKL)	60 000	36	1962
Kaatuneiden Omaisten Liitto r.y. (Association of the Relatives of War Deceased)	5 000	7	1945
Kansallinen Senioriliitto r.y. (National Seniors Association)	23 000	6	1971
Kristillinen Eläkeliitto r.y. (The Christian Pension Association)	6 800	-	1976
Omaishoitajat ja läheiset ry (Association of Relatives and Individual Carers)	2 500	7	1991
Rintamamiesveteraanien liitto r.y. (Association of Frontline Veterans)	42.000	8	1964
Rintamanaisten Liitto ry (Association of Women War Veterans)	7 800	2	1980
Suomen Ruskaliitto r.y. (Golden Years of Finland)	4 000	1	1974
Suomen Sotaveteraaniliitto r.y. (Association of Finnish War Veterans)	99 000	10	1957
Svenska pensionärsförbundet r.f. (Association of Swedish-speaking Pensioners)	15 000	3	1972
Vanhus- ja lähimmäispalvelun liitto r.y. (Association of Elderly and Immediate Services)	4 200	9	1953
Vanhustyön keskusliitto ry (myy palveluja) (Central Association for Elderly Work) (sells services)	-	138	1949

## Examples of good practice

Diagram 2: Geographical location of sample municipalities in Finland



### Elderly living at home

#### Home Services in Kotka:

Elli Molander, pensioner. Elli is 70 years old and has lived for six months in a service residence. Prior to this, she looked after her husband (Onni, aged 68) for a year at home. Elli also cared for her disabled son for 10 years at home. Elli and Onni moved into a full service residence providing open care in Kotka when she could no longer care for her husband around the clock. While they lived at home, home service personnel came three times a day. In addition, someone came to help them bath twice a week. When they

needed transport, they used an Invataxi. Elli considered rehabilitation services in their home surroundings to be poor. In the full service residence, on the other hand, they have an in-house therapist. The nursing service personnel visited their home upon request. Elli said that a further two home service visits daily would have kept them at home. Elli and Onni pay for their accommodation costs and for other home care and other services at the regular rates.

In Elli's and Onni's case, it can be concluded that a full service residence, a cross between institutional care and home care, suits them. They could no longer live at home, but going into institutional care would have been too "heavy-handed" a solution. Onni's transfer to an institution could have led to the breakdown of their marriage of almost fifty years. They can get by on their own with a little help in the full service residence and their new mode of living does not place a further strain on the municipal economy.

A deliberate policy of developing home services in the city of Kotka was adopted mainly in the 1990s. Prior to this, there had been a transition in the emphasis of care for the elderly from institutional care to open care. At the same time, city services were divided into separate areas and a shared responsibility system was begun. The measures were an attempt to provide more client-oriented services. A total of 8.5% of Kotka's inhabitants aged over 75 were in institutional care in 1997, 6.7% were in intermediate care and 14.7 % were in home care (City of Kotka... 1997a).

However, mainly due to the division of services into separate areas, the level of services began to differ from one area of the city to another. It got to the stage that an elderly person in one of Kotka's boroughs could get a particular service while someone in the same need elsewhere could not. This led to the idea that the services should not differ greatly and that each inhabitant should get adequate services irrespective of where they lived. This viewpoint emphasised that quality was important and led to the development and printing of a "Home Care Manual".

The actual development activity was facilitated by the Municipalities Federation's LASSO Project: external funding facilitated innovation that applied to all the city. Underlying the improvement of the quality of home services was the viewpoint that, if the services were not acceptable, they could be transferred to private enterprise providers later. Private companies already provide a large share of support services.

In addition to the elderly living at home and in full service residences, home service clients include the disabled, the long-term ill and mentally ill and a few families with children.

The city of Kotka employs over 3 000 people and the city is by far the biggest local employer. Over 200 people are employed in Kotka's home service programme and about 30 people are employed in the home nursing programme. These employees provide home care for about one thousand elderly persons annually. Care days total about 160 000 annually. A relative care subsidy was paid to 116 relatives in 1997 and 42 of these carers made use of relative care vouchers. There were almost one hundred elderly using the transport service annually. (City of Kotka.... 1997b.) According to one estimate (M.R.) about 40% of the elderly availing themselves of home services would have had to enter long-term institutional care were it not for the support of home care. The home service workers provide the service single-handedly as this has been found to make for a better relationship between the home carer and the

elderly. When the work is done in pairs, the client tends to remain an "outsider" while the working pair speak to each other.

Table 10: *City of Kotka population and personnel*

Population (31.12.1997),	55 527	
Aged 65-74	5 753	10.4 % of population
Aged over 74	3 969	7.2 % of population
Home-service-for-the-elderly clients	1 041	26.2 % aged over 75
City of Kotka employees	3 193	5.75 per 100 inhabitants
Employed in the social welfare and health office	1 498	2.70 per 100
Employed in home services	226	5.69 per 100 aged over 75.

Source: *City of Kotka Financial Statement and Annual Report 1997*; Pia Lindfors/Kotka Central Administrative Board: *Personnel structure according to professional category*

The home service is in daily collaboration with private companies, other municipal departments, voluntary organisations and the regional emergency services centre. The parishes and the local Finnish Red Cross organise, for example, visits to shops, outdoor activities and a friendship service. These services vary greatly from borough to borough depending on whether there are enough and, for instance, what attitude the local parish has towards such activities.

Private companies provide meals-on-wheels and cleaning services and more extensive home service and home nursing care. There are also private care homes in the city. About 20 companies provide a support service for the elderly who pay for these services, while the city's social welfare and health service oversees the services provided. Cooperation has worked well and private services can increase the range of services offered in locations where the municipality is not regularly involved. The services complement each other and, in this sense, are not seen as being in competition with each other.

Within the city, home services operate through collaboration, for example, between social workers, the city technical department and the police. The technical department is mainly of help in renovating private dwellings. It also requests expert advice from the home service in the planning of public buildings and road layout.

The regional emergency services centre receives calls and alarms from emergency telephones and safety bracelets and conveys them to borough workers. Emergency telephones and safety bracelets are supplied by the privately-run local Kotka Telephone Company.

Obtaining a place in the full service residence in Kotka is regarded as being on a par with home care. There are different levels of full service residence. At its simplest, a full service residence means that the elderly live in the same house without any joint services. In such a case, each elderly person uses home service facilities according to need. In addition, a voluntary worker may shop for all the elderly living in the house. The elderly living in group homes have access to more services in the same house (for example, a nurse or physiotherapist). The elderly in such houses also pay rent for their apartments.

Home service is initiated generally as a result of the organisation's being contacted by an elderly person, a relative or a third party. The third party could be a neighbour or a taxi driver. Next, facts are gathered about the situation of the elderly person and their needs. The survey is mostly conducted by means of one or more visits to the home. The visit may or may not lead to the formation of a client relationship, as other ways of meeting the client's need are looked at first. Given the preliminary information, a home service representative, social worker, physician or member of the police force visits the home. The home visit plays a key role in identifying the elderly person's needs and their ability to remain at home, using their own resources.

Each elderly person is assigned a caregiver. This is possible because the turnover of home service personnel is fairly low. Client relationships can endure a long time, even as long as 20 years or more.

Once or twice a year, home service personnel attend training sessions on all aspects of home services and any changes that have occurred. The training is performed mainly in-house, with the city's experts stating their views. In this way, an effort is made to standardise the services provided and improve their quality. The theme this year is "Rehabilitation Care".

About 90 people were involved in the LASSO project and their objective was to disseminate the notion of quality among social welfare and health care personnel.

The key instrument for maintaining quality is the "Home Care Manual", in addition to which there are sector-specific instructions for various services. Quality is upheld by entering all feedback (be it positive or negative) from clients, relatives, etc. Likewise, an effort is made to regularly ask the elderly for their views on the satisfactoriness and availability of care.

Employees attend "Kokemi" sessions (the name derives from "Kotka Overall Development Model") at which a review is conducted of current themes or, for example, the implications of the client-centred approach (client empowerment) for work and the significance of home care principles and values, such as individuality, continuity, the security of overall care, self-initiative, confidentiality, responsibility, professionalism, family orientation and the exercise of economy). The supervisor conducts development discussions with personnel once each year. In addition, various work guidance groups operate among personnel. There has also been an effort to improve quality by devolving decision-making to the level of those performing the work. In this way, services can be tailored more flexibly than before so that they meet the changing needs of the elderly better.

Maija Rantala emphasises that, in addition to elements such as traditional home care and home nursing care supporting the elderly, there is also a rehabilitation service. Among development needs, Rantala still sees the need for greater emphasis on client empowerment and client feedback. This can be achieved not only by the means mentioned above, but by setting up elderly group activities (local councils for the disabled) and by maintaining the training level of personnel. Setting up elderly group activities would require a separate initiator at the start of operations but, based on earlier experience, such groups would organise themselves into independent units over time. There have been positive experiments in "Mother/Child Groups". Personnel training gains in importance as a single person will have to take responsibility for satisfying the needs of the elderly more comprehensively in future.



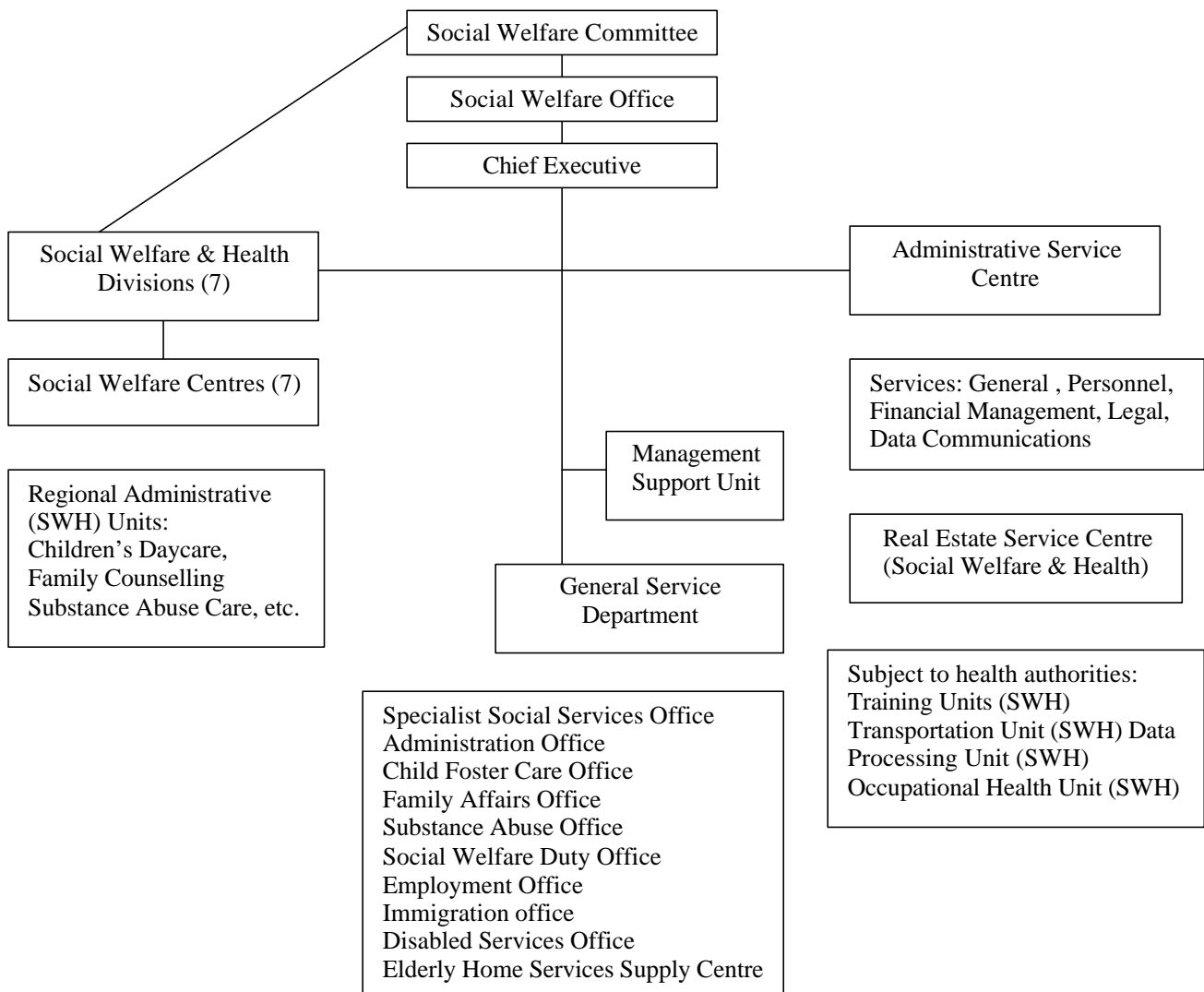
The elderly cannot generally choose who will provide the services. Private services are available but the cost restricts freedom of choice. Caregiver relatives have the option of one service voucher annually with which they can purchase private services, when they wish to take a break from the strenuous job of providing care.

**Helsinki municipality. Haaga social services office**

The Helsinki social welfare office is divided into seven social welfare centres. Operating under the direction of the social welfare centres are the local administrative units, social welfare units, children’s day-care units, family counselling units and substance abuse units. The Haaga Social Services Office operates as one of the four western social welfare service units. The task of the home service, as well as cultivating self-sufficiency and rehabilitation, is to promote a sense of physical, social and psychological well-being in clients.

Diagram 3: *Organisation of social welfare operations in Helsinki*

**ORGANISATION OF HELSINKI SOCIAL WELFARE SERVICES**  
1.1.1997



The number of personnel in the Haaga Social Welfare Office is 99, about half of whom are engaged in the home service sector. Seven home service directors act as their supervisors. The personnel meet twice a year for an open discussion of the work to be done and any problems attached to it. All home service personnel working for the city gather once a year for a one-day training and development session at which one of the social welfare offices provides a programme. This comprises a video (dramatised) of the work involved. The dramatisation draws attention to work-associated problems which are not addressed in more “official” ways.

Table 11: *City of Helsinki population and personnel*

Population (31.12.1997),	539 363	
Aged 65-74	39 913	7.4 % of population
Aged over 74	33 980	6.3 % of population
Home service clients	7 214	21.0 % aged over 75
City of Helsinki employees	38 643	7.17 per 100 inhabitants
of whom, employed in social welfare and health work,	21 254	3.94 per 100 inhabitants
of whom, employed in the care of the elderly,	2 300	6.77 per 100 inhabitants
of whom, employed in home services,	1 085	3.19 per 100 aged over 75.
of whom, employed in open nursing care at health clinics,	1 362	0.25 per 100 inhabitants

(Care personnel 840. Responsibilities: clinics, health care for pupils, home nursing care, health clinic services)

Source: *City of Helsinki Annual Report 1997; Tuula Huotari / Personnel Unit (Telephone conversation 18.5.1999)*

The average number of client households is 650 at any one time. About 82 000 home visits are carried out annually. It became evident in the 1990s that while the number of clients had lessened the number of visits had increased. The state of health of the elderly covered by the home service circuit is poorer than earlier. This is a nationwide trend.

There, are two full service residences in the Haaga social welfare service area, home to over 100 elderly. In one case the dwellings are scattered throughout a “normal” block of flats. This building provides the elderly with the services of a health care nurse. Likewise, the elderly are assisted in taking a sauna and have access to a laundry service.

There are also two neighbourhood clubs under the office’s supervision in the area. The clubs are places where the elderly can meet informally. Activities at the clubs depend on the wishes of the elderly and whatever programme they choose to implement. Activities are co-ordinated by the club board, which consists of clients. A club hostess from the social welfare office attends. There are two club days each week. In addition, there is a reasonably priced meal served on weekdays at one of the clubs. About 80 of the elderly regularly attend club activities. Informal club activity is considered an excellent way to come into contact with and provide a stimulus to the elderly living alone. The club offers an opportunity for people to get over a bereavement, for example the loss of a spouse or close friend.

The “Service Line” is a new form of service for the elderly in the area, a result of cooperation between the social welfare office and Helsinki municipal transport authority. The service line is planned so that it takes in all service points used most commonly by the elderly. Such service points are, for example, the department store, the full service residences, the

neighbourhood clubs, the health clinic, etc. The bus stops are closer together than usual. Buses are designed so that the elderly can board them easily. There is a bus conductress to help with any problems. The bus conductress may, for example, assume responsibility for the transport of elderly persons who happen to suffer from senile dementia.

Currently, the elderly become clients of the home service most often through the home nursing service. New home service clients will often have been in hospital due to a breakdown in their state of health or some acute problem. Although the home service and home nursing service are not under the same roof at an organisational level, social welfare and health personnel collaborate a lot, depending on the state of health or service requirements of their clients. Each of the elderly has an assigned caregiver, who discusses with them and their relatives what is involved in returning home from hospital, setting out the situation of the person in question and presenting the services offered by the home service. At the same time, the services needed are written down in a care and service plan.

Home services are available from 8 a.m. to 1 a.m. each day of the week. This makes it possible to offer extended support to the elderly living at home. Some of the elderly clients living at home are also bedridden invalids. Two night patrols serve the needs of the elderly in the area. A person from the home service and another from the home nursing service work in one of these patrols. At other times, calls on the emergency telephone are directed to a private security service.

The home service also seeks to maintain various kinds of recreational activity either by joint excursions or individual outings. Two cars are at the disposal of the home service during the day, which personnel can use to transport elderly people at their request, for example to go shopping or visit acquaintances.

The home service collaborates a lot with local entrepreneurs. The service's declining personnel resources at the start of the 1990s made it impossible to look after the daily shopping needs of the elderly. At that point, shopkeepers in the area were invited to the home service office and advised of the problem. This resulted in home service personnel hearing of businesses which deliver directly to the elderly at home and the latter can choose which shop suits them best. Another collaborative endeavour stems from entrepreneurs in the area who supply a meals-on-wheels service.

Collaboration also occurs with the parish, the Finnish Red Cross and private individuals. The parish participates mostly by arranging outings and visits relatives when the elderly desire it. Parish activity is greatest at the full service residence. In Huopalahti parish, two deacons and a diaconal pastor engage in this work. In addition to personal discussions (e.g. about problem situations), they arrange group activities (various kinds of clubs) and voluntary lay help. Red Cross volunteers take the elderly out. From time to time, evenings are held for clients and relatives.

The Helsinki municipal home service is governed by separate "Home Service Quality" guidelines (Helsinki City 1997). According to these, "overall quality is achieved when the selection of services corresponds to the population's needs and clients are satisfied with the service and when the skilled personnel and resources of the home service are employed in an appropriate manner".

### **Home service, Kitee**

Underlying the development of the Kitee home services are, on the one hand, the strains imposed on the institutional care facilities by the growing number of the elderly and, on the other, the desire of the elderly to continue living at home for as long as possible. The home for the elderly was fully utilised at the end of the 1980s and the question arose of building additional space. The municipality had an extensive survey of the care of the elderly carried out in summer 1987, on the basis of which alternatives to institutional care came up for consideration. At this point, the key idea became to provide a staggered improvement in services (gradation of care).

Personnel working in the Kitee home and institutional care system number about 70, of whom about 40 provide home services to the elderly living at home, in full service residences or group homes. Each person performing this work on a mobile basis is equipped with their own mobile phone, making them easy to reach.

The Arppenpiha service centre has 32 beds, of which ten are reserved for short-term rehabilitation care. There are about 260 elderly persons receiving open care. Just under 100 of these live at home and the remainder live either in full service residences or group homes. Support services (partly included in the above figures) are provided for about 50 elderly persons and municipally-owned mobile phones are in use by about 90 of the elderly.

Kitee organises various kinds of support services for the elderly, such as meals-on-wheels, security services, transport services and sauna services. In addition, a work co-operative provides private support services in remote areas and a village association provides cleaning services. Those who provide care to relatives also enjoy various forms of support, such as education, aerobics and recreation, and home services. There is collaboration not only with relatives, but with parishes, private businesses, social workers, the police and the mental health authorities.

At the start of the development work, some impractical dwellings for the elderly were converted into service dwellings and groups home a number of institutional departments were likewise turned into group homes. Most of the aged live at home and group homes either in standard dwellings or in ones which have been altered to assist them with the help of a dwellings fund. There are now six group homes. The elderly occupants pay for their food, accommodation and any home services. They are helped to live alone by means of short-term care, care in shifts and daily activities. Organisation of home services in remote areas is problematic. An effort has been made to create alternative care methods in remote villages to ensure that the elderly can still live at home.

Kitee is special from the standpoint of home service for its combination of institutional and open care. There has been a systematic effort within the municipality to develop cooperation between open and institutional care: separate home and institutional care activities were combined into one financial unit at the same time as they were brought under one roof. The same personnel look after both. At present, there is ongoing development of a combined home service and home nursing service, inter alia by means of the introduction of a joint care and service planning form. The plan doubles as a contract which binds all those caring for and helping clients undertake to execute.

An individual care and service plan for each elderly person is part of the effort to improve quality in Kitee. The plan is drawn up in conjunction with the home visit, when as complete

as possible a survey is made of the person's needs irrespective of which party (whether private, public, organisation, friends or relatives) will be responsible for meeting such needs.

The challenge for the future in Kitee is seen as the development of self-directed groups (teams) formed by personnel and an even distribution of the workload. Likewise, cooperation needs to be improved, not only between different municipal sectors, but also within the organisation. Thirdly, it must always be asked if we are helping the elderly to the right extent. It can easily happen that the organisation comes to "own" the elderly, and does not adequately support their self-determination. The most recent development project is to convert the new care and service plan into a working tool.

## **Long-term unemployed under 25 years of age**

### **Sininen Verstas production school**

Sininen Verstas is a production school in two Helsinki locations (Katajanokka and Ilmala) intended for unemployed 17-25 year olds without a vocational education. It was founded in 1993. Currently, the funding and continuation of Sininen Verstas is ensured to the end of 1999. The production school was modelled on a Danish production school, in which commercial commodities are manufactured. The basic educational idea is to learn by doing so that students acquire good working habits and have to work in practice.

The objectives of Sininen Verstas are (Production School... 1993, 3):

- To strengthen and develop the technical and professional abilities of participants through working tasks and production
- To add to and strengthen the personal preparedness needed for the working world and life in general, such as self-confidence, co-operative ability and initiative
- To clarify the choice of a profession and add interest to education for a chosen profession and to education in general.

Sininen Verstas is one of seven workshops operating in Helsinki. Entry applications are made through Zappa, a unit promoting the employment of young people. About 40 young people are chosen for the six month course and sign a employment contract with Helsinki municipality. There are five lines in the production school: Café Lucullus (for lunches), Atelier Rotondo (specialised in the dyeing and screen printing of fabrics), Atelier Sartoria, a sewing group, Comico Piccolo, a visual theatre line, and an animated film line. The young people, by working in the different lines, form an idea of the significance of hand crafts for finding employment and potential entrepreneurship. The school is also attended by foreigners, returned emigrants and those from minority groups. The production school is a good way of integrating minorities into society, and increasing tolerance in the young towards other cultures.

A total of 500 young people have worked at Sininen Verstas during the years it has operated so far. About 55 persons work in the production school at any one time, of whom 48 are young people. The young people enter into an employment relationship with Helsinki municipality. They are paid FIM 5 200 (gross) per month for the period they work in the production school, about twice the unemployment benefit they would have received. They work 6.5 hours daily (32.5 hours per week). Attendance at work is checked by a time clock and there is an obligation to attend. Absences are deducted from pay, unless excused by a doctor's certificate.

Student-employees who attend the production school for half a year obtain a reference with a detailed description of the tasks performed at the workshop and the projects or joint projects in which they participated. They are given a verbal assessment of the quality of their work and the certificate they receive contains a note about absences.

SV is directly maintained by the municipality and is subject to the control and supervision of the city administration. Employees are contracted to the city. Seven permanent staff are responsible for operations: a director, who also gives instruction, a secretary and five instructors. The staff is able to direct the operations of the production school as an offshoot of their own particular interests. This ensures that work remains interesting. This personal interest reflects positively on the entire work community. Job satisfaction is good and it is helped by the democratic way in which the production school is run. The permanent staff gather once a week to discuss the state of operations in Sininen Verstas and how to develop them. About twice a month the entire school gets together for a candid exchange of views.

A key principle of the Sininen Verstas philosophy is to stimulate creativity which is also governed by strict economy: things are done with the materials available, e.g. recyclable and waste materials, in reaction to the throw-away concept. Creativity is closely bound to control over one's life: the positive experience of success deriving from creative work can motivate a young person to take a new directions in his or her life. Sininen Verstas offer young people a peer group, where they can assess their skills and hopes for the future and where joint productions by different lines teach them social skills. "External" discipline in production is strictly enforced with the help of a time clock and the recording of absences, but considerable artistic freedom, which the instructors stress as a key element of their own work, attaches to the actual content of work. Artistic discipline is learned by carrying out ambitious projects, which demand a strong commitment to group work in order to succeed.

Sininen Verstas produces a fair amount of commissioned work for other clients (interior decoration for restaurants, costumes for theatres, etc.) and succeeds in financing all its operating costs through it. Sininen Verstas is strictly a place of work. The educational concept for the school is that it is a good thing for young people to learn how to do regular work and through it to increase their control over their lives. The production school sets limits for the young people which their parents, for example, were unable to do. This may, reflect the more general tendency in Finnish society to extend youth and idealise youth. Young people themselves wish for strict discipline when they work. If there are problems attached to work, the young person is directed to other services. Those attending Sininen Verstas have, under the same roof, access to the services of a psychologist who can advise on the choice of a profession. Acceptance of personal responsibility by young people and for the tasks they do is emphasised and encouraged in the production school. The philosophy underlying operations differs therefore from some other workshops (for example, Dynamo Kakkonen, which is described later).

A fairly large number of the young people involved in the operations have still to "find their place" in society. They do not yet know what direction their lives will take in the future. For such people, Sininen Verstas offers an opportunity to learn about handicrafts, through which they may discover an interesting challenge in life. The young people include many who have dropped out from school – some more than once – or who have completed studies in some field which, on reflection, turns out to be unattractive.

The Sininen Verstas spirit is engendered largely through coming up against diversity, apparent mediocrity and through artistic work, carried out partly by means of "playful" methods but with a very ambitious objective. By means of the working process, people remain in a constant sense of flux, which is as much a challenge to instructors as to students. The apparent chaos leads to creative solutions and spontaneous activity: enthusiasm at the birth of a new idea – but discipline in pursuing a project to its eventual completion. What is most important is the doing, the process itself.

Sininen Verstas groups have participated in international theatre festivals and workshops in different parts of Europe. These trips have taken them to France, Belgium and Italy. Sininen Verstas has acted as host to French, Belgian, Estonian and Scandinavian youth groups. International activity increases the communication skills of young people and dispels prejudices. For many young people, a journey like that allows them to experience happiness and so strengthens their hopes for the future. The contacts made through the workshop form a network by means of which it becomes easier to seek further education or do volunteer work, for example. Currently, there is cooperation with similar workshops in Italy and Estonia.

According to the instructors, young people look on their work contract with Sininen Verstas in a positive light for the most part. Many of them have expectations about doing something, learning something new, widening their social contacts, clarifying their future plans. The workshop is experienced above all as a stimulating work collective, in which one's own skills and inclinations can be tested. Sininen Verstas has also gained widespread recognition after projects completed by young people reached audiences at many internationally renowned festivals (for example, at the Tampere Short Film Festival, 1999).

While activities have been relatively successful, many problems have also arisen for the young people involved. Mental problems and difficulty in concentrating and the related use of alcohol and other substances are relatively common. For some young people, the problems cannot be overcome and they are forced to discontinue. However, this is a fairly rare occurrence. While discipline at the workshop remains relatively strict, an attempt is made to support the young people as far as possible with their personal problems. Those who attend the workshop are not particularly deprived or under serious threat of marginalisation. About one third of their number are secondary school graduates and the remainder have started a course (following comprehensive school) which they later discontinued.

The model for the Sininen Verstas production school has shown itself to be a successful alternative in directing the young unemployed towards education and the working world. They have time to plan their future at the workshop. Suitable options for further education and seeking employment are worked out with each young person. On the course students study the different options for applying for further courses. After the workshop, it is also possible to apply for a continuation course lasting half a year, during which the knowledge and skills already learned can be widened, *inter alia* in the field of animation, costume sewing and cafeteria activities. Perhaps the biggest advantage is that young people find they can gain control over their lives. At work, they learn to be persevering and responsible and also learn that dreams are realised by taking small steps, one at a time.

A visitor looking at the history and background of the workshop would find that the fairly modest initial aim of the workshop has been transformed in the course of the operation into something bigger than was anticipated. The workshop does not carry out a systematic follow-up as to what happens to the young people after working half a year. The instructors get to

hear of how some have continued successfully to study or find work, and of these there has been quite a few.

According an opinion survey (Reiman 1996), the young people who were directed to Sininen Verstas did not have plans for the future before attending the production school. Less than half of them had no future plans whatsoever and roughly one in five had plans but did nothing to realise their plan. One in four of the young people had applied to a school but had not been accepted (secondary school or university). The remainder (13%) had "looked around" for a job. More than one third responded that being unemployed was dreary, more than one third thought it was "quite agreeable" and well over a quarter thought it was agreeable at first but unpleasant in the long run.

After half a year in the production school, less than one in five remained unemployed and did hardly anything to alter their situation. Roughly one in ten made active efforts to improve their situation. Most of the young people by far had done a follow-up course with Sininen Verstas and more than a fifth had found either temporary or permanent work (Reiman 1996).

### **Dynamo Kakkonen workshop**

Ms Satu Pääkkönen, is spokesperson for the young people. Satu, who is aged 20, started at Dynamo Kakkonen in autumn 1998. Before that, she had attended a hotel and restaurant (sales) course in Lahti. Satu was unemployed in the summer prior to attending Dynamo. She believes she would still be unemployed, if she hadn't been accepted at Dynamo. She looks to the workshop for work experience, which is often a precondition for being employed. She also wants to approach her education in a somewhat different way. She would not want - in line with her hotel and restaurant training - to start "selling beer as an evening worker". She would rather work in a cafeteria both in the kitchen and behind the counter. At present, she is a part-time assistant instructor. In between, she works in a laundry or at the service shop. The service shop is the office, where workshop services are sold: café operations, cleaning services, help in moving, snow removal, etc. Satu will be given a reference for the 6 months she works. Before starting, the young people attend different courses for about two months. The courses deal with matters such as setting up a business, computer skills, matters connected with living arrangements, presentation skills and applying for a job (filling out an application, how to behave during interviews). The young person is helped get a grasp on life, so that they don't "get turfed out", even though they might be experiencing problems with other aspects of their lives. The main thing is that, if young people wish to be in the workshop, they are given as much support as possible. They attend a workshop conference once a month, at which they can let off steam and propose changes, etc. The young people can themselves look for work experience in the field of their choice.



Table 12: *City of Lappeenranta population and personnel*

Population (31.12.1997),	57 200	
Aged 15-24	7 726	13.5 % of population
Aged 15-24 unemployed job seekers	909	12.0 % of those aged 15-24
Aged 20-24 without a professional qualification	570	14.0 % of those aged 20-24
City of Lappeenranta employees	3 401	5.95 per 100 inhabitants
of whom, employed in youth work	10	0.13 per 100 aged 15-24
of whom, employed in the care of the elderly (working with marginalised young people)	2 300	6.77 per 100 inhabitants

Source: *City of Lappeenranta, Financial Statement 1997; Johanna Ilves/Development Unit; Pirjo Korjola/Youth Activities*

The social work unit of Lappeenranta municipality initiated the Dynamo project, when it observed an escalation in youth problems during the 1990's. More and more young people were dropping out of school, abusing substances in public and getting involved in criminal activities. The social work unit did not have the means to intervene in order to help these young people, as the services it offered were more geared to curing than preventing. The initiation of the EU project allowed the problems to be addressed using a new approach.

The key organisation behind the Dynamo Kakkkonen workshop is the Laptuote Foundation. The Foundation's operating principle is to arrange sheltered work, rehabilitative work activities and employ people who have difficulty finding employment (such as the young unemployed). There are over 200 people involved in these activities each year.

The founding members of the Foundation are the Lung Disease Association, the Heart Circle, the Invalid Organisation, Lappeenranta City, the Lappeenranta Service Foundation and the local Arthritis Association. The Foundation can be likened to a private (social) enterprise. About 85% of costs are net from the sale of services and products. The remaining 15% is covered by supporting funds from the Ministry of Education and from RAY (The Slot Machine Association of Finland). Youth employment became part of the Foundation's activities in 1995.

Areas of activity of the Laptuote Foundation:

- Education (Youth career guidance, Employment, Returned emigrants)
- Workshop (Workshop education and activities)
- Rehabilitation (Job preparation, On-the job training, Work experience, Assisted employment)
- KEVA (Work activity, Open work, Preparedness for independence)
- Service (Transport and Removals, Corner shop, Renovation, Etching, Framing, Nutrition)
- Productive work activities (Laundry, Textiles, Wood)

The personnel employed at the Dynamo Kakkkonen workshop comprise five workshop instructors and a project planner (T.P-N). In addition, each of the five instructors contributes in a secondary capacity to youth guidance. Workshop activities are closely linked to all that the Laptuote Foundation does. There is considerable collaboration between personnel. Within

the working community, members of the following professions are available to the young people: psychologist, social worker, physical therapist, mental retardation instructor and additional instructors from other professional fields. The entire staff meets once a week to discuss work. Workshop instructors also hold a weekly session. Once a month, a training session is organised at which different topics (questions relating to quality, etc.) are discussed.

About 100 young people attend Dynamo Kakkonen in the space of a year, about 60 of whom work in the Laptuote Foundation and the remaining 40 in the "Norppa Intensive Life Workshop" run by the Lappeenranta social welfare and health programme and the youth services association. According to estimates, about 2 out of 3 young people involved are grappling with some kind of social problem.

Young people are recruited to workshop activities primarily through the labour authorities. The social welfare authorities, together with the labour authorities and those in charge of the workshop, select the people who will attend the course. The principle is to select the young people who need help with their problems most urgently. In this way, an effort is made to prevent further marginalisation of the young person as soon as possible. Collaboration between those involved has worked well. The key precondition is that there be full transparency in every aspect between those involved and continual interaction. In this way, all come to understand each other's aims and methods.

In addition to the cooperative relations described above, there is also cooperation between the workshop and the parents of the young people, the police, schools and supervisors of studies. The parents contact the workshop to help young people to take charge of their lives. The police give workshop personnel hints on how to recognise drugs and other drug-related matters. Means of assisting young people about to drop out have been sought in collaboration with local schools. For example, there have been experiments with completing comprehensive school courses in the workshop.

The Dynamo project (Dynamo and Dynamo Kakkonen) began in 1995 and is expected to continue until summer 1999. The aim is to motivate young people to commit themselves to a job, to study or to a training contract opportunity, and to increase their readiness to take charge of their lives. A further aim is to put a halt to any marginalisation spiral that may have begun or prevent it happening by seeking individual solutions to the many problems young people face. The aim of the project is also to help bridge the gap between the young people and the job market. The innovative aspect of the project can be seen in the flexible training style, learning from experience and job searching. The training programme includes a rehabilitation element, the aim of which is to convince young people to commit to some social field. The aim is to have about half the young people working in a job or studying 6-12 months after attending the workshop.

Young people can choose from three streams, which differ depending on their educational requirements at the time. The first stream (Education Oriented towards a Career) is formed by young people without any vocational education. A vocational education location is sought for them while they attend the workshop in the meanwhile. The second stream (Youth Workshop) is intended for young people with a vocational education, and they take part in workshop activities. The Norppa Intensive Life Workshop is a separate stream for those seeking training. Learning from experience is a key learning tool at Norppa.

The "Education Oriented towards a Career" stream and the "Youth Workshop" stream undergo a two month long educational session before starting on-the-job training. The education syllabus varies between streams; it includes training in computer skills, job searching skills, taking charge of one's life and domestic economy. The Norppa Intensive Life Workshop educational session is four months long and is not followed by separate on-the-job training.

At the start of the course, a social checklist is completed for each young person, including health and personal relationships. Based on this checklist, a personal plan for each is drawn up. Each one has an assigned mentor in the social welfare office and in the labour office with whom they meet regularly to see how much the personal plan has advanced. Although a social welfare subsidy is a key element of the activity, it does not mean that regulations are ignored. The restrictions are made clear to the young people and, if they encounter problems, help is available. Problems are always addressed individually.

Due to the increased problems with substance abuse, the young people undergo a drug test before starting on-the-job training. This is carried out jointly by the occupational health service, the Alcoholism Clinic and the social welfare authorities. If drug abuse is discovered, the young person is given the alternative of giving it up before starting on-the-job training. They can also get treatment, if they wish.

Since these activities involve youngsters with problems, plenty of time is given to helping and teaching them to take charge of their lives. At the start of the workshop period, a separate course is given in this regard. Questions relating to taking charge of one's life are key themes in all practical activities. The idea is that when young people get their lives in order, then work performance will follow. Workshop activities have proved a help for young people in developing practical skills for life.

The foundation has chosen quality as its overall theme for the year. At present, quality is improved in the workshop activities by identifying problematic aspects and improving them. Quality is regularly monitored twice a year and again one year after attendance at the workshop. The aim is to develop quality criteria that will illustrate changes that take place as the young people take charge of their lives.

The project has proved positive. Dynamo Kakkonen, unlike other workshops, takes into account the views and work methods of social work. Multi-disciplinary teamwork is one of the starting points of the project. A response to the needs of young people is sought more widely than employment and education would require. About half a year after concluding the courses, 60% of young people are either studying or employed. Only one in ten remains unemployed.

The Pitkänen-Nuortamo workshop sees the linking of workshop activities to various schools as one of the key challenges for future development. In this way, young people could be offered an alternative (dignified) means of finishing either comprehensive school or vocational school in a feasible manner. Some experiments have been carried out with comprehensive schools but no progress has been made so far with vocational schools.

### **Arpeeti youth workshop, Kyrönmaa**

Arpeeti is a joint youth workshop project involving three municipalities (Isokyrö, Laihia, and Vähäkyrö). It was inaugurated in autumn 1997 and is initially planned to continue for five

years. The solution of combining a workshop for three municipalities was arrived at synergistically: using the same space for different forms of work made it possible to use less staff and other resources. It also allowed the young people involved to cooperate more and become better acquainted. As the personnel administration guidelines lay down, the instructor chosen for the job was himself previously unemployed.

Three people run the workshop. An executive board with a member from each municipality decides on workshop activities. The board nominates a consultative committee (with two representatives from each municipality), whose task is to act as a network between people involved and suggest workshop activities. The consultative committee members represent each of the three municipalities, the social and recreational office, the parish, the labour office and local businesses. The workshop budget for 1999 is about FIM 1.5 million, of which about FIM 0.5 million not covered by external contributions or self-financing is paid by the municipalities.

Applicants for the workshop must be unemployed and aged between 17-24. Application is made through the local labour office. This takes place twice a year. Young people are also directed to the workshop by the social welfare authorities, specialist youth workers and career guidance psychologists. In such cases, they join the workshop in order to adapt to society after serving a prison sentence, becoming marginalised or behaving in an unruly way. Workshop personnel are informed of such matters.

Participation in the workshop can be through an employment contract or as an on-the-job trainee. Prospective employees must have completed a vocational course. In this case, the employment contract is for half a year. On-the-job training lasts three months or six months depending on choice. About 15 young people work at any one time. More than 40 young people had worked at Arpeti by the end of 1998. Two thirds of them signed an employment contract and the remainder were trainees. Those signing an employment contract earned almost FIM 5 000 per month.

Surveys among young people in 1996-1997 about the kind of work or workshop activities they were interested in were used to determine workshop activities. Each unemployed person aged between 17-25 (more than 300) received a personal questionnaire. The response level was very low (18%). Preferred tasks were recycling and environmental work, manual crafts, the care sector, engine technology and information technology. After further inquiry, two out of five preferred tasks were separately selected.

Arpeti activities are divided into manual crafts (Kostyymi) and environmental and wood-working skills (Marki). The Kostyymi section has taken orders for mending clothes, sewing curtains and making stage costumes. Orders were completed for a line of bread baskets and tablecloths, soft toys, shelving and traditional wooden toys. Various kinds of subcontracting work and services were also done. The Marki section carried out commissions to manufacture, repair and repaint furniture and make screens. One of the work objectives was the utilisation and recycling of materials so as to emphasise environmental values and ways to economise. The working day at Arpeti runs from 8.00 a.m. to 3 p.m.

Work outside the workshop in private households or businesses is a separate entity. Work for private individuals comprises mostly cleaning, environmental care and child care. The young people work at peak periods in businesses or perform tasks in line with their expertise. Some

of them work for longer periods in businesses, allowing them to demonstrate their skills to business owners.

At the start of the workshop session, young people can become acquainted with various tasks. As much use as possible is made of their individual expertise, allowing those with professional training to advise those lacking such skills. This interaction between peers strengthens self-confidence and likewise improves their professional skill as they must independently plan work stages and the way to implement them.

In addition to work, educational sessions are arranged on a continual basis in accordance with what those attending want. The most popular courses are connected with the development of computer skills, for example, word processing and use of the Internet. Many of the young people are about to move into their own home. Various cookery courses are arranged. The idea behind Arpeeti activities is "supporting the education of young people, helping them become accustomed to working life and strengthening potential professional skills". An effort is made to achieve this by offering experience in various kinds of work and work methods and by encouraging initiative and enterprise when seeking a job or further education.

Workshop participants have actively shared in other activities, such as marketing and exhibitions. The workshop has acquired a central role as the site of all kinds of co-operative undertakings in the area. The enterprise and favourable public image of the workshop can be observed in the fact that three local newspapers have published detailed reports about it. Apart from motivating those who attend it, the workshop has also had a stimulating effect on other activities in the area.

The workshop project proves that something of this kind was needed. During attendance at the workshop, young people have been introduced to factory work and to the design and manufacture of products they have thought up. The aim is for each one to experience the thrill of success. This is achieved by tailoring tasks to suit their level of ambition. There were a great variations in their ability to take the initiative and to take charge of their lives. After the first year in operation, ten of the participants had found employment, eight had started studying, four were about to begin military service and seven were unemployed. Two were on maternity leave.

## **Mentally retarded adults**

### **Assisted employment of the mentally retarded in Helsinki**

At the end of 1996, the population of Helsinki was 532 053, of whom 371 000 were of working age. There were just under 300 000 jobs in the Helsinki area at the end of 1995. The biggest proportion of the jobs (36%) were in the municipal services. Disabled job seekers numbered about 2 600 in the autumn of 1997. A total of 1 700 mentally retarded people living in Helsinki are aged between 18-50.

Table 13: *City of Helsinki population and personnel*

Population (31.12.1997),	539 363
of whom mentally retarded aged 18-50	1 700
of whom clients of services for the mentally retarded	1 445
of whom disabled job seekers	2 600
City of Helsinki personnel,	38 643
of whom, employed in social welfare work	12 154
of whom employed in services for the mentally retarded	?

The project for sheltered employment for the mentally retarded was implemented with the collaboration of six neighbourhood social welfare centres. Seven separate smaller projects were handled under the main project, staffed by 9 instructors seconded from various work centres and residential homes. Five of the instructors were full-time employees. A total of 125 disabled job seekers took part in the project.

The assisted employment project did not happen without a lot of preparation, as comprehensive reports about the operation of mentally retarded care in Helsinki were drawn up before the project was begun (e.g. Helsinki City 1996; Vesanen 1990). The key task of the project is to integrate the disabled into regular employment. Self-confidence, social skills and other resources, by which the disabled person can survive better in normal everyday life, are strengthened during the process. The ultimate aim is to improve the quality of life of the disabled person. The target is to place 60 mentally retarded persons in the open job market.

Before the assisted employment project was introduced, obtaining employment for the mentally retarded was encouraged by further study in different institutes, working in sheltered workplaces, making use of adult education opportunities and various job training schemes, and maintaining contact with regular working conditions.

A six day orientation course in training for work was arranged for the five work tutors in the project. The training was based on regular work guidance, and consultation continued over a period of about two years. The work tutors shared the task of work instruction every second month, so that it was possible to concentrate on problem areas encountered by the instructors and the work tutor's role. Project resources were assigned primarily to development of the prerequisites for work tutors. The management and co-ordination of the project were handled by one social welfare office in addition to its regular duties. Total expenditure on the project was about FIM 2 million annually.

One of the societies for relatives of the mentally retarded (Kehitysvammautuki 57 ry) took part in planning the project, during which collaboration took place between the National Pensions Institute, the Tax Office and individual social welfare office employees. The operations model did not result in the creation of an actual network between the people involved. Instead, a number of trustworthy employees were identified in a number of the offices. As the situation was already known to them, their familiarity with it made handling job creation simpler and the information obtained was reliable.

Clients were directed through the project job centre. The selection was carried out jointly by the social welfare workers, rehabilitative workers, work centre staff, schools and relatives. It included those who were just finishing school and those who were already at work.

A total of 125 persons, of whom 44 were female, had participated in the project by the end of 1997. At that stage, when the project came to a close, the situation of clients was as shown in Table 14. During the two years the project lasted, 27 employment contracts were signed.

Table 14: *Placement of the mentally retarded at the end of the project*

<b>Activity</b>	<b>Personnel</b>
In a sheltered community workplace	62
Returned to work (?)	26
Doing assisted work, with an employment contract	20
Studying	10
At home	9
Work experience	10
At comprehensive school (waiting for another job)	3
<b>TOTAL</b>	<b>125</b>

Work tutors and other personnel caring for the mentally retarded took part in various training events relatively frequently. Satisfaction was expressed at the training provided. Much approval was expressed of the experience of meeting colleagues from abroad developing sheltered work, like the Finns.

The employment process begins with the presentation of information and operations. Participation in an assisted work scheme is always voluntary. A forward plan and an employment plan, the advantages of which have been demonstrated in previous development projects, were prepared for all job applicants.

The key task of work tutors is to look for job opportunities on the open market. The job search was tailored to the needs and inclinations of each job applicant. Jobs were sought by approaching private businesses in writing, by telephone and by visiting workplaces. For example, letters were sent to 60 business owners in Northwest Helsinki, a third of whom responded and 3-5 of whom turned out to be potential employers. About 120 visits were made to workplaces, half of which were public offices and the other half private businesses. These contacts led to the creation of 31 new jobs in the retail and grocery trades and in the "third sector". Those employed in these jobs were mentally retarded persons drawing disability pensions.

The work tutor acts as a support for the person employed, especially at the start of an employment relationship. The work training given on the job varied according to need from a day to three months. After this, those employed kept in touch with their trainer by telephone and the latter visited the workplace at intervals of one week to three weeks. Before taking up work, the disabled persons were given training in a job activity centre, a vocational school or by participating in courses preparing people for the working world conducted at the Haavikko adult education centre.

Employment relationships were entered into after about three months of on-the-job training. All those in an employment relationship were placed in assisted work and they needed a great deal of support on a continuing basis. They received an average of FIM 30 per hour. Monthly

incomes varied from FIM 1 000 - 3 000. Those in sheltered community workplaces earned monetary compensation of about FIM 25 per day.

The project's purpose was not just to look for jobs for the mentally retarded. The latter were also given a broad education in connection with generally taking charge of their lives and working in a profession. Those employed also got together outside working hours to discuss matters relevant to the working world and made various kinds of trips together, etc.

The project management board's Follow-up Report on Implemented Activities showed that every one in two of the mentally retarded persons who participated in the course underwent positive changes in the form of improved self-esteem, a redoubling of their sense of worth and greater care towards themselves. The changes were somewhat positive in the case of 40% of the participants and no change or a negative change occurred in only 10% of them. In the case of the latter, there was a lessening of motivation, mental problems and excessive use of alcohol.

The project lasted from 1995 to 1997. Currently, the operations model has become accepted practice and has been adapted for use in job creation for other special groups. The aim of the project was to find employment for mentally retarded adults using the sheltered work model. Employment, in both private enterprise and the public sector, occurs through work that is graded and tailored to needs. The assisted employment model is assessed more broadly (Hänninen 1998) as part of the employment of special groups and separately as part of the Helsinki project (Keskinen 1998). Clients other than the mentally retarded have been accepted since the start of 1998. Currently there are other disabled persons who are clients and collaboration has begun with the mental health office. Those recovering from mental health ailments have been reinstated in the working world through the sheltered community workplace model, even after a long period of absence. Cooperation has started with Suursuo Hospital, which has already been asked by additional groups for job tutoring. In addition, it is planned that a group of clients from the mental health welfare office will undertake part of the cleaning contract for a school.

In both research projects, the model has proved suitable for not only the employment of the mentally retarded but also of other special groups. An applied method for finding employment can thus be transferred more widely as an alternative path to of employment. The connection between employment and the quality of life of disabled persons was examined in research conducted by Keskinen (1998). The results showed that, including areas of life outside the workplace, the quality of life of those employed (almost without exception) was enhanced by assisted work.

The questionnaire was sent in spring 1999 to the mentally retarded in an employment relationship, their employers and families and other people close to them. It was intended to clarify, *inter alia*, the significance and success rate attached to work tutoring, the way employers see the integration of workers in the working community and how they perform at work. Those employed and their relatives were asked about the significance of work, job satisfaction and factors that influence job satisfaction. All respondents were asked about matters relating to work tutoring and how it succeeded.

The Pohjoinen Social Welfare Centre will endeavour by means of this reduced questionnaire to respond better to the needs of its clients.



## NEKKU project, Mäntsälä

Before the new work form was adopted in Mäntsälä, the mentally retarded and other special groups were offered work activity purchased from the specialist care circuit. The work activity comprised sheltered work and sheltered community work in separate centres and sheltered community work at other locations. The problem with this solution was that the services were not able to answer the individual needs of the disabled. Although some of the mentally retarded were performing sheltered community work in service centres for the elderly, none of them was employed in the open (private) job market. Nowhere in the municipality was there gradual rehabilitation through the medium of work. For this reason, the path of the person recovering from mental illness comes to an end in an activity centre or sheltered workplace. The transition to the job market presented an insuperable threshold.

Table 15 *Mäntsälä municipality population and personnel*

Population (31.12.1997),	15 837	
of whom mentally retarded (of working age)	80	0.5 % of the population
of whom clients of mental retardation care	72	0.5% of the population
of whom disabled job applicants	125	0.8 % of the population
Mäntsälä municipality employees	851	4.8% per 100 inhabitants
of whom employed in social welfare and health services	456	0.9 per 100 inhabitants
of whom employed in mental retardation care (+ purchasing service from specialist care circuit)	1	1.4 per 100 mentally ret.

Source: *Harri Koivu, Social Welfare Officer (Telephone conversation 18.5.1999)*

The Nekku Project forms part of the nationwide co-operative network of E.C.H.O. Projects. The aim of the Nekku Project is to create "a graduated rehabilitation model based on support for the individual being rehabilitated ... and to create a network by which rehabilitation through work becomes feasible". When the project began, furtherance of a work career for the mentally retarded was impossible with the work models then in use and the resources available to the municipality. It was made possible by means of the project.

The aim of the project is to develop rehabilitative methods helping the mentally retarded (and other persons not readily employable) to take charge of the different sectors of their lives. This is attempted by creating a graduated employment system based on support for the individual. The starting point for the rehabilitative process is the utilisation of all the resources available to the client. The aim is to develop methods which can then be transferred to various client groups outside the project.

Support for various sectors of life and professional collaboration have been fruitful. It was thus feasible to give total support to an individual whenever that individual experienced problems in performing tasks at work. In some circumstances, the person employed did not come to terms with the job to be done or with the working community, at which point it was better for all to continue to rehabilitate the individual and look for a job suited to that individual's particular abilities. Becoming employed may be one of the biggest changes occurring in life and for some it has not been without some level of crisis. In such problematic circumstances, the individual may have visited the mental health clinic or a psychologist, arranged through a work tutor or project leader. The key factor was to discover how to

support the individual needs of each person seeking to be employed and find the means thereto.

The rehabilitative process, includes a number of practical measures among them:

- A tailored employment track
- Experimenting with service voucher models
- A training contract following rehabilitation
- A support person and integration of work activities into the standard procedures of the municipality
- Disseminating more information and awareness

Project organisation is fairly simple. Practical procedures are performed by the work tutor and project leader, helped in part by the social welfare officer of the municipality. With the help of these resources, an attempt was made to rehabilitate the mentally retarded in 22 projects. In addition, there were disabled persons and those recovering from mental health problems. The annual expenditure amounted to just over FIM 350 000. In the course of the project, a co-operative network was formed through collaboration between employers and the various rehabilitative units.

The project leader called on business and employer organisations to survey the potential for employing the mentally retarded. A total of twelve Mäntsälä businesses were found to be suitable for the project.

Three kinds of employment generating models were applied to the project: assisted, sheltered work, in the community assisted work and training contract work. The rehab trainees have been doing open sheltered work in private companies without an official employment contract. In such cases, the employer pays social security contributions and a so-called diligence wage of FIM 400-700 per month into the employee's bank account. The wage does not cause a reduction in benefit payments nor is it taxable, because the amount earned is so low. While an official employment contract is not signed, matters common to the parties are agreed as being part of the "adapted contract". The contract contains the tasks to be performed and working hours, the notice period and a description of the various perks attached, etc. Both parties sign the contract. The services of the work tutor are available for as long as the employee considers necessary.

Table 16: *Life situation of participants before and after project*

	Before project	After project
At home, without anything congenial to do	5	1
Doing assisted work in a work centre	8	5
At work in a sheltered community workplace	7	11
Spending the day in a mental health clinic	1	0
Work experience	1	1
In the open job market (on-the-job training)	0	4
<b>Total</b>	<b>22</b>	<b>22</b>

According to the contact person, the majority (17 individuals) gained greater control over their lives during the project. This was evident from a reduction in the excessive use of alcohol and increased enthusiasm for study. Well over half (13) experienced a positive development in their work careers.

The protected work employment model is closer to a so-called normal employment relationship than is the assisted sheltered work in the community model. It is crucial that employer and employee agree to a regular, open-ended employment contract. The rehabilitation trainee is also paid (at least the legal minimum monthly wage of FIM 4500-6000 per month, depending on the amount of work done. Through the assisted work scheme, both employer and employee could avail themselves of the help of a work tutor as needed. At the start, the work to be done and the working hours were gone over with the employer and a congenial working day was drawn up for each of those who undertook work.

In the case of training contract work, the training contract office pays the employer a training fee out of Ministry of Education funds. The student receives a wage for the days worked at the company and a per diem rate from the training contract office. The training contract is very flexible as a system and it allows a variety of practical applications.

The work tutor acts as a support person for the disabled individual during leisure time. Extending the activity of the support person to times of leisure has proved a very reasonable solution. It permits the trainee to diversify leisure time with various hobbies. Leisure time pursuits and courses have been (integrated) events intended for all the population as a rule. These events include, among others, painting courses (at Mäntsälä Institute), aerobics groups, conversation groups (Parish) and theatre and boat excursions. Joint events were organised for trainees which led to friendships, a kind of peer group. An example of this kind of activity is the weekly hike after which one of the trainees invites everyone home for coffee. A few of the trainees became independent enough while doing the project to move into a place of their own. In these cases, they were helped and guided in matters relating to keeping a home.

In the estimation of the person responsible, the disabled individuals involved in the project benefited from the overall support they were given in various sectors of their lives. Trying the different kinds of work and experiential tasks made possible by the project opened up new vistas for trainees. By means of the project's backup support, many made progress and took charge of their lives. Many of them found more challenging work and progressed in their working career. The parents of one of the disabled young people declared that the project brought a semblance of normal life being "the biggest change that has taken place in the life of our child".

The Nekku Project highlights a problem that is more common for those working with a small number of clients: the number of staff, especially in a small municipality, may be just one person or at most a few people. This leads to a number of difficulties in getting the tasks done. The problem becomes especially apparent at the point when an employee seeks to alter work practices that were previously entrenched. Most of the time - and leisure time too - goes to bringing about change and justifying the necessity of change. Thus, the pressures that arise (between the needs of clients compared with the municipality's available resources and ways of doing things) can lead to an insufferable situation for a single employee.

### Local quality systems project, Halikko

Identifying marks of the implementation of locally provided quality services were gathered by means of the local quality systems project run by the Finnish Association on Mental Retardation between 1996-1998. Self-evaluation tools were developed. Kotka municipality, Turku municipality, Halikko municipality, the specialist care circuit of the federation of municipalities of south-western Finland (Varsinais-Suomi) and the social welfare services of the Espoo federation of municipalities took part in the project. In addition, Koivula, a central Sofianlehto department in Helsinki, acted as the pilot unit building the quality system. Quality was assessed in Valga province, Estonia, where a training programme for social workers involved in the project was arranged through collaboration between the Valga provincial administration and the Estonian Ministry of Social Affairs.

The services were examined i) from the standpoint of the user (by means of client interviews, parental quality groups, mentally retarded quality groups, working in a futuristic workshop, evaluating quality by means of a quality of life counter, description of service chains, experimenting with networks, etc.) ii) from the standpoint of quality work and activity (job descriptions by employees, discussions occurring in training groups and units, development methods, quality system modelling, entering quality objectives, development of self-evaluations) and iii) from the standpoint of organisations (development challenges of service structures and how to respond, cost comparisons, drawing up support and service plans, dialogue about modelling of transfers and increased client participation) (Jyri Juusti, Director of Education at the Finnish Association on Mental Retardation, 1999).

Table 17: *Halikko population and personnel*

Population (31.12.1997),	8 703	
of whom mentally retarded	48	0.55 % of the population
of whom clients of mental retardation care unit	37	77.0% of mentally ret.
of whom aged over 15 years	38	79.0% of mentally ret.
Halikko municipality personnel	471	5,4 per 100 inhabitants
of whom in care of mental retardation care unit	6	16.5% per 100 inhabitants

A total of 46 individuals in Halikko need a support person due to mental retardation. Of these, 37 are within the scope of actual services for the mentally retarded, ten of whom are aged under 16 and thirteen of whom are aged over 50. Halikko turned its services for the mentally retarded over to the municipality in 1993. The background to the move was the increased fragmentation of the specialist care sector and the simultaneous integration of mental retardation care into the town's own social welfare services. An 8 bed residential care house began operating in 1993. There have been personnel specialised in requirements and services for the mentally retarded since 1968. Institution of this official position was due to the energetic efforts of the local support association for the mentally retarded. The association also financed these activities for the first ten years.

It is a principle in Halikko, as in the rest of Finland, to integrate the users of services for the disabled with the users of regular services. The various kinds of services are as follows:

- Guidance in home care matters at home or at day-care
- Regular health clinic specialist consultation once a year
- Training tuition or integration into a normal school

- Regular health and dental care services or specialist care services
- Home services, subsidy for care by a relative, temporary care
- Daytime activities for the seriously disabled
- Residential care home and activity centre
- Dwellings for the disabled
- Assisted work and sheltered community work
- Disabled Persons Act services: transport, interpreter, preparation for adapting, alterations to housing

A number of services are available for the adult mentally retarded, in particular relating to residential living, such as preparing them to live independently and support services (cleaning and food delivery). For the seriously disabled there is support in the form of medical appliances for home use and provision of temporary care or day care in a residential care home. The families of the adult mentally retarded are supported by arranging leisure time recreation facilities, such as hikes, summer camps and concerts. All the adult mentally retarded have an opportunity to be part of daytime activities, such as baking, food preparation, cleaning, laundry and engaging in various kinds of hobbies and handicrafts.

The occupants of the residential care home came from the central institution in Paimio. A social director with the help of three carers is in charge of residential care home activities. When the commune undertook the provision of services, three and a half employees were transferred from the children's day-care facility to look after the mentally retarded. Two of these took advantage of training contract work to become rental health nurses. In 1995, a work and activities office for the mentally retarded was opened. Two people are in charge and there are 12 clients on the books, of whom 4-10 engage in daytime activities

Care of the mentally retarded in Halikko was developed by means of four training groups. The training groups were: a children's services group, an adult services group, a development group and a service users group. Members of the groups included social welfare professionals (from various sectors, such as elderly care, home service and social welfare work), a parents representative and a person acting as trustee. The personnel in the adult services group described their work. The descriptions indicated how personnel felt about routine tasks. The fact of having work of one's own was experienced as a positive, while the routine and loneliness of the work was experienced as a negative.

The existing situation in the commune was surveyed as a basis for development. The services provided by the commune for the mentally retarded and the kind of people using them were then considered and the challenges for the future considered. Personnel analysed their own work and work history. They also interviewed mentally retarded clients. The quality of services in the residential home was measured using the quality of life counter prepared by the Finnish Association on Mental Retardation. The subjective well-being of clients was examined by interviewing them using the SWBS counter. Their living conditions and the services they received were assessed by personnel using the ELPA gradation scale. The personnel went over the principles and practices of the work community using a separate KELPO gradation scale. On the basis of this examination, practices in the residential care home were changed so as to respond better to the needs of occupants..

When evaluating the quality of services, consideration was given to how quality can be monitored and evaluated for different kinds of services. The client orientation principle came to be the key concept: services must correspond to the client's needs. This concept made

possible not only the variety and worth of services to be offered but especially the well-being and professionalism of the working community. The following principles underlie quality services: operations should be client-oriented, personnel should be expert, there should be a good framework, management should have an interest in and keep abreast of practical operations, and operations should be economical. At a practical level, the services provided for the mentally retarded in Halikko are monitored by a variety of methods:

- Quality counters
- Interviews
- Support and service plans
- Inspection lists
- Reviews and reports
- Discussion forums

In Halikko, attention was given to the potential problem areas arising from transitional phases in our life cycle. The transitional phases examined were e.g. moving from home and leaving school to start work. The aim was to create operational models which took into account the needs and expectations of the client, the family and the immediate community with respect to services. An "assisted life model" was developed in Halikko to improve the ease of such transitions. Transitional phases include:

- The birth of a mentally retarded child into a family; transition from hospital to home
- Transition to day-care and then to school
- Transition from home to further studies and work
- Moving away from home
- Ageing and the changes it brings.

It is particularly important that a support person be assigned to the mentally retarded during a transitional phase. This person works in close understanding with the client, is fully aware of the situation and sees to it that relevant matters from the transitional standpoint are done at the right time and in an appropriate manner. The support person also ensures cooperation between the different parties involved.

The development challenges in Halikko include: the broad-based activation of a support and service plan, the mentally retarded living with aged parents, young people becoming independent and the provision of sheltered dwellings.

Experiments in the development of services are encouraging. Operations development has made it possible to make changes and introduce entirely new forms of service, for example regarding public awareness of the mentally retarded. There is more attention given to what users of the services have to say and client-orientation is now one of the key criteria in developing new forms of service. Through operations development, personnel have gained a better grasp of the objectives underlying what they do and what the expectations of others are regarding these operations. Personnel have learned to ask for and listen to clients' opinions. Dialogue and collaboration between the authorities has increased. Attitudes towards the mentally retarded at a general level have become more favourable.

## **Summary**

### **Elderly living alone**

The three case studies selected illustrate well the dominant local structures of Finnish society both by geographic location and type: a medium-sized - by Finnish standards - old city (Kotka), a small rural population centre of sparsely distributed and clusters of dwellings (Kitee) and the capital city (Helsinki) where a fifth of the population resides.

From the viewpoint of services, it appears that issues relating to the care of the elderly and their solution are much the same - at least within the reference frame of this study. There are three principal aims underlying the arrangement of services in every case i) the effort to preserve as well as possible the everyday life of the elderly living at home (home service, support services), ii) to use more efficient means to provide a buffer against deficiencies so as to avoid institutional care (home service and home nursing care, support services), and iii) to create social intercourse zones which make the elderly feel that they can share things and avoid loneliness. Loneliness does not necessarily mean that the elderly are ignored.

In all three case studies, new forms were sought in the 1990's relating to the hierarchy of services (specificity), how they were produced (localisation, the development of an intermediate form of care, especially in Kitee; increasing versatility, personnel development) and increasing people-oriented (client-oriented) factors (flexibility of services outside working hours, making zones available to other agents, the search for synergy).

In the particular case of Finland, the services for the elderly living alone are provided by the full range of the social services. Projects have faced contemporary challenges, developed both a variety of agents as well as fresh needs in the direction of integration and become more ready to receive client feedback. It is difficult to analyse the extent of empowerment in Finland's circumstances. Generally speaking, people in Finland, especially the elderly, feel that they can influence political decision-making and, in fact, are the most politically active section of the population. Community care services intended for the elderly have been developed in Finland since the early 1960's, as the result of repeated declarations by politicians. The aim has been to lessen the number of institutional beds, a tendency that is observable in statistics from 1977 onwards. In general, it may be remarked that the 1990s have been a logical continuation of prior developments. However, the 1990s are different in that there has been an improvement in both the specificity of services intended for the elderly in poorer health and in the selection of clients. The cases in point reveal that there is still a paternalist attitude towards care of the elderly. In the 1990s, this is less a question of clear-cut ideological efforts to put the elderly into "collective care" than of a conflict between resources and the needs of clients, which can give rise to a risk of resolving the issues without reference to the clients themselves.

### **Long-term unemployed aged under 25**

The selected case studies primarily concern, in one way or another, assisted employment of the young, which is logical for the issues raised by social services. These case studies manifest the most innovative projects among social services, whose inspiration was made necessary by the mass unemployment of the 1990's. Sininen Versta is a case that represents an operating concept by which activity is not articulated by the young people's problems but from striving for paid work. Empowerment in Sininen Versta is sought through the fact that the instructors are not social workers but handicraft or theatre professionals. Progress at Sininen Versta derives from creative work, expressed in the way production in our western

civilisation is based, more and more, not only on knowledge and communications, but on artistic skills and artefacts derived from experience. When this is combined with environmental sparsity and a viewpoint that emphasises recycling, it can be said that Sininen Verstaas seeks answers to contemporary challenges. Sininen Verstaas stresses the idea of the powerful integration of society through work operations, but as to the content of operations - creating art - it also incites rebellion in a constructive and creative way.

Dynamo Kakkonen in Lappeenranta is a project that relies strongly on social work, supporting and even helping, in which the starting point lies in youth problems other than unemployment. Dynamo Kakkonen is guided by a reflective, socio-pedagogic viewpoint, one aspect of which is the "planned future" of a young person; this is perhaps a little utopian, even a little paternalistic.

Arpeeti in Kyrönmaa, to judge by its approach to work, would seem to lie somewhere between Sininen Verstaas and Dynamo: the administration of the project follows the true northern fashion, in the sense that all those active in the community are on the consultative committee. The operating principle of Arpeeti stresses integration into the market and the job market: a single person's life consists in living at home and wallowing in consumerism. Local entrepreneurs are key collaborators and the idea is that young people should themselves demonstrate to employers what they are capable of. Of all the examples given, Arpeeti represents the idea of cherishing being tied to the most traditional form of the paid labour market.

### **Mentally retarded adults**

There are three projects situated in the south of Finland, whose purpose is to support the participation of mentally retarded adults in work activities and their general social involvement. It became known in the 1990s that mentally retarded persons who spend their childhood lives in an institution are a most vulnerable social group. It began to be realised that being on a benefit from the age of 16 is not a reasonable or congenial solution to life from anyone's point of view.

The project implemented in Helsinki for assisted employment of the mentally retarded has been a success and it is possible that the project's work tutors are the most innovative aspect: they are in the position of building bridges and as such have introduced new practices in a decisive manner. The target for the project in Helsinki and the NEKKU Project in Mäntsälä was to foster the mentally retarded in taking charge of their lives and to support their well-being by means of independent work activities. In both cases, recourse was had to a personal tutor, who found a job for their protégé, negotiated the conditions of work, overcame prejudices, gave guidance and then assessed the process. A key part of the Halikko quality system project was directing mentally retarded adults transferring from an institution to a residential home. The crux of the project was the considered adaptation of quality assessment in the project in question. Steps based on quality assessment methods were then used to develop care of the mentally retarded throughout the commune.

In Finland, systematic care of the mentally retarded with an emphasis on openness, home care and self-sufficiency began in the 1970's, as a sequel to discussions about social liberalism and social radicalism in the 1960's. The transition started in 1981 when the number of institutional beds available was reduced. The planned final dissolution of these institutions in the 1990's gained pace rather unexpectedly in the wake of the recession and problems arose in consequence. Modernisation of care of the mentally retarded goes back twenty years and the



steps taken have been very logical, particularly with respect to children and young people: some of the most influential social organisations in Finland, which have promoted their cause, and gained publicity on that account, are associations of the parents of mentally retarded children. According to research, attitudes to mentally retarded children and young people have become noticeably more tolerant and approving during the 1990's, which is evident in Finnish society in a variety of ways. Those who have been overlooked are the adult and ageing mentally retarded who, after residing for many years in an institution, find it very difficult to adapt to new circumstances in their childhood surroundings even with the support of excellent services. It may be necessary to learn in our particular case studies how such an individual mentor will succeed in providing the support necessary for a protégé.

## Case studies

### Zappa job creation unit

Maria (22) describes her experience of the influence of Zappa (Sininen Verstas) on her life (Tolonen 1997, 75): "Tomorrow I'm off to the Wroclaw Drama Institute in Poland to study puppet theatre. Where would I have been now if I hadn't come to Verstas. Certainly not leaving tomorrow for Poland.

I was unemployed and lounging at home for two years, altogether too long a time. I would lie in bed in the morning deciding if I would get up now, or in an hour's time. I got badly depressed, thinking I could do everything but doing nothing at all.

After secondary school, I decided to take a year off and went to Holland as an au pair. At the same time, I took courses in the language in Amsterdam University. Then, when I came back to Finland, I applied to do set design at the Art Academy and got to the third stage but didn't get in. A friend told me to go to Zappa, that I could get work through it. Well, in I went and saw an ad for Sininen Verstas. In fact, I'd heard about it earlier, saw a documentary about it on television. I got enthusiastic and was allowed to apply in the end, even though the application period was over. Piccolo was the best and only choice for me. The other alternative was working for the Parks Department ... Where would I really be now, if I hadn't come here? Life is full of choices and all of them can be of frightening significance.

The best thing about Verstas was that I got to know people in the same life situation as myself. The team spirit was great. It bothered me a bit that the Piccolo crowd got the name of being "rough" and "different" – as if we wouldn't come to work and, when we do some sketch or other, all of us are not involved, even if we're there. But this work is creative and it can't be creative all the time, ordered like. And most of it happens in your head anyway.

...

Sometimes it feels as if you won't realise your potential. All the courses are at the expense of Verstas. And it's despairing when you don't really enjoy your work. But for me anyway, this got me going. I applied to the Kellari Theatre in August and got accepted. The practice I got here was useful for improvising the routines needed for the entrance tests.

Verstas has certainly changed me as a person. Maybe not changed, but opened up parts of me that were closed up. It got me going, found sides to me that were new – maybe not new, but ones that weren't being used. For example, in comprehensive school I dreaded having to appear in public, but here I learned to handle stress. We did all kinds of relaxation and breathing exercises. If you're uptight, it ruins your chances. I've got to know myself better.

Where will I be in five year's time? That's such a long way off ... if I had been asked a year ago, when I was lounging on my bed, where would I be in a year's time, I wouldn't have believed I'd be here, going to Poland tomorrow...

...

I've always felt timid and fearful. But when I see myself from outside, I've made giant steps. And I'm not timid or fearful any longer."

## Structure of population and municipality

Helsinki was founded in 1550. It has been the capital of Finland since 1812 and is situated on the coast of southern Finland, on the shore of the Gulf of Finland. It is also the key commercial and transportation hub. There are over half a million inhabitants in the city, 4.2 % of whom are foreign nationals. The number of inhabitants is rising rapidly and even the most conservative estimates show that tens of thousands of new residents will move into Helsinki in the future. The southernmost part of Finland, and Helsinki in particular, are very much part of a migratory influx, a fact that will place demands on residential and day-care services, to say the least. The total area of the city is less than 700 square kilometres, 185 square kilometres of which is land. The population density is 2 873 persons per square kilometre.

The majority (84 %) of jobs to be found in Helsinki are in the services sector. About 14% of the jobs are in the refining sector and only 0.1% in primary production. A little over half of the service jobs are in the commercial, financing and transportation sectors and considerably less than half are in the municipal services sector.

A total of 69 692 persons aged between 15-24 represent 12.9% of the population of Helsinki. The Youth Affairs Centre maintained by the city employs 376 persons, who see to the arrangement of leisure time services for the city's youth.

Table 18: *Young people in Helsinki and municipal employees*

Population (31.12.1997),	539 362	
of whom aged 15-24	69 692	12,9 % of the population
of whom unemployed job seekers aged 15-24	2 891	4,1 % of those aged 15-24
of whom without any qualification aged 20-24	2 441	5,9 % of those aged 20-24
of whom employed through Zappa annually	751	30 % of unemployed aged 15-24
of whom without a permanent address	700	1 % of those aged 15-24
Helsinki City employees	38 634	7,16 per 100 inhabitants
of whom employed in Youth Affairs Centre	376	0,5 per 100 inhab. aged 15-24
of whom employed in the Zappa job creation unit	76	2,63 per 100 unemp. aged 15-24

Services in Helsinki are divided into four sections: culture and personnel, social welfare and health, town planning and real estate, and technical services. The highest authority resides with the city council, which is elected for a fixed term by residents of the municipality. There are 85 representatives distributed among non-socialists (68.2%) and socialists (31,8%). The city board and the above four sections operate under the city council's authority. The Helsinki consortium comprises Helsinki city along with its subsidiaries and partly-owned companies. Subsidiaries are companies and foundations, over which the city has control. Partly-owned companies are companies, foundations and federations of municipalities in which the city has a 20-50% interest, or other considerable influence. The aim of the consortium is to make it possible for units belonging to it to be compatible and co-operative in a way that benefits the residents and different localities of the city. A separate inspection board keeps a check on the implementation of decisions made by the city council.

Due to the size of the city, there is a relatively large number of employees supplying beneficial services to residents. The city has almost 40 000 employees, or about 7 employees per 100 residents. Less than 400 employees are engaged in supplying separate youth services.

Users (aged between 15-24) of the youth services number about 70 000. This means that one employee supplying (leisure time) services for every 200 persons aged between 15-24. About 6% of young people beyond the statutory school age (aged between 20-24) have stopped going to school. The number of young people aged between 15-24 without a permanent address is estimated to be about 700, or about 1% of young people aged between 15-24. Less than 3 000 young people were unemployed in Helsinki at the end of 1997, or about 4% of the entire 15-24 age group. An average of about 5% of these unemployed young people get jobs through the Zappa job creation unit. Each year, about 700-800 young people begin jobs found through Zappa.

## **Measures introduced and current status of the employment service**

### **Background**

The labour office was all that unemployed young people could expect in the way of services earlier. These services were relatively "formal" and did not suit young people who had a problem taking charge of their lives. Consequently, youth workshops were set up in Helsinki and around the country offering young people who had not succeeded in getting employment a place "to be doing something". Young people were in the habit of going to work there for a day or two and there was no real system or order to what was done. Due to the fact that the operation was not sustained, the staff did not have the means to help the young people get employment or to motivate them to seek education (Ahlroth, Eila).

At the start of the decade, there were more than 9 000 young people in Helsinki under the age of 25 (about 13 % of whom are aged between 15-24). According to estimates, most of them did not have any qualification. The young unemployed are not a homogeneous group, however. Then again, among the young unemployed are those applying for their first study places, as well as those who have finished vocational school. It is estimated that each year about 200 young people finish vocational courses provided by the municipality. The danger was seen that "a group of unqualified young people was being formed in Helsinki, whose life situation was unfavourable and who were being marginalised beyond the bounds of the regular community" (Tuotantokoulun...1993, 2 - 3).

Alerted by such problems, the city of Helsinki established an employment guidance unit subject to the Youth Affairs Centre to improve employment prospects for young people. Through it, systematic information began to be gathered as to the kind of services young people need. Interviews were conducted with 2000-3000 young people annually. As a result of the interviews, a common denominator was found to be artistic activities on the one hand and a more practical kind of coffee room operation on the other. There were no activities then being offered which lay in these directions. That is how Sininen Verstas came about (Ahlroth, Eila).

There were thus two reasons for establishing the Zappa job creation unit. One of these arose from an administrative standpoint, the other from the young people themselves. Underlying the administrative reason was a concern for the future of young people and their potential marginalisation.

The job creation unit began operations on a relatively small scale in the 1980's, subject to the Youth Affairs Office. Operations started in conjunction with Helsinki's own "Young Community Guarantee", by which the city guaranteed an employment relationship of six months to any young person who had been jobless for over three months. At the start of the

1990's, all municipalities were obliged to offer half a year's employment period to all young people who had been jobless for over three months. In 1992, the unemployment period was raised to six months. In 1994, the transition was made from being an obligation to being discretionary, at which point the actual jobless period governing the obligation to provide work varied greatly according to unemployment statistics and the needs and circumstances of the unemployed.

The chief task of the job creation unit at the start of operations was to find jobs in the municipality's organisation and later in various workshops. The job creation unit operations were largely in the form of a collaboration that linked the national labour office and the municipality. The job creation unit reduced the pressure on the labour office by putting the knowledge of the municipal organisation and the units at the disposal of the labour office. Labour office personnel saved time when they were in touch with just one municipal department instead of innumerable small offices. Besides the technical implications, this led to collaboration between the State and the municipality.

Later, with the worsening of the recession, it was noticed that unemployment especially affected people whose working careers had not even begun. The emancipation of youth occurs mainly by virtue of their economic independence, the primary source of which is paid work. Impairing normative career prospects is seen as having many undesirable consequences, which at worst can amount to complete marginalisation from society (for example, Virtanen 1995, 21). This point of view, based on career prospects, has led to a variety of pressures concerning the means of finding employment for young people even during periods of high unemployment.

In 1996, Zappa was transferred within Helsinki's municipal organisation to the authority of the city administration. There were two reasons for this move. The job creation unit for unemployed persons aged over 40 had previously been likewise transferred, so it was reasonable to place both units under the same administrative entity. Also, before the transfer of Zappa, there had been much collaboration between it and the city administration in the handling of financial matters. There was a rational basis for having the units as they are now. Against that, the problem is that the city deals mainly with administrative and financial matters and has hardly any experience dealing with practical services. On this account, consideration should be given to placing these two units elsewhere in the municipal organisation, where it would be better from the viewpoint of their content.

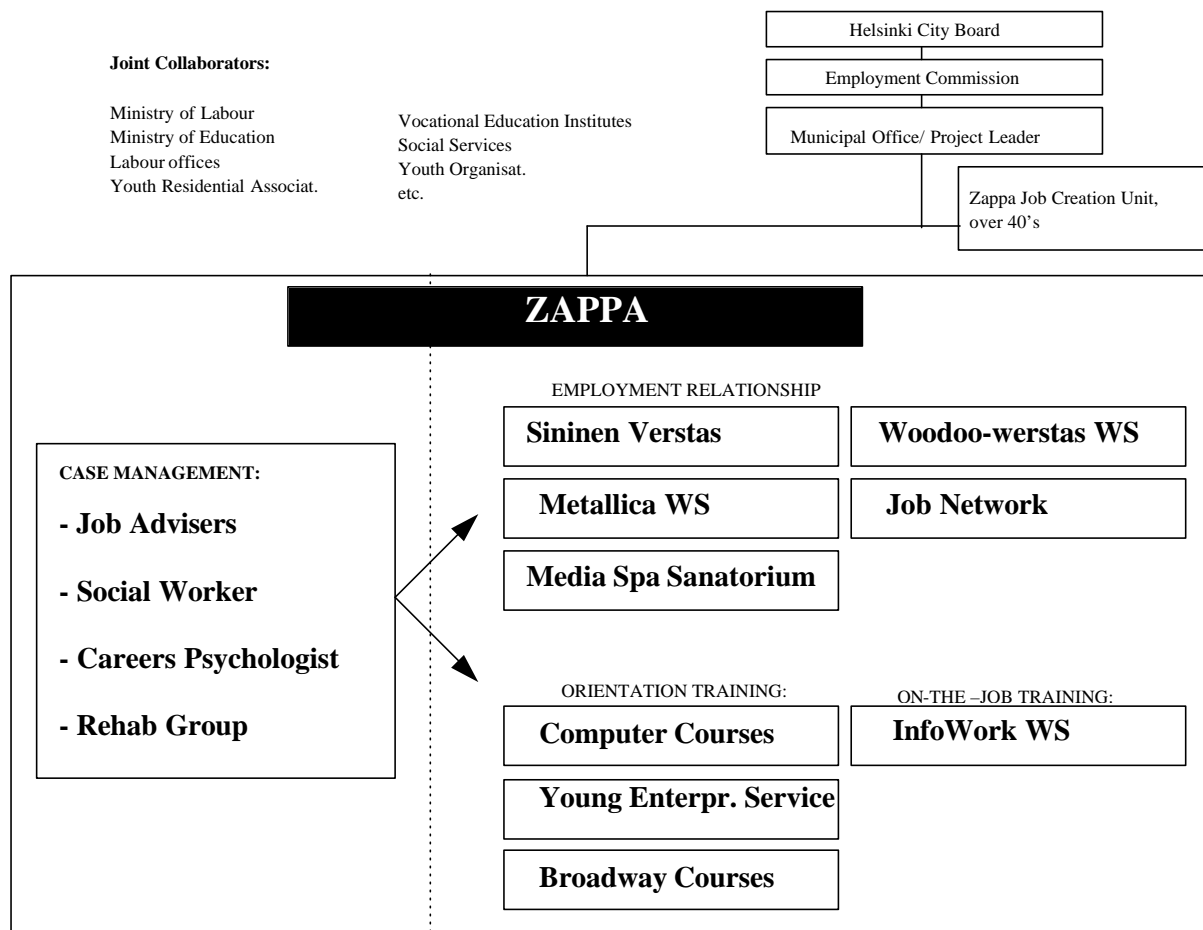
### **Zappa services**

In the Helsinki city job network, Zappa comprises five workshops, two complete courses and one unit promoting entrepreneurship. All these operations are co-ordinated by the Zappa customer desk, where there are job advisers and others who look after administrative and financial matters. The budget for Zappa in 1999 is FIM 127 million. The budget includes wages for temporary and permanent personnel, wages for young people with employment contracts and miscellaneous costs. Each unit operating under Zappa control can determine its working methods and syllabus relatively independently. The units form clearly distinct work communities, each with a specific identity in the Zappa organisation.

A key part of Zappa services is the assessment made of the current status of the young people's lives. Their resources are counted and the overall status of their lives examined, if necessary with the help of a mixed professional team. The reason for this is that young people are not helped simply by getting a job or on-the-job training, they should also reach a balance

in other potentially problem areas of their lives. Initial discussions take place with job advisers and a social worker. The job advisers and the social worker are professionals with university degrees. Based on the results of these initial discussions, an effort is made to provide each young person with a service package tailored to their needs and abilities. The service package may comprise either direct education or something of a like nature, such as orientation courses, on-the-job training, temporary work, social welfare services (psycho-social work and a livelihood subsidy), rehabilitation services or substance dependency treatments. In addition to the provision of the services in question, Zappa personnel can, by virtue of the networked community, adapt the services to security of livelihood arrangements. Security of livelihood in this context denotes mainly a livelihood subsidy and a daily unemployment allowance.

Diagram 4: Zappa Job Creation Unit in relation to the Helsinki City organisation



Young people apply to Zappa in three ways. The majority of them are recommended by the labour office. A second distinct group comprises those sent by social workers. All these young people are either long-term recipients of a security of livelihood subsidy, or are within a child protection scheme. Social workers strive to motivate young people living in subsidised dwellings to become part of Zappa and to take up work opportunities. The third group comprises those who themselves turn up at Zappa. They undergo a Zappa “inspection”, which examines their relationship with other authorities before they can become clients.

A joint rehabilitation team operates with the under and over 40's in the job creation units. The team has four members from different fields. They examine the young person's social and economic situation, carry out a psychological assessment and provide referrals for health care examinations. Young people can get an assessment of their employment potential, make use of any desired rehabilitation and transfer over to experiential work or assisted work.

Following discussions with job advisers and, if necessary, other professionals, the municipality offers the young people involved the opportunity of a regular employment relationship or on-the-job training, for example in children's day-care, schools, hospitals, libraries, vocational institutions or in the technical sphere (parks). The employment relationship is for up to half a year. The hours worked are 85% regular working hours. A wage of about FIM 5 400 per month is guaranteed for the length of the employment relationship. The other way to learn about working for the city is to be an on-the-job trainee. The trainee period lasts half a year, the hours worked being six hours daily. The difference between this and an employment relationship is that no wage as such is paid for on-the-job training. Instead, a per diem remuneration of about FIM 120 is paid.

Two of the workshops (Media Spa, Sininen Verstas) operate on the principle of a production school and three others (Metallica, Woodoo, InfoWork) on the principle of traditional workshops. The production schools and workshops differ in the degree of emphasis given to education. Traditionally, production schools have had a strong educational bias combined with work operations, whereas workshops have concentrated more on traditional vocational pursuits. It has been evident over the last few years that these two modes of operation have come to resemble each other more and more. Workshops have begun to educate young people and, correspondingly, production schools have started to reduce the considerable amount of education given in the early years. Generally, young people employed in workshops sign an employment contract. The exceptions are the InfoWork workshop, where young people engage in on-the-job training and the Woodoo workshop, where they can either engage in on-the-job training or sign an employment contract. The workshops are all in some way connected to the EU funded project (ESR, Youth Start). All young people engaged in workshops discuss their future choices with a careers psychologist. An effort is made to articulate their future and find the balance between the hopes they express and the education and employment opportunities that are available.

Workshop operations, date back to the 1980's but the mode of work became more established in the 1990s. Of these new workshops, Sininen Verstas is the oldest, having begun operations in 1994. Sininen Verstas operations are detailed elsewhere in this report so nothing further about what it has to offer will be added here. Suffice it to say that Sininen Verstas personnel are all female.

A year after Sininen Verstas began operations the Media Spa "sanatorium" was established (1995). This workshop currently offers young people aged between 17-24 the opportunity to become familiar with various mass communications operations. In addition, it allows one to operate in a newspaper, Internet or radio environment. Also, it is possible to work at photography and video techniques. The Media Spa workshop is staffed by men and women in about equal proportions.

The Woodoo-Verstas operation established in 1996 relates to various ways of working with wood. Unlike other workshops, it allows people aged under 35 be employed there. The furniture workshop (Mööpeliwerstas) concentrates on teaching work practices related to the

fabrication of wooden furniture. The boat workshop (Venewerstas) offers an opportunity to work with wooden boats. A third option is to work in a manual crafts workshop which concentrates on developing a knowledge of woodworking. All the staff of Woodoo-Werstas are male.

The Metallica workshop is the newest, established in 1998. It dates back to the 1980's, when it mainly performed car repair work. Work at the Metallica workshop has to do with car repair and metalworking. Young people aged under 25 can become familiar with servicing and repairing cars and fabricate metal and wrought iron goods. As in the case of Woodoo-Werstas, the Metallica workshop staff are all male.

The Infowork workshop offers opportunities to become widely familiar with different kind of computer work. It includes, among other things, equipment, multimedia, application programs and data networks. Infowork operations are done in collaboration with Helsinki University as well as the municipalities of Espoo and Vantaa.

Course options at the Zappa workshop include computer courses and a variety of courses oriented towards vocational education. The two day computer courses provide an opportunity to learn computer basics or refresh already acquired skills in word processing, spreadsheets and desktop publishing.

The Broadway courses generally last 8-9 months. At present, the courses have been shortened to 3-6 months. Among the Broadway courses available are training to be a chef or a builder, as well as orientation courses in fashion design and the social sector. The aim is to bring about a training contract between an external company and the young person in question.

Working life can be approached in ways other than undertaking paid work. To this end, another Zappa unit advises young people on matters relating to entrepreneurship. The young entrepreneurs unit offers a three month long course for young people who are setting up, or intend setting up, a business. Guidance by business advisers at the business clinic is available to those who have already set up as entrepreneurs. A business incubator is also attached to the unit. The establishment of businesses by young people is a relatively rare occurrence.

### **Zappa clients**

About 2 500 young people aged under 39 contact Zappa annually. Roughly two thirds find employment through Zappa. On average, about 800 of those aged under 25 find employment. The key reason for getting in touch is the wish to gain experience and make contact with the working world. However, it is estimated that more than one in two young people experience problems in addition to being unemployed. These problems relate to mental health and factors relating to taking charge of their lives, such as the use of alcohol and drugs. The increase in the use of hard drugs in Finland in the 1990's is reflected in Zappa clients as well. Those selected include young people just released from prison, as they are given a chance to work as soon as they leave prison, without the mandatory period of unemployment.

The unemployment situation in Finland has a strong influence on Zappa clients. During the worst part of the recession, when there were no openings on the job market, young people from all walks of life and all sectors of the population became clients of Zappa. This also included young people with a high level of education, who just could not find a job. With the improvement in the employment situation, Zappa clients included fewer more readily employable young people. That left the "hard core" of the young unemployed, whom standard



employment and educational incentives did not succeed in motivating to take control of their lives. The majority (over 60 %) of this hard core young unemployed sector is male.

The variety of problems experienced by Zappa clients is also partly due to the fact that the employment unit is the last alternative in the chain of potential employment. Thus, young people without problems, who are more easily employed, have already found a place in the working world or in an educational setting, thanks to regular labour market mechanisms.

The fact that Zappa operations take into account individual needs is obvious from what job advisers and social workers do to assess the life situation of young people initially, as well as from the activities of the rehabilitation group and careers psychologist with respect to their future. There has been a lot of innovation in the joint collaboration between the social welfare office, the labour authorities and the city. This collaboration was the subject of recent research conducted by Katri Schroderus. Her report sought to examine activities of all clients of Zappa social welfare work from the start 1997 to the start of 1999.

Collaboration between the social welfare and labour office authorities had its origin in the discovery of the following problems, *inter alia*: 1) social welfare workers did not have enough time to give to young clients (particularly young immigrants) due to the increased number of clients, 2) it was difficult to adapt social work and livelihood subsidies system to the advancement of the job seeking process, and 3) young people were increasingly marginalised by the prolongation of unemployment and lack of incentive.

A social worker handled 320 clients in two years, 62% of whom were men and 34% women. Clients aged under 25 numbered 314. Clients derived their livelihood from daily unemployment benefits and student allowances. Over half had no income whatsoever. Two thirds of the latter were not entitled to unemployment security, either due to neglecting student obligations or for some other reason.

Just under half the young people were still living with their parents or relatives, the other half lived in rented accommodation. Only 1% did not have a permanent address. Then again, it is difficult to define young people living at home as homeless. During 1997-1998, twelve young individuals became homeless, mainly due to various social problems.

A total of 58% had no vocational training or matriculation certificate: 35% of young people had been educated to comprehensive school level and 23% were school dropouts. A total of 18% had matriculated and 23% had a vocational training certificate. The educational structure of clients has changed and continues to change, with the result that more and more young clients are turning up with simply a comprehensive school education or who have dropped out of vocational schools.

### **Personnel**

The Zappa job creation unit (Zappa + workshops) has a total of 76 staff and there are about 150 long-term unemployed young people working there at any one time. In Zappa itself, there are 21 people employed, of which half are in direct contact with the young people and the other half take care of administration and accounting. The administrative personnel includes an administrative data processing designer, who is responsible for equipment and software questions and for computerised reports. In this way, information about the education of clients and other background factors can be updated. The majority of Zappa service desk personnel are female, there being only one male dealing directly with clients. The age of personnel

varies but they are younger on average than the rest of municipal employees. Most of Zappa's personnel is in the 30-40 age range.

Five job advisers, two careers psychologists and one social worker are involved directly with serving and guiding clients. The personnel is also in direct communication with other municipal assistance resources. From the standpoint of the young people involved, the key employees are the job advisers, with whom they assess their life situation and look for solutions to their problems. All job advisers are university graduates in the social sciences or psychology.

On examination of the entire job creation unit, it will be seen that it operates as an umbrella organisation for working groups of 5-10 persons. The status of these working groups is relatively self-determined, at least in the workshops and production schools. The working groups can originate and evolve what they do according to how much pressure from work it is estimated the young people need. Most of the working groups operate in different parts of the city, which increases their autonomy even more. The Zappa administration is not organised to keep a strict check on the operations of separate units, but instead it strives more to guarantee the preconditions for operations, which are both rewarding and congenial. Zappa's organisation can be described as relatively low key.

Organisation along the lines described above is possible because Zappa personnel are for the most part seasoned professionals in their fields. The role of personnel is not to operate in accordance with (strict) normative objectives set by the organisation but to actively develop operations in response to the needs of young people. Regulations are not needed to guide experienced professionals, but only the opportunity to allow them act in a professional manner.

The majority of Zappa personnel have a two-year employment contract, which is full-time and follows official working hours. Most Zappa employees were themselves unemployed job seekers before they came to Zappa. Despite the temporary nature of their working relationship, employees are strongly motivated in what they do, according to Zappa management. They have the opportunity to demonstrate their abilities and develop operations in accordance with their way of thinking. Employees also have access to various kinds of work instruction and educational options. Zappa personnel have found good positions upon termination of their contract.

### **In brief**

The various authorities involved form a closely knit network operating within Zappa. The Social Welfare and Employment Services Department has a total of 40 people collaborating with Zappa, either in contact with it or responsible for some aspect of it. This network of people gathers twice a year at a joint seminar to develop cooperation. Key personnel also meet at the local level. The objective of such meetings is to increase cross-administrative cooperation at local level with a view to canvassing views and recruiting youth work representatives.

The purpose of local development operations is to try to influence various marginalised groups as a whole and take local factors into account. An example would be the Myllypuro project, in which a group of local drug addicts and others suffering from a lack of control over their lives were taken as a whole as the object of network operations. The idea underlying this

was that finding employment for separate individuals and extended support for people to take control of their lives is useless, if their immediate circle of friends continues to live as before.

From the standpoint of young people, the key factor in Zappa operations is that it works in conjunction with so many others. Zappa co-ordinates the activities of a number of different agents so that together they are able to provide help in the life situation of individual young people and make it easier for them to face the future. In addition to networking and co-ordination, the Zappa organisation also deliberately tries to be innovative and flexible in the development of new ways of working. It is a crucial point that the organisation seeks to examine various problems with the emphasis on how young people see them.

Zappa is unique in Finland both as a category and as an organisation. In virtue of this, it is quite widely known, which is of help in creating various kinds of networks. Various voluntary organisations, working with young people in danger of being marginalised, approach Zappa. Operations are systematic and sustained, allowing operations to be developed with the help of evaluation and follow-up. Zappa's status within the Helsinki municipal organisation can be described as "permanently temporary". In other words, while it has relatively few permanent personnel, the unit's operations have become part of the municipal organisation. This has advantages and disadvantages. On the one hand, the style of operation is always innovative as new personnel are brought in regularly along with new ideas but, on the other hand, this makes the maintenance of long-term working relationships with various other agencies more difficult.

The role of the Zappa job creation unit has obviously changed as operations have become more established. Zappa has altered the standpoint of its operations from being administrative, as they were earlier, to being oriented towards youth and the needs of youth. This is obvious from the diversification of operations and the introduction of "investigative social work methods". It is no longer satisfactory just to implement various administrative decisions in practice, but an effort is made to find ways of solving young people's problems. The key means is still to see work as a way of articulating their lives and increasing their hope in the future.

A socio-pedagogical approach to work that goes beyond a caring or administrative way of thinking is most commonly considered as being needed to help young people either under threat of marginalisation or already marginalised from work and school. Marginalisation is prevented by congenial activity that promotes the integration of young people into society and supports their emancipation and their acceptance of personal responsibility for their lives as citizens. There should be alternative educational channels created for young people marginalised from regular education (Hämäläinen 1996, 10, 28), and the Zappa job creation unit is an excellent example of such new thinking.

### **Home care services in Kitee:**

Helena (79) has been a widow for five years. She and her husband moved from Helsinki to Kitee ten years ago. She was born in Sortavala (a neighbouring municipality on the other side of the border with Russia). Helena lives in her own well-appointed terraced house near city centre services. She has been a home services client for over three years. In autumn 1998, her state of health deteriorated to the extent that she was hospitalised for four months. She was diagnosed as having "some kind of deficiency". According to her, she believed she had been given meals by a private meals-on-wheels provider that were

so basic and low in nutritional value that they caused her to lose too much weight (over 10 kg). The home care assistant (who was not so employed at the time) thought Helena's loss of weight was also due to an inability to absorb food. At present, Helena is satisfied with the meal service she gets twice daily. The home service visits her three times a day. A home care nurse, who also sees to errands at the pharmacy, etc. drops in once a week. At the moment (to be presumed, as always), Helena is using a walking frame, by means of which she can get around the house. She cannot go outside. The walker became indispensable after she had damaged her hip and fractured her thigh (osteoporosis). Her thigh was fractured during the night and she managed to ring a neighbour for help. Helena now has a safety bracelet with which she can get help in an emergency around the clock, wherever she happens to be. Helena declares that the bracelet gives her a feeling of security. A friend of her deceased husband looks after shopping and banking matters and a young neighbouring couple gets the snow off the path. The interview revealed that Helena didn't know that she was entitled to the use of an Invataxi, which would enable her to visit relatives, go to the church or elsewhere. The home care services director undertook to see to the matter immediately. All in all, Helena Suomalainen is satisfied with the services she receives and declares that she would never manage alone at home without them.

### Structure of population and municipality

Kitee was founded in 1631 and became a municipality in 1992. The town is situated in the province of East Finland on the border with Russia. Its population is just over 10 000, a number that falls by 100 each year. Kitee is therefore suffering from emigration by mainly young people in search of better jobs elsewhere. This raises the proportion of elderly people in the population, about 10% of whom were aged over 65 in 1970, a figure had risen to almost 17% by 1997. The entire municipal area is over 1 000 square kilometres, about one quarter of which is water. The population density is 12.73 per square kilometre. A little over half the population lives in built-up areas. About 1 000 people over the age of 65 live in sparsely-populated areas.

Table 19: *Kitee population and municipal employees*

Population (31.12.1997),	10 840	
of whom those aged between 65-74	1 078	9.9 % of the population
of whom those aged over 74	750	6.9 % of the population
of whom clients of home services for the elderly	266	35.0 % of those aged over 75
of whom recipients of support services for the elderly	375	50.0 % of those aged over 75
of whom elderly assisted by a relative care subsidy	77	10.0 % of those aged over 75
of whom clients of home care nursing	172	23.0 % of those aged over 75
(106 in conjunction with home services)		
Kitee municipal employees	526	4.85 per 100 inhabitants
of whom employed in social welfare	160	1.48 per 100 inhabitants
of whom given home care services	53	7.07 per 100 aged over 75
of whom given home nursing service	6	0.8 per 100 aged over 75

Source: Report of Kitee Municipality 1997; Tuula Eronen / Municipal Federation of Central Carelian Health Services (telephone conversation 6.5.1999).

Two thirds of jobs in Kitee are service related, a quarter are industry related and one sixth are in the agriculture and forestry sector. The share of service jobs has obviously risen since the mid-1980's while the share of agriculture and forestry jobs has fallen. The growth in the ratio of service jobs is due to the fact that the number of jobs in all other sectors fell while those in the services sector remained unchanged. Kitee municipality, with 500 employees, is by far the biggest employer: the largest factory has about 150 employees. Unemployment levels in Kitee during the recession have been roughly the same as the rest of the country.

The population of Kitee over the age of 65 totals about 1 800 persons (16.8%) and of these 750 are over the age of 75. The number of recipients of support services for the elderly living alone in Kitee municipality is 375 persons annually, and elderly home services recipients number 266. In addition, 77 elderly persons are cared for by means of relative care subsidies. Clients receiving home services and home nursing services total 106.

On examination of the use of services by the aged, it can be seen that municipal home services supply services for those living at home to a considerable number of the elderly in the municipality. The services are measured according to the functional capacity of the elderly, so that they meet particular needs. The need for services generally affects the relatively aged. Over half of the elderly aged over 75 in Kitee receive services supplied by the municipality either to their homes or to the sheltered housing in which they live. One third of the elderly are home services clients. One tenth of those aged over 75 are cared for by means of a relative care subsidy and one quarter of these are on the home nursing care circuit.

Public services to promote well-being in Kitee, as in any other Finnish municipality, are traditionally part of municipal services. In Kitee, these services are administratively divided into five separate departments: health care, social welfare, education, cultural affairs, and municipal engineering. The highest authority in the municipality is vested in the city council, which is elected by popular vote at given intervals. The city council currently comprises 35 representatives divided between non-socialists (71.4%) and socialists (28.6%). The city council exercises authority over the city board, the consultative committees, the municipal offices and individual public services. The committees, from a practical standpoint, are the key political organs which determine the structure of services based on the budget. The organisation of the actual work lies with the director of the relevant budget sector. The quality of municipal services and the competency of municipal operations are inspected (as in all Finnish municipalities) by a separate review board.

In Kitee, the key political agents from the standpoint of elderly care are the social welfare board and the city council, together with functionaries such as the social welfare director and the director of elderly care in conjunction with the director of home services. Self-regulated elderly care working groups act under their authority. It can be said that the organisation is administratively fairly devolved and has a very low key hierarchy. This has resulted in responsibility for many decisions previously made at management level being now transferred directly to the persons who perform work for the clients.

What is "special" about home services in Kitee is the consolidation of institutional care and community care activities. Collaboration between community care and institutional services has followed a plan and they have been combined into one budget sector and moved into shared office quarters. Employees work in either section thus facilitating mobility of personnel when someone is taken ill, for example. Likewise, personnel are well acquainted with the elderly in the area, because they have experience of doing different kinds of work.

### **Measures introduced and current status of home and institutional care**

The service structure of elderly care in Kitee municipality has changed place over the last ten years. In 1987, it was the intention of the municipality to extend its home for the elderly by the addition of 20 beds. The provincial government reacted negatively to the idea of financing the home extension. As a result of the decision, a wide-ranging investigation into the reorganisation of elderly care took place. The opinions of the elderly living there were canvassed regarding how they would like such services to be arranged. The key reorientation was a change from institutional based elderly care to the provision of care that would support living independently. This has been implemented in Kitee not only by reducing the availability of institutional care beds and employing more community care personnel but by systematically building sheltered housing to fill the gap between institutional care and home care.

The first structural change of a practical nature was the building of 17 service flats in Tikanpuisto in 1988. In 1991, ten of the 55 institutional beds in the home for the elderly were made part of a group home. Two years later, eighteen more followed suit. Each individual in the group home has a private room with toilet and shower, some of them have cooking facilities as well. Kitchen facilities and sitting rooms in group homes are used in common as a rule. The elderly living in group homes are physically in relatively good health but suffer from dementia related problems (amnesia, leaving the house on their own, etc.). These people can be helped to live independently, but are no longer able to live alone on account of the above problems.

In 1993 and 1994, three group homes and different kinds of service flats were built as part of the Harjula service centre. After that, Harjula contained 28 full service flats and four group homes containing accommodation for 26 residents. Residents share a communal living room and a dining room. The building also contains work areas for personnel.

In 1996, the night patrol in Kitee started to assist the elderly in poor health who were living alone. The operation covers the elderly living in the centre of town. Of the elderly aged over 65 years, 56% live in the built-up area of Kitee. The night patrol is on duty from nine o'clock at night to eight o'clock in the morning. During that time, a team of three people is in charge of institutional care and home services. One of the team is on ward duty in the home for the elderly, with backup help from the two members on patrol, if necessary. This was made feasible by the fact that personnel providing long-term care in the wards changed from working three shifts to working two shifts. Any emergency telephone calls from the elderly are received on the night patrol's mobile phone. The night patrol forms a separate working group in which those involved work only at night.

Before these changes took place, the main institution for the aged was the home for the elderly, which contained a given number of beds. Separate from both of these was the municipal home service and the home nursing care operation and the health centre ward maintained by a federation of municipalities. As result of the change in the structure of services, these operations were combined and their joint co-ordination was improved. The combining of operations and the phasing of care can be seen not only from what is described above but from changes in the ratios of gross expenditure for the care of the elderly in Kitee (Table 20).

Table 20: *Ratio (%) of gross costs for home and institutional care according to kind of service*

<b>Operation</b>	<b>1987</b>	<b>1992</b>	<b>1996</b>	<b>1997</b>
Administration	0	0	0	2
Home Help	24	35	35	26
Support Services	1	10	8	7
Relative Care Subsidy	11	12	13	12.5
Housing Services	1	6	18.5	26
Daily Activities	0	1	2	2
Institutional Care	63	36	23.5	24.5
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

The crucial change in gross expenditure resulted from the decrease in institutional expenditure and the increase in housing services. At the same time, it can be observed that services were slimmed down and diversified. While the cost of institutional care (i.e. the home for the elderly) accounted for almost two thirds of the cost of municipal care of the elderly at the end of the 1980's, ten years later it amounted to one quarter of that amount. Housing services provided to the elderly by Kitee municipality accounted for only 1% of elderly care costs in 1987, 6% at the start of the 1990's, almost 20% in 1996 and 26% in 1997.

The rise in the cost of housing services is explained by the fact that impractical accommodation in the home for the elderly was renovated as full service flats and group homes and the institutional wards as group homes. There are six group homes at present. The occupants themselves pay for their meals, accommodation and any home services used. The majority of the old people in Kitee continue to live at home either in ordinary accommodation or in accommodation which has been altered to make life easier, the cost of which was paid out of the housing fund. Furthermore, support is provided for the elderly living alone or in sheltered housing by means of short-term care, taking care in turns and daily activities.

The change from institutional care to community care was facilitated by extending services that made for independent living. At the critical stage, the emphasis was placed on providing more home care help: in 1992 and 1996, the cost of home care help was 10% higher, if we compare the situation when the changes started to when the situation evened out. A completely new meals-on-wheels service was begun for the elderly (which included meals, transportation, security and help in bathing). The cost of support services has been stabilising at less than 10% of the overall cost of elderly care. Likewise, short-term care and daily activities are another new form of service. The cost of these services amounts to only a few percent of overall expenditure.

Although daily activities account for a relatively small proportion of elderly care costs in terms of cash, they are still a significant support to relatives who provide care and a source of stimulation for the elderly living alone. Daily activities are organised on four days each week for about ten elderly people at a time. They can take part about once a week according to their ability and inclination. The daily activities last about six hours, from nine o'clock to three o'clock. They include, for example, baking, using a sauna or other such leisure or rehabilitation activity. As needed, a hairdresser, pedicurist or other professional person providing services not otherwise easily accessible to the elderly attend the service centre. It is likewise possible to have prescriptions renewed or laboratory tests conducted at the health

centre adjoining the service centre. The cost per day for an elderly person is FIM 62 plus FIM 15 for transportation.

Sparsely-populated areas are problematic in relation to arranging home care. Alternative ways of care that would ensure that the elderly could manage to live alone have been experimented with. Three ways of reducing the number of home service house calls have arisen: relative care, good neighbour care and a shopping service provided by local producers. Relative care involves the payment of a monetary subsidy on a monthly basis to a near relative of the elderly person in return for this person's providing care and support on behalf of the home service. A good neighbour subsidy is currently being paid in the form of hourly compensation to ten neighbours, each of whom attends to the needs of an elderly person living nearby. A shopping service amounting to one and a half man-hours is supplied by the Huumovaara Village Association (the Association is in a neighbouring commune). These alternatives reduce the number of home service runs across the huge expanse of the municipality and extend the range of services.

The cost of current relative care subsidies as an alternative to elderly care services provided by the municipality has remained at relatively the same level throughout the change. Based on this, it can be estimated that this kind of care is not an alternative to what the municipality provides. Instead, it is compensation for care that would otherwise be given, even without any compensation. The relative care subsidy is not a thing that would persuade someone to remain at home, if there were alternative paid work elsewhere.

A relative care subsidy, based on the exigencies of the situation, falls into one of two categories, either FIM 1834 per month or FIM 2343 per month. The subsidy can also be paid as hourly compensation (FIM 42 per hour) as an alternative to home care help. The director of home services decides on relative care subsidies after visiting the elderly person with the home nurse. The daily routine of a relative who provides care is usually fairly strenuous and restricting. The municipality therefore tries to help them by offering support and encouragement through education, meetings, rehabilitation and replacement assistance for a given period. Relatives who provide care can make use of home help, day-care for children, short-term care for the elderly, and other services.

Kitee municipality also arranges support services for the elderly living alone when the person in question does not yet actually need help at home. Support services arranged by the municipality include meals, a security service, transportation services and sauna services. Meals are served at the Arppenpiha service centre dining room or sent to the person's home. The meals are prepared in the service centre kitchen, the kitchens of local schools and also in private restaurants. Meals are delivered both by the home service and by private entrepreneurs. The security services offered are mainly in the form of a mobile telephone or a security bracelet, using which the elderly person can call for help around the clock simply by pressing a button. The telephone connects with the relative during the day and with the night patrol's mobile phone during the night. Transportation services are supplied by taxi, for which the elderly person has vouchers valid for use once or twice a month. The sauna facilities and bathing service are available at the Arppenpiha service centre.

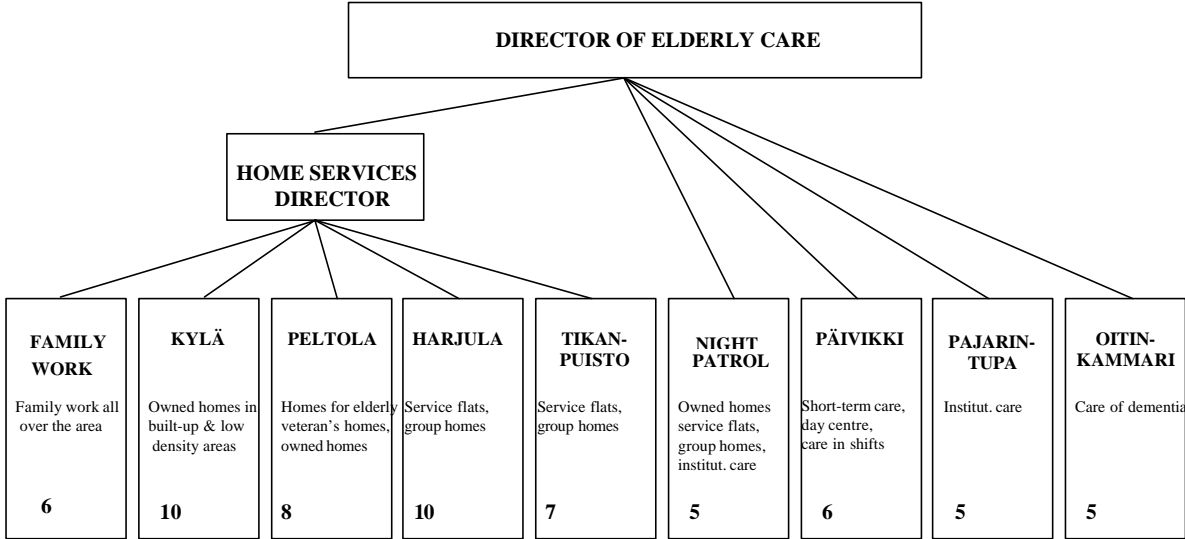
Kitee home and institutional care facilities comprise five operations units with a total of 48 units of accommodation for the elderly, 41 group homes and 32 institutional beds. In addition to these, the municipality pays a privately run full service residence block for the care of an



additional 16 elderly persons. The administrative and home service personnel, who operate elderly care services, are attached to the Arppenpiha service centre.

Kitee home and institutional care facilities form a single unit divided into nine operational units. The personnel of each unit comprises a self-regulated team. The director of elderly care is responsible for the finances of operations and has the task of arranging care for the elderly living at home and in institutions. The home service director is responsible for services for the elderly, under the auspices of the director of elderly care (Diagram. 5).

Diagram 5: Home care and institutional care management, units and permanent personnel in Kitee



Payments made for home help are based on the regulations of the Social Welfare and Health Care Act (Section 2, subsection 3). The basis of payment depends on the regularity of the service. If the client is visited regularly at least once a week, payments are classified as monthly. Otherwise they are classified as per visit payments. The payment is determined according to the client’s income and the number of services provided. The per visit payment is up to FIM 50, or up to FIM 100 for a visit of more than 4 hours duration, depending on the client’s income.

The monthly payment is determined as being a maximum of 35% of income in excess of a given income threshold, when service is provided on more than six days a week. For example, the threshold for a single person is FIM 2 500 and the monthly charge is calculated on the amount of income in excess of this sum. The monthly charge decreases (as the number of visits decrease) to as little as one quarter of the highest charge for one visit per week. An elderly person living alone with an income of FIM 5 000 per month will pay well under FIM 1 000 a month for daily home help.

**Quality of services**

Cooperation between home service and home nursing care is currently being developed in the form of a joint application form for planning care and services. The plan acts as a contract which all parties caring for and assisting the client will undertake to use (implement). The contract is kept in a spring binder which the elderly person keeps close by while at home or, for example, in short-term care at the health centre. The actual service plan forms the key content of the care and service plan. In addition, it contains a list of medications that is

continually updated. Likewise, it contains a page with "current messages" used by the caring party to relate what they happen to observe to other parties involved in caring for the same person.

The care and service plan has, in addition to information about the person, the names of family members and near relatives and facts about the immediate surroundings. It also contains a verbal assessment of the elderly person's physical, mental and social resources and aptitudes. Besides illnesses and dietary information, the contract describes any further needs such as medical appliances and support services as well as the purpose, means and methods of care. The key item in the care and service plan from the practical standpoint of arranging services is the weekly plan in which information regarding the care and support of the elderly person are entered by those with a hand in it (Diagram 6).

Diagram 6: *Care and Service Weekly Plan*

<b>Agent</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>	<b>Observations</b>
Drop-in Service								
Home Nursing								
Evening Patrol								
Night Patrol								
Meal Service								
Day Centre								
Shift Care								
Cleaning								
Relatives								
Relative Carer								
Parish								
Clubs								
Rehabilitation								
Exercise								
Other								

The care and service plan is drawn up at a home visit, during which an effort is made to set down the needs of the elderly person, irrespective of which party (private, public, organisation, friends, relatives) will respond to these needs. An attempt is made to enhance services through a care sequence: when an elderly person is transferred from short-term care to home care, a talk takes place between the elderly person, a relative, and social workers to discuss the elderly person's situation. In order to improve quality, each elderly person is assigned a carer, and the elderly are cared for by working teams. There are three groups (full service residence, group home, own home), who assess what clients will need from the home service.

The home service is provided by the municipality and health care is a service provided by the federation of municipalities. The latter's statistics are not given here as they are mostly concerned with institutional care (ward in health centre). In addition to other services, the ward in the Arppeniha service centre provides 32 beds, ten of which are for elderly persons needing short-term rehabilitation care. There are about 260 elderly persons on the community care circuit. Less than one hundred live at home and the remainder live either in full service residences or in group homes. Support services are provided for about 50 (partly included in the above figures) and emergency phones are in use by about 90 others. The phones belong to the municipality and the home service sees to installing and distributing them.

In addition to co-operating with relatives of the elderly, there is cooperation with parishes, private businesses, social workers, the police, and the mental health authorities. In the opinion of the home care personnel, cooperation with those providing health services needs to be improved. It is expected to improve with the introduction of the joint care and service plan for the elderly. There are a few private businesses in Kitee providing a meals service. Cleaning services are provided by the RUORI work co-operative, founded by the unemployed.

The break-up of the institutional structure, together with the addition of transitional assisted living and more people employed in home services, was seen as a means of enhancing quality. It was estimated that such a change would facilitate the provision of suitable services for clients, taking into account the state of health and needs of the elderly. The break-up of the institutions led to the establishment and repair of alternative housing: 80 full service residential units and 41 group homes. In addition, accommodation services for 6 elderly persons are purchased from private nursing homes. There are 47 conventional and still unrenovated dwellings for the elderly. There are 32 institutional beds of which 10 are intended for the elderly in need of short-term, rehabilitation care. The full service units are usually attached to the service centre. Service centres usually contain a fitness room, library and eating facilities. The home service groups and the emergency telephone centre are also there.

Kitee municipality provides support services for the elderly, such as meals, an emergency service, transportation and sauna facilities. In addition, private support services offer cleaning services through a work co-operative and village association in sparsely-populated areas. There are also various other support services, such as education, rehabilitation and recreation opportunities, as well as the home service.

Kitee has separately sought to promote self-initiative of the elderly on a small scale (N=20) by means of the home service. It was obvious that the elderly were able to influence the services they obtained relatively well. On the other hand, it was discovered that some of them were not aware of all the services available to them. Problems were discovered relating to the mental and social alertness of the elderly, although problems often stemmed from personal limitations. There is a probable need of transportation and escort personnel. The problem relating to independent initiative arises from the fact that persons providing care at home often do the work themselves rather than wait for the elderly to do it.

There is no direct relationship between the quality of services and how much they cost. Transitional living is clearly more economical than institutional care. The daily cost of care for a person in the health centre ward is FIM 478, in the home for the elderly it is FIM 376, while in the group home it is FIM 177 and in a private nursing home FIM 260. From the municipality's standpoint, it is extremely economical to pay a subsidy to a relative of the elderly person. The average relative costs FIM 1500 per month. Home help costs the municipality FIM 114 per hour.

The elderly take very little part in evaluating and developing services. The pensioner's associations and a recently founded council for the elderly have been moderately active. The Kitee pensioner's association has about 750 members. It is a subsidiary organ of the National Pensioners Association. The local pensioner's association is not a dedicated interest group for pensioners, instead it concentrates primarily on recreational pursuits for pensioners. However, the association board makes an annual assessment of the status of elderly care in Kitee. The association has been relatively content with the services all along but, with the change in

services, services have been enhanced in their estimation. A separate pensioner's council to act as an expert group in matters affecting the elderly was established in Kitee last spring. Seven organisations with a combined membership of more than 1 000 were behind the establishment of the pensioner's council. Given this, the council can, if it desires, act on behalf of the elderly in Kitee.

### **Personnel**

Kitee municipality has a total of 526 employees, or just under 5 employees per 100 inhabitants. Less than a third of the employees are engaged in social welfare tasks. Social welfare is divided into three budget sectors: social welfare work (about 20 employees), children's day-care (70 employees) and home and institutional care (75 employees). Home care services employed 53 persons at the turn of the year 1997/1998. A further ten employees were added to home care services during 1998. In Kitee, about 8 home services employees provide for every one hundred persons aged over 75.

Ten of the 75 employees in Kitee engaged in home and institutional care are employed in long-term institutional care. Five more focus on short-term care and arranging day activities. Seven perform the night patrol. A physical therapist, six trained home helpers and three administrative personnel are also employed. The remaining 43 employees provide home services to the elderly living alone, in full service residences or in group homes. Each employee travelling to perform home service duty has a personal mobile telephone.

Home and institutional care in Kitee comprises nine self-regulated teams. The standing number of team members varies between five and ten. In addition to these, each team has from one to two extra employees paid from an employment fund.<sup>2</sup> In practice, self-regulation means that each team operates as independently as possible and jointly agrees on tasks arising from the organisation of work. The team will agree, for example, how work shifts will be divided. The teams have no appointed leaders. Instead, one person from each team acts as the nominated intermediary with management and other teams.

Self-regulation also means that employees have much more flexibility regarding the order of their tasks compared to earlier. Previously, individual home helpers received a list of the elderly whom they should visit that day. The names were picked at random and the home helper could not control who would be visited and what services should be provided. Current practice is very different and personnel experience the change as being the more motivating and challenging.

Home service personnel work in two shifts The morning shift is from 7:00-15:30 and the afternoon shift is from 13:00-21:00. Separately assigned night patrols work at other times. Most employees work under the title of trained home helpers. Some are also "proximate" helpers. A good number of trained home helpers are also trained as proximate helpers<sup>3</sup> even if their official title is that of trained home helper.

A trained home helper will visit on average less than ten elderly persons during a morning or afternoon shift. The number of visits will vary greatly depending on the state of health of the

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<sup>2</sup> Long term unemployed can be paid for half a year out of an employment fund administered by the authorities.

<sup>3</sup> The term "proximity helper" is both an official title and a qualification. The proximate helper qualification is linked to the social welfare and health care discipline to the extent that a proximate helper can provide a more comprehensive service for the person being looked after (Rintala & Elovainio 1997).

clients. The people in full service residences are in quite a poor state of health, right down to those needing escort services. The number of visits will be more frequent, if they live close to one another in sheltered dwellings, and more rare, if they live in a sparsely-populated area. The trained home helpers travel mostly in their own cars and receive compensation for the expenses incurred.

During a home visit, the trained home helper prepares a morning meal, makes the bed and administers any medications or injections the elderly person requires. The visit can also include helping them in the sauna or simply bathing them. The trained home helper often looks after shopping or banking needs, either by taking clients with them or using a letter of attorney on their behalf. Light cleaning work is performed once a week and full cleaning once a month. The proportion of cleaning to home services as a whole has greatly declined compared to a decade ago. At that time, the home helper's time was spent mainly on cleaning. Today, the trained home helper's job description is extremely broad and they have much a much more comprehensive responsibility for the well-being of the person being cared for. The personnel experience this as a much more positive factor. On the other hand, answering the more diversified needs of clients has placed greater demands on the skills of employees. The municipality supports and encourages the training of personnel. An employee can obtain 20 paid leave days, for example, in order to qualify for a certificate as a trained proximate helper.

The diversification of work and the increased amount of care given to clients has caused greater demands to be placed on the abilities, skills and other resources of personnel. The pressure on time has also grown compared to earlier, causing a clear contradiction between the expectations of the elderly being cared for and the time available to employees. Employees often find it difficult to leave clients alone at home when all they want is someone to chat with. Because of these demands, personnel today feel they need more guidance in their work both from within their organisation and from outside it. Recreation and recovery days at which the entire personnel can be present occur rarely.

Each employee is assigned responsibility for a number of elderly people. The carer and the person being cared for thus form a close relationship. Sustained contact enables one to understand how the other is likely to behave. This relationship can also cause problems relating to the stamina of personnel. A purely professional relationship can turn into a friendship, which makes it difficult for carers to stay within the limits of their assigned tasks. Likewise, when the carer is always pressed for time and has a bad conscience over leaving the elderly person alone, this can be psychologically very stressful. It is also hard to come to terms with the inevitable death of an old person with whom one has become a good friend.

A team is not self-regulatory, unless the members know and are able to trust each other. Such cohesion is not a foregone conclusion and it takes time to bring about. On the other hand, a strong group spirit is an essential part of self-regulation, but it can also become burdensome from the standpoint of team development. A group will tend to entrench itself in ways that have been learned previously so that an innovative grasp of the work and its development can be lost. Following extended joint collaboration, there can be strong, if informal, power wielding within a group, which can weaken teamwork.

Due to the problems described above, it was decided that tasks would be rotated among teams operating home and institutional care in Kitee. Rotation permits employees to alternate tasks, clients and teams for several years. Team members recognise these problems as described but do not regard the consequences of rotation as purely positive. The greatest problem in their

estimation is the fact that their relationships with their colleagues are sundered. Even if, after rotation, they should return to the original team, other members of that team have already been assigned to other tasks. The positive aspect of rotation, as employees see it, is that teams remain (potentially) flexible and that team members will react creatively to the problems of clients. Likewise, in the opinion of employees, it is a positive thing that clients are rotated between them at given intervals. To sum up about rotation, employees perceive the rotation of clients as being preferable to the rotation of employees.

The role of team intermediary is not without its difficulties. Intermediaries have no authority to issue orders and do not receive any additional remuneration, even if they are responsible in practice for how the team exercises self-regulation. An intermediary can get the reputation of being a "yapper" because the rest of the team regard themselves as equals. Trained home helpers consider that the work atmosphere has suffered in recent years because of this indistinct separation of roles. A solution will need to be found from the standpoint of team effectiveness and work satisfaction. One solution already introduced is for the director of home services (the supervisor of all the teams) to attend team discussions once a month.

Teams hold separate discussions in small groups once a week during which current questions, the work situation and how it will be organised are reviewed. The entire home services team meets once a month to discuss general questions.

### **In brief**

Developing self-regulation further and distributing the work to be done equally among employees is seen as the challenge for the future in Kitee. This challenge to develop has become very topical in a situation where far-reaching structural changes have taken place in conjunction with a lowering of the organisation's profile (break-up of hierarchy). Likewise, collaboration should be developed, not only between the various municipal sectors, but within the organisation itself. Thirdly, it should always be our concern to help the elderly to the right extent. The helping organisation can easily come to "own" an elderly person without sufficiently encouraging their self-initiative. The most recent development is the introduction of the care and service plan as a practical tool.

Consideration should also be given in Kitee to how services for the elderly will be financed in future. There are already signs of pressure on the municipality to categorise the services it provides as products, so that users can be charged a price in relation to actual cost. In accordance with the traditions of the Finnish welfare state, service charges will continue to be subsidised out of public funds. It is desired that services charges will still be used to control the extent to which services are used.

During discussions with the five trained home helpers about collaboration with various other parties, it transpired that cultural activities are rarely obtainable during the day. This was noted and discussions have taken place with the municipal cultural authorities about solving the problem.

## **Conclusions and recommendations**

### **Multiple needs, integrated approach, co-ordination**

It can be concluded that there has been a purposeful effort on the part of service arrangements in the cases examined to articulate the need structure of clients in a comprehensive way, which is held to be one of the quality criteria, especially when caring for the elderly. On the other hand, it is important to observe that general structural changes in the social welfare services in the 1990s have been tinged with an emphasis on selectivity, targeting and efficiency. At the operational level, this will require paying more attention to the wishes of clients than previously (when the matter is expressed in client-oriented language) or giving operations an impetus by integrating and co-ordinating them (when the matter is expressed in organisation-oriented language from the employee standpoint). Targeting services more carefully to reach those who are assessed as needing such services already takes account of the concept of "comprehensiveness". Young people wandering in the grey areas of the job-cum-education market, the elderly living with physical indisposition and mentally retarded adults, who transfer unexpectedly from an institution into community care and must learn to live as ordinary citizens, these are all groups the support of whose efforts will not succeed by utilisation of a service system without particular reference to their life situation.

It is well to be on the alert that the working methods so strongly criticised previously for regimenting the daily lives of clients, traces of which can be seen in some youth workshop projects and in the care of the elderly, do not recur in the social services. Experiential work with the mentally retarded is an active attempt to formulate a new function for instructors of the mentally retarded, i.e. work tutors, personal mentors and advocates who "accompany" their wards towards a more independent life. The Sininen Verstas idea represents the same thing where young people are concerned: instructors do not so much provide help and support in the traditional sense of social work as give them operational models, which primarily enhance their readiness to exercise vocational skills.

The two cases selected illustrate in some respects a more general trend in Finnish social services, while also exhibiting certain unique features. Kitee's services for the elderly reflect a national effort towards changing care of the elderly from being institutionally oriented to being open care oriented. The separation between institutional care and open care has been fairly obvious both at the administrative and practical levels. The central feature of Kitee's care of the elderly is the elimination of this separation, while also lowering barriers in other directions. The starting point for the development of services for the elderly is posited as the individual elderly person, his or her changing life circumstances and changes in the individual's activities associated with the normal life cycle. The other noteworthy feature in Kitee is that a comprehensive approach has been adopted to the development of services for the elderly there. The approach to care of the elderly was not to apply stopgap solutions to problem areas. Instead, the overall situation was studied both from the standpoint of clients and the care system. In this way, it became possible to implement considerable structural changes in a fairly short length of time. The services have improved while the cost of producing them has remained at the same level. Rapid structural change was possible because Finland's municipalities enjoy a comparatively centralised, organised and established service system. Reorganising the services is basically an easy task since all operations occur within, or under the control of, the same organisation (the municipality).

The type of service provided by the Zappa work organisation unit is fairly new for Finland. The content of the service is nothing special, but combining services of different kinds and in different administrative areas is new for Finland. Just as with Kitee's care of the elderly mentioned above, user needs underlie this new service too. It was discovered that traditional ways of finding people jobs did not succeed in the new, structural mass unemployment situation. Consequently, fresh ways of assisting young people in danger of marginalisation were sought by recourse to job procurement and workshop activities and to further training and social work. Characteristic of Zappa are its multi-professional expertise and a variety of operational activities. Young people, often beset with problems, have a range of services suited to improving their situation available through a single service point. While the key goal of its operations is employment, and through it social integration, many other vital services with reference to other areas of life (housing, physical fitness, income) are provided. While similar operations exist on a smaller (more restricted) scale in other big cities, Zappa has acted as a pioneer of sorts in this area and advocates a unique operating method in this sense.

## **User involvement**

One of the aims for the renewal of the service structure is to increase client participation in the decision-making process as it affects them. Whether this can be achieved remains doubtful, since at the same time the target has been set of a more efficient operation through the allocation and evaluation of employee working hours.

In the cases examined, client participation was actively implemented in youth employment exchange services (Zappa), where communication between clients and employees was adapted to a tailor-made purpose (it meant that Zappa had both its "own" social worker in the employment exchange and employment counsellors specialised in youth affairs). Young people were "really" part of the working community in Sininen Versta and other workshops within Zappa.

Finding work for the mentally retarded is very much a tailor-made service arrangement, in which the mentally retarded adult and the tutor can actually be regarded as a working team implementing a plan together, a plan leading to the withdrawal of the tutor as soon as the learner can manage alone.

User involvement in the care of the elderly should be understood as a network comprising not only the elderly who are physically indisposed and the professionals serving them but also the people in their social surroundings who help them with their daily routine, whether on foot of payment or otherwise. This network approach was observed in the case of Kitee.

Against this, the direct or progressive involvement of clients in the planning or administration of services is quite rare in Finland. There is also relatively little competition for the provision of welfare services. Consequently, clients who require services do not really have an alternative choice, although there is evidence of increased activity by private enterprise in relation to providing care for the elderly.

## **Real innovations**

Social welfare services in Finland, as in the other Nordic countries, have a fairly long and colourful history. Innovations in the Nordic environment have been mainly in the area of setting things within a new framework together with a critical evaluation of work methods,



asking how it can be "done otherwise". The most innovative item, in the cases under review, was the youth job exchange and workshops, especially Sininen Verstas, where traditional social welfare/labour force individuals had been dispensed with in favour of professionals in handicrafts and the visual arts. The localisation of care of the elderly in Kotka was an innovation which proved problematic: inequalities arose in getting services within the city itself; the innovation was in some respects a failure, which in itself can be considered a feature of innovation. When innovation is planned and takes root, certain risks are taken which can also result in negative consequences. They can be a source of learning and innovations should not be resisted by arguing that they are risky. There were several innovative sides to care of the elderly in Kitee, such as the rotation of employees, co-ordination of services with the fusion of institutional care and community care, a cohesive flow of information, the efficient use of mobile phones and creating the night patrol as a separate unit. The introduction of many innovations in the reform of service structures seems to have led to employee fatigue and problems within the organisation. Innovation in finding jobs for mentally retarded adults was demonstrated in formulating job descriptions of work tutors especially.

## **Quality assurance**

Quality assurance is a catchword of the 1990s that has become almost a cliché. Given the cases we have studied, it can be said, perhaps, that an adjunct to greater efficiency in operations has been a greater transparency in the service, making it possible to look at quality assurance from different angles (political decision-makers, municipal residents, clients, employees). Quality should be studied in context, taking into account all those directly or indirectly involved in the provision of services. In most cases under review, the method of work facilitated internal quality assurance (of working communities).

Feedback from clients was found to be mainly of a direct kind that had an effect on client relationships. The Finnish tradition leans mostly towards gathering information concerning the life situation of clients by using research methods and statistical means. Based on the information gathered, operations are developed to answer the needs of clients. An example of this is the regularly implemented "Barometer for the aged", which produces a comprehensive assessment of the living conditions of the elderly and gathers information concerning their opinions of different services.

Among the primary conditions attaching to services are their availability and accessibility. This basic criterion is assured in Finland by the fact that each municipality is responsible before the law for making welfare services available to residents. What exactly this means is not defined, however, and this has led to disputes between municipalities and residents. Judging by these legal precedents, the availability of services is no longer a given in the 1990s, nor can anything readily be done about it in general. Some of the services enjoy the status of a subjective right (e.g. children's day care) so that availability is defined more exactly. In Finland, as was the case in England earlier, citizens' charters have begun to be published whose purpose is to make quality criteria public knowledge. Citizens' charters in Finland differ from those in England in that they are voluntary and local and do not have the force of law.

There is a separate law on client rights with respect to health care and a corresponding law is in the process of being drawn up regarding the status and rights of social welfare clients (Government Bill 29.10.1999). The general aim of these laws is "to promote client

orientation, the confidentiality of the client relationship and the right of the client to good treatment". Again, there are no specific criteria in these laws for the quality of such services. This will probably not be the case in the future as Finland, in its implementation of quality management, espouses direction based on information rather than legal enactments.

The principal means of information-based direction is the comparison of service quality indicators. Comparisons can be made between a variety of sources that have been developed in order to enhance quality. Tools for comparison purposes include care notification registers and benchmark databases of care operations. Both the latter exist in Internet versions, making it not only possible but easy to obtain information everywhere. Many such registers are being developed by means of which one's own operations can be compared with those of others.

In 1999, a second national recommendation with reference to the improvement of quality management in social welfare and health matters was adopted. The purpose of the recommendation with respect to services is, among other things, to promote client orientation, have more regard for quality at all levels of organisations, emphasise process management, promote the systematic collection of information and support the introduction of detailed procedural recommendations and criteria. The recommendation contains several fairly detailed guidelines for quality improvement, but it is a management guideline and does not have the same force as a law.

By and large, quality management and the application of quality standards are only now beginning to be applied to Finland's public services. A lot of work was done in the 1990s to fully realise the concept of quality but, practically speaking, it is still in the early stage. Operations have also been rather scattered due to the absence of common quality criteria or assessment procedures. However, at the end of the 1990s steps were taken towards standardisation by way of the project involving a quality strategy for public services, among others. Developing the quality of public services remains an objective of the Ministry of Finance, the Federation of Municipalities and the National Research and Development Centre for Welfare and Health (STAKES).

### **Working conditions, quality of life**

It would seem that employees in youth workshops and employees in the employment exchange considered their working conditions to be satisfactory and interesting. In many areas of public service, personnel show enthusiasm and great motivation but also fatigue and the threat of burn-out. Organisational changes in conjunction with reductions in personnel and greater haste have forced employees to face new challenges. As an antidote to the complex nature of the work and increased haste, more and more decision-making powers with regard to how they approach their work and in relation to clients have devolved on employees. While the situation offers potential, it also presents problems.

The potential lies in the fact that employees are able to work in a more protracted way with individual clients, while efforts are made to meet client needs in a more comprehensive way than before. This could be expected to increase job satisfaction and stamina at the same time as the quality of services improves. These possibilities require that employees possess the ability to evaluate a variety of things (needs of the client, self-assessment, etc.) and to meet the client's needs. To get to grips with this kind of work, employees must have educational reserve to draw upon. Individuals with a relatively good education can face up to the challenges of the working world, but these challenges may be insuperable to an employee

with insufficient education. Also, they are often relatively senior employees. They must first be educated in order for them to be able to meet such challenges.

Working with sections of the population under threat of being marginalised can be strenuous not only because of the strenuous nature of the work but also because the working communities are fairly small. A small unit – a single individual is enough to form a unit – must simultaneously perform work with clients and try to justify the need for their involvement to the rest of the community. Thus, individuals who initiate new forms of service are subject to many kinds of pressure. These pressures together with the disproportionate needs of their clients amount to a difficult equation over a long period of time.

## **Transferability of the Finnish experience**

On the basis of all the analysed examples in this report, it would appear that some innovations have come about, which could operate not only in Finland but on a broader spectrum in the European "market" for welfare services. Certainly, transferability is always difficult to assess from another's cultural perspective. Transfer of the following operations might well be given consideration:

- Separating youth employment exchanges into local operations, with a tailor-made employment exchange, creative workshop operations (including the production of artefacts, communications and life experiences instead of, or in conjunction with, traditional handcrafts) and, the arrangement of sensitive psycho-social services (with an ascribed social worker, as at Zappa).
- Investment in the work of the adult mentally retarded assisted by an individual tutor/mentor, proceeding in stages and with the tutor seeing to it that i) the operational abilities to be passed on are broadened; ii) working conditions correspond to skills and iii) a well-defined social structure is established on the job, after which the tutor can withdraw into the background, or altogether.
- The organisation of care of the elderly intermediate services, including new technology (mobile telephones/pagers for employees, different kinds of electronic security equipment for clients, development of smart housing systems).
- Gathering together care of the elderly resources on a welfare mix basis so that those responsible are professionals (introduction of case/care management in the planning of care and services).
- Finland has over 30 years experience of taking into account the particular needs of sparsely-populated areas; this knowledge might be applied to other European Union Member States, where there are remote areas. An effort is made to maintain services in sparsely-populated areas by buying these services from co-operatives and organisations as well as by paying relatives for care (relative care subsidy).
- The careful reassessment of service systems and the preservation of such elements as have shown themselves to work (Finland has a lot of experience in this area too).

## **Recommendations**

Specific and sufficiently general recommendations are difficult to draw up due to the selectivity of the research material. The cases chosen likewise are fairly complex instances of new organisational work methods. This being so, the recommendations remain at a relatively general level due to problems relating to generalisation and complexity. Certain recommendations can, however, be made:

- The work of investing in suitable job openings for mentally retarded adults, in accordance with ability and inclination, is worth introducing on a broad scale in a way that will use and develop employment relationships that are as tailor-made as possible; the work activity of mentally retarded adults in ordinary workplaces is extremely significant from the standpoint of their rehabilitation and physical abilities and reduces the need for specialist services. Likewise, attention should be paid to the compatibility of their security of livelihood and other income. At a more general level, there is good reason to examine and, if necessary, change such regulations and practices as hinder initiative and self-motivation.
- Intermediate services for care of the elderly are worth developing on a welfare mix basis, broadening and deepening research into the potential of new technology in order to economise on both human and material costs.
- Close attention should be paid to employee workload and the risk of burn-out and there may be grounds for developing completely new work timetables (some of which have already been tried).

Finland has a long-established tradition of research into working life and the well-being of staff.

One of the problems arising is that the research results are turned into new ways of doing things only with great difficulty. Processing research data so as to serve practical procedures continues to be a challenge. It requires fresh interaction between researchers, developers and institutions or companies.

- The systematic collection and use of client feedback has not been developed; the organising of it entails methods and recruiting new employees as well; it would also be good to collect and evaluate information about phases through which young people pass after they leave workshops.

There should be greater utilisation of client feedback so that its content could be integrated into the quality strategy of the unit; one-off feedback only describes a single aspect of quality and the effectiveness of services.

- The well-being of both employees and clients can probably be improved by having social welfare services tailor-made, which would also require additional employees as well as the transfer of responsibility and freedom of choice to employees.
- Recognition of innovations could be improved; social innovations are very frequently “small” and very often go unnoticed.

## Sources

Aalto, Maarit. 1993. *Kehitysvammaisten hyvinvointi*.

Aaltojärvi, Pia. 1995. *Ajatuksia työpajaduunista - helsinkiläiset nuoret puhuvat*. Pia Aaltojärvi & Kari Paakkunainen (Edit.). *Nuorten työpaja - sosiaalinen peli, palkkatyö vai vasto?* Nuorisotutkimusseura. Tutkimuksia 2/95. Hakapaino. Helsinki.

Aerschot, P. 1996. *Köyhät ja laki. Toimeentulolainsäädännön kehitys oikeudellistumisprosessien valossa*. Suomalaisen lakimiesyhdistyksen julkaisuja A-sarja n:o 210. Vammala.

Ahlroth, Eila. Telephone conversation 10.3.1999.

Atkinson, A., Rainwater, M. & Smeeding, T. 1995. *Income Distribution in OECD Countries: Evidence from Luxembourg Income Study*. OECD. Paris.

Elovainio, M. (Edit.) 1992. *Perehdyttäminen ja tiimityö. Sosiaali- ja terveystoimen kehittämismahdollisuuksia* Stakesin raporteja 47, Helsinki, Stakes ja Työterveyslaitos

Elovainio, M. & Kalliomäki-Levanto, T. (1995) *Selvitys alueellisen väestövastuun tilanteesta Suomessa*. Stakes Aiheita 9/1995.

Elovainio, M., Kalliomäki-Levanto, T. & Kivimäki, M. (1997) *Työ, yhteistyö ja asiantuntemuksen jakautuminen väestövastuisessa tai alueellistetussa sosiaali- ja terveydenhuollossa*. Stakesin Tutkimuksia 79. Gummeruksen kirjapaino Oy, Jyväskylä.

Elovainio, M. & Lindström, K. 1993. *Sosiaali- ja terveydenhuollon työyhteisöjen toimivuus Suomessa*. Stakesin raporteja 113, Helsinki.

Elovainio, M. & Rintala, T. 1997. *Lähihoitajien työ, ammatti-identiteetti ja hyvinvointi*. Stakesin Tutkimuksia 86, Helsinki.

Elovainio, M., Sinervo T. 1994. *Vanhainkotien kehittämisen seurantatutkimus*. Stakesin tutkimuksia 44. Gummerus, Jyväskylä. 1 – 175.

Forma, Pauli. 1998. *The Young against the Old? Conflict between Generations in the Scandinavian Welfare State*. Stakes, Themes from Finland. Helsinki.

Halikko Municipality. Annual Report 1997.

Heikkilä, Matti. 1988. *Huollettava vai autonominen asiakas. Ihmisen itsemäärääminen sosiaalihuollon jännitteissä. Teoksessa Pitkäsillan pohjoispuolelta*. Sosiaalihuollon 20 v. Juhlakirja. Painokaari. Helsinki.

Heikkilä, Matti & Kautto, Mikko. 1997. *Local Partnerships and Social Cohesion in Finland*. STAKES. Helsinki.

Helsingin kaupungin sosiaalivirasto. 1996. *Työ elämään! Työelämään! Kehitysvammahuollon työ- ja päivätoimintayksiköiden toimintaa kehittävän työryhmän muistio 29.12.1995*. Helsingin kaupunki. Sosiaalivirasto. Sosiaaliviraston julkaisusarja B6/1996. Helsinki

Helsinki Municipality Annual Report 1997.

Helsinki Municipality Social Welfare Office. 1997. *Kotipalvelun laatutekijät*. Kirjapaino Snellman.

Helsinki Municipality Social Welfare Office, 1994. *Kehitysvammahuollon uudelleenarviointi*. Työryhmän muistio. Sosiaaliviraston julkaisusarja A2/1994. Helsinki.

HS 25.4.1999. *Nuoren tulo työelämään riippuu yhä selvemmin kotitaustasta*.

Hämeen lääninhallitus. 1996. *Voi elämän kevät! Nuorten elämäntilanne ja elinolot Hämeen läänissä*. Hämeen läänin nuorisopoliittinen tilannekatsaus ja toimenpideohjelma vuosille 1996-1999. Väliraportti. Hämeenlinna.

Hämäläinen, Juha. 1996. *Sosiaalipedagoginen strategia koulutuksesta ja työstä syrjäytyneiden ja syrjäytymisuhan alla elävien nuorten auttamiseksi*. Snellman-instituutin arkistosarja 1/1996. Snellman-instituutti. Kuopio.

Hänninen, Esko. 1998. *Työhön, elämään, työelämään. Vammaisten oikeus työhön on toteutettavissa EU-Suomessa*. STAKES. Helsinki.

Julkunen, Ilse & Malmberg-Heimonen, Ira. 1998. The encounter of high unemployment among youth. A Nordic perspective. Työpoliittinen tutkimus. Nro 188. Työministeriö. Hakapaino. Helsinki.

Juusti, Jyri & Ylikoski, Päivi. 1997. *Palvelurakenne ja kehittämishaasteet Halikossa*. Kehitysvammaliitto. Työraportteja 3A/1997.

Kainulainen, Sakari & Niemelä, Pauli. 1998. *Kaksi tapaa tarkastella peruspalveluita*. Kuopion yliopiston julkaisuja E. Yhteiskuntatieteet 52. Kuopio.

Kaipio, Kalevi (toim.). 1996. *Me teimme sen. Kehitysvammapalvelujen laadun kehittämisen käytännöt. Kehitysvammapalvelujen tuloksellisuus ja laatu-projekti*. Kehitysvammakiitto ry. Tutkimus- ja kokeiluyksikkö. Hakapaino. Helsinki.

Kalland, Mirjam. 1996. *Hyvin leikattu - huonosti ommeltu. Erityisryhmien palveluihin kohdistuneet säästöt valtionosuusuudistuksen jälkeen*. Sosiaali- ja terveysjärjestöjen yhteistyöyhdistys YTY r.y. Edita. Helsinki.

Kallio, Raija & Nevalainen, Marja & Kukkohovi-Korhonen, Oili & Suominen, Hanna & Kytölä, Merja. 1998. NEKKU. *Järvenpää, Kerava, Mäntsälä, Tuusula. Vajaakuntoisten työllistäminen 1996-1997*. STAKES. Helsinki.

Kananoja, A. & Elovainio, M. (1994) (Toim.) *Sosiaali- ja terveydenhuollon työn tulevaisuus*. Stakes Raportteja 150, Gummerus Kirjapaino Oy, Jyväskylä 1994.

Kansantalouden tilinpito. Tilastokeskus.

Karjalainen, Vappu. 1999.

KELA. 1999. Internet site: <http://www.kela.fi/tietop/> (12.3.1999).

Keskinen, Auni. 1998. *Tuetun työn arki ja elämänlaatu*. Helsingin kaupunki. Sosiaalivirasto. Sosiaaliviraston julkaisusarja C3/1998. Helsinki.

Korpi, W. & Palme, J. 1998. "The Paradox of Redistribution: On the Role of Welfare State Institutions for Inequality and Poverty in the Western Countries". In Korpi, W. & Palme, J. (eds.): *Contested Citizenship. A Century of Social Policy Development in the Western World*.

Kitee, Report of City Board 1997.

Kitee, Report of City Board , Statistical Section 1997.

Kotka Municipal Board, Financial Statement and Annual Report, 1997a.

Kotka Municipal Board, Financial Statement and Annual Report Statistics 1997b.

Kuparinen, Riitta. 1995. *Kehitysvammaiset muutosten riepotelevina*. STAKES. Aiheita 16/1995. Helsinki.

Kurikka, Päivi. 1997. *Elämän eväät. Tutkimus nuorten käsityksistä koulutuksesta, työstä ja moraalista*. Nuorten Suomi 2001 -tutkimus nro 3. Suomen kuntaliitto. Helsinki.

Lane, J-E. 1995. *The Public Sector. Concepts, Models, and Approaches*. 2nd edition. Sage. London.

Lappeenranta Municipality. Financial Statement 1997.

*Lappeenrannan kaupunkikehityksen tilastokatsaukset* 1997:1, 1998:1. Lappeenrannan kaupungin kehittämissyksikön tilastokatsauksia.

Merjola-Partanen, T., Nikkonen, M., & Voutilainen, P. (toim.) 1993. *Nuorallatanssi. Hoitotyön nykytila ja tulevaisuus*. Stakesin raportteja 123. Helsinki.

Mäntsälä Commune. Annual Report 1997.

Niiranen, Annikki. 1994. *Kehitysvammahuolto Padasjoella*. Teoksessa Hermanson, Terhi & Luomahaara, Jaakko (toim.). *Muutos kannattaa - kuvauksia kuntien tekemästä palvelurakennetyöstä*. Sosiaali- ja terveystieteiden ministeriön monisteita 1994:30.

Nouko-Juvonen, Susanna. 1997. *Kehitysvammapalvelut* 1995. STAKES. Tilastotiedote 10/1997. Helsinki.

Nuora. 1999. Nuorisosiain neuvottelukunta - NUORA / [www-sivut: www.minedu.fi/nuora/index.html](http://www.minedu.fi/nuora/index.html) (16.4.1999).

Nurmi, K. 1998. *'Se pieni ero' hyvinvointivaltioiden koulutus- ja työmarkkinoilla*. Turun yliopiston julkaisusarja. Sarja C. Osa 140. Turku.

Nätti, Jouko. 1995. *Nuorten epätyypillistyvä työ*. Teoksessa Paakkunainen, Kari (toim.) Nuori työtön - itkijä, katsoja vai ratkaisija? Nuorisotutkimusseura. Tutkimuksia 1/95. Hakapaino. Helsinki.

Nyyssölä, Kari. 1999. *Koulutuksesta työelämään siirtymisen murros ja huono-osaisuus*. Yhteiskuntapolitiikka 2/1999.

Pelttari, P. 1997. *Sairaanhoidajan työn nykyiset ja tulevaisuuden kvalifikaatiovaatimukset*. Stakesin tutkimuksia 80, Helsinki.

Rauhala, Pirkko-Liisa. 1996. *Miten sosiaalipalvelut ovat tulleet osaksi suomalaista sosiaaliturvaa?* Acta Universitatis Tamperensis, Ser A vol. 477. Tampere.

Rauhala, Pirkko-Liisa. 1998. *Sosiaaliturvan murrokset*. Janus, Vol 6 (2) 1998, 129-152.

Rauhala, Pirkko-Liisa. 1999. *Sosiaalialan asiantuntijuuden taustoja ja näkymiä*. Teoksessa Sinikka Hakonen (toim.) Sinä poljet - minä ohjaan. Jyväskylän ammattikorkeakoulun julkaisuja 2. Jyväskylän yliopistopaino. Jyväskylä.

Reiman, Marja. 1996. *Oman elämänsä onnistujaksi*. Nuorten työttömien selviytymisstrategioista tuotantokoululaisten kokemusten valossa. STAKES. Aiheita 43/1996.

Rintala, Taina & Elovainio, Marko. 1997. *Lähihoitajien työ, ammatti-identiteetti ja hyvinvointi*. Stakes. Tutkimuksia 86. Gummerus. Saarijärvi.

Rintala, T., Elovainio, M. & Heikkilä, M. 1997. *Osiensa summa. Tutkimus sosiaali- ja terveydenhuollon yhdistämisen taustoista ja vaikutuksista*. Stakes Tutkimuksia 75. Gummerus Kirjapaino Oy, Jyväskylä.

Sauli, Hannele & Starck, Christian. 1998. *Nuori pääsee asumaan*. Hyvinvointikatsaus 4/98.

Schroderus, Katri. 1999. *Kaarelan sosiaalipalvelutoimiston ja Zappan yhteistyökokeilu*. Käsikirjoitus.

Sinervo, Timo. 1993. *Työn raskaan viihtyjät. Sosiaalialan työntekijät ja työn organisointi*. STAKES. Raportteja 111. Gummerus. Jyväskylä.

Sinervo, T. 1995. *Työtapojen muutos vanhuspalveluissa. Työn piirteiden, työn vaatimusten ja työntekijöiden hyvinvoinnin arviointi kyselymenetelmällä - osaraportti 1*. Stakes. Aiheita no 26/1995. Helsinki.

Sinervo, T. 1997. *Työtapojen muutos vanhuspalveluissa. Loppuraportti*. Stakes. Aiheita no 1/1997. Helsinki.

Sinervo, Timo. 1999. Haastattelu kesäkuussa. (Interview in June).

SOTKA. *Sosiaali- ja terveydenhuollon tilastotietokanta*.



Sosiaali- ja terveysministeriö. 1996. *Kohti lähiyhteisöä - kehitysvammahuollon palvelurakenteen seurantatyöryhmä. Sosiaali- ja terveysministeriön työryhmämuistioita* 1996:24. Helsinki.

Sosiaali- ja terveysministeriö. 1993. *Sosiaalihuolto Suomessa. Esitteitä* 1993:12.

Sosiaali- ja terveysministeriö. 1992. *Sosiaali- ja terveydenhuollon lakisäätöiset palvelut. Oppaita* 1/92.

Sutela, Hanna. 1998. *Tylsäkin työ arvokasta. Hyvinvointikatsaus* 4/98.

Swahne, Anita. 1998. *Kehitysvammahuollon toimintayksiköt 1998. Stakes. Tilastoraportti* 16/1998. Helsinki.

Söderlund, Terja. 1995. *Tauko tilapäisyyteen - työllistettyjen nuorten käsityksiä pajatyöstä. Teoksessa* Paakkunainen, Kari (toim.) *Nuori työtön - itkijä, katsoja vai ratkaisija? Nuorisotutkimusseura. Tutkimuksia* 1/95. Hakapaino. Helsinki.

Tapola, Harri. 1995. *Sinisen verstaan kokeilun loppuraportti. Helsingin tuotantokoulun toisen jakson kokemuksia. Helsingin kaupunki. Nuorisoasiainkeskus. Järjestö- ja kehittämisosasto. Keskustelualoitteita. Huhtikuu* 1995.

Tilastokeskus. 1998. *Työvoimatilasto 1998, syyskuu ja 3. neljännes. SVT. Työmarkkinat* 1998:14.

Tuori, K. 1987. *Desentralisoinnin oikeudellisia rajoituksia ja mahdollisuuksia. Hallinnon tutkimus* 1987, 2-16.

Tuori, K. 1990. *Oikeus, valta ja demokratia. Helsinki.*

*Tuotantokoulun työryhmän mietintö. 1993.*

Työterveyslaitos. 1997. *Uhkia vai mahdollisuuksia? Psykososiaalisten työolojen kehitys 1990-luvun alkupuolella. Helsinki.*

Vaarama, Marja & Kautto, Mikko. 1998. *Social Protection for the Elderly in Finland. STAKES. Gummerus. Saarijärvi.*

Vaarama, Marja, Hakkarainen, Anne & Laaksonen, Seppo. (1999) *Vanhusbarometri. Sosiaali- ja terveysministeriö. Selvityksiä* 1999:3. Edita. Helsinki.

Vehviläinen, Jukka. *Nuorisotyöttömyyden kova lumipallo. Vieraskynä-kirjoitus. HS* 19.4.1999.

Venäläinen, Raisa. (toim.) 1996. *Tuettu työllistyminen. Vajaakuntoisten työllistämisen edistämissäätiö. Gummerus. Saarijärvi.*

Vesanen, Tuula. (toim.) 1995. *Verkostoituvat palvelut. Helsingin kaupunki. Sosiaalivirasto. Sosiaaliviraston julkaisusarja* B1/1995. Helsinki.

Viitanen, Reijo. 1998a. *Nuorisotyöttömyys ja nuorten syrjäytymisen riskit*. Hyvinvointikatsaus 4/98.

Viitanen, Reijo. 1998b. *Nuorisobarometri: Nuorten koulutus- ja työmotivaatio parani*. Hyvinvointikatsaus 4/98.

Virtanen, Petri. 1995. *"Jos huomien tuo jotain uutta..."* Tutkimus pitkäaikaistyöttömien nuorten työllistämistä ja nuoria koskevan syrjäytymisproblematiikan luonteesta. Työpoliittinen tutkimus 96. Työministeriö. Helsinki.

## Compilation of materials

The material framework comprises existing documents (reports, statistics, annual reports, etc.) and private conversations with personnel in the units being researched, messages (faxes, e-mail), group discussions and on-the-spot observation of the services and facilities. New material was not collected for the study, with the exception of some items extracted from the social health and welfare statistical database (SOTKA).

Case studies were selected based on literature, the press, advance information from researchers, experts at the National Research and Development Centre for Welfare and Health (STAKES), the Finnish Municipal Association, local Technology Units and the Internet. After a general search of references, each case was analysed from the viewpoint of whether it fulfilled the criteria of the Social Services Project (the most important of which is that it broadly answers client needs, that there is collaboration between those involved and that it entails a genuine reform of the service). The searches yielded several interesting and innovative projects. The projects presented in the report were sifted in relation to the criteria in Finland for exemplary service.

The researcher drew up a preliminary description of the selected cases based on the verbal and written information obtained. Subsequently, a manuscript of each project was sent to the person responsible for the project for an evaluation that would eliminate errors or essential omissions in the text. Most projects returned the texts together with comments accompanied by new material. The researcher also spoke by telephone to project leaders and discussed the text in a broader context. The feedback was extremely useful and permitted articulation of the text "in the field". The researcher bears responsibility for the accuracy of the content.

List of the contract persons for each project and key (municipal) documents on which the text is based:

- **Kotka Home Services:** Interview in February with Maija Rantala, Director of Home Services.
- **Helsinki Municipality. Haaga Social Services Office:** Interview in April with Raija Chauhan (Director Responsible for Home Services); in May with Anne Löfgren, Proximate Caregiver.
- **Dynamo Kakkonen.** Interview in February: Terhi Pitkänen-Nuortimo, Education Planner.
- **Arpeeti Workshop.** Contact Person: Arja Korjus-Hietala, (Two telephone interviews).
- Documents: Arpeeti Operations Report 1997; Arpeeti, the Kyrönmaa Youth Workshop; Arpeeti Operations Report 1998; Development Plan 1999.
- **Assisted employment of the mentally retarded.** Interview in February: Tuula Poikonen, Head Social Worker. Documents: Project Presentation (Memo), ESR Application Form and follow-up forms, Project Memos.
- **NEKKU Project.** Contact Person: Hanna Suominen, (Telephone conversation). Documents: NEKKU. Vajaakuntoisten työllisyminen (Employing the disabled) 1996-1997, STAKES.
- **Care of the Mentally Retarded in Halikko.** Contact Person: Mirja Kemiläinen and Merja Niemi (Two telephone conversations). Documents: Local Quality Systems – Report from Halikko (2 no.); Quality Assessment of Residential Care House; Memos

describing advance of project (2 no.); Memo "Challenges and New Ideas"; Subjective well-being counter for the mentally retarded.

- **The Zappa Job Creation Unit.** Preliminary interview and on-site visit in April: Terhi Syvänen, Director of Employment. Group interview in May: Heikki Jaakonsaari (Job Adviser), Suvi Lilja (Workforce Planner), Katri Schroderus (Social Worker), Riitta Honka (Responsible Workforce Planner), Terhi Syvänen (Director of Employment); Interview No. 3 in June: Riitta Honka (Responsible Workforce Planner).
- **Kitee Home Services.** Interview in February: Marja-Riitta Väistö, Director of Home Services, Helena Suomalainen, Pensioner, Five home service employees; Group interviews in June: Pekka Ikonen, City Manager, Marjukka Seppä-Ikonen, Director of Social Services, Group interview I: Leena Summala, Manager of Elderly Care, Marja-Riitta Väistö, Director of Home Services, Esko Olkkonen, Chairman, Social Welfare Committee, Maire Pirhonen, Former Chairwoman, Kitee Pension Association; Group interview II: Five trained home helpers.

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