Longer lives, better care? - Midterm Congress CoE AgeCare 2022

Programme

&

Book of Abstracts

CoE AgeCare Mid-Term Congress 'Longer lives, better care?',

15th-17th June, 2022, Tampere, Finland

Location: Tampere University, ARVO building, Arvo Ylpön katu 34, Tampere

Table of Contents

Organising committee:

Outi Jolanki (Chair),
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Social media: CoE AgeCare on **Facebook** & **Twitter**.

The official hashtag is **#AgeCare2022**

Programme

<u>Wednesday 15th June, 2022</u>

12-12.30 **Opening of the congress, Jarmo Visakorpi-lecture hall**
Zoom link: https://tuni.zoom.us/s/63687041510

Welcome by the organizing committee and Professor Marja Jylhä, Tampere University, Professor Teppo Kröger, University of Jyväskylä

12.30–14.30 **Key-note lectures and discussion**

12.30-13.15 **Global Healthy Ageing – who are the winners and losers?** *Prof. Carol Jagger*, Newcastle University, UK

All countries are experiencing the ageing of their populations and the key concern is ensuring their older populations remain as healthy as possible. Using various measures of health expectancy, this presentation draws on recent research including two systematic reviews and a quantitative analysis of EU Healthy Life Years, to ascertain which countries are ageing well and which are not

Break

13.30-14.15 **Population ageing and the emerging long term care markets in the Middle East and North Africa** *Prof. Shereen Hussein*, London School of Hygiene and Tropical Medicine, UK

Population ageing is happening faster in the Middle East and North Africa (MENA) region than has historically been observed in many countries in Europe. The MENA region is also characterised by relatively recent declines in fertility rates, resulting in large numbers and percentages of people within the labour market participation ages. The latter is referred to as population dividends or youth bulges, offering a window of opportunity to prepare for the shift towards aged populations. The fast-paced demographic transition necessitates revisiting the care ecosystem to ensure that older persons in the region can age with dignity. The care ecosystem comprises two distinct yet closely related elements: social protection and the long-term care economy. In this presentation, I will draw on national indicators and fieldwork in the region to highlight the collective and country-group experience of ageing in the region and offers examples of care models from three case studies reflecting countries in Conflict and Fragile State (Syria), a rich Gulf Cooperation Council Country (Kingdom of Saudi Arabia) and the most populous country in the region (Egypt) deliberating on the potential costs and benefits of developing an integrated long-term care economy.

14.30-15.00 Refreshments

15.00-16.30 **Thematic groups (parallel groups start their work, detailed session programme below)**

Evening program

18.30-20.00 Reception of the City of Tampere, Tampere City Hall, Keskustori 10, Tampere

Thursday 16th June, 2022

10.00-12.15 **Thematic groups** continue their work (detailed session programme below)

12.15-13.00 Lunch

13.00-15.00 **Thematic groups** continue their work (detailed session programme below)

15.00-16.30 **Time for research group meetings & networking**

Evening program

16.30 – 19.30 **Get-together** 'Keltainen Sali' (ground floor), ARVO building, Kauppi campus

Friday 17th June, 2022

10-11.00 **Overviews and comments on the thematic groups, Jarmo Visakorpi-lecture hall**

Zoom link: https://tuni.zoom.us/s/63687041510

Population ageing and care needs and inequalities, Linda Enroth, Lina van Aerschot, Jiby Mathew & Laura Kemppainen

Agency and self-determination in daily life of older people, Salla Era, Emilia Leinonen, Viivi Korpela & Laura Pajula

Diversification, rehybridization and digitalisation of care work, Antero Olakivi, Antti Hämäläinen & Youngbin Kwon

11.00-12.15 **Key-note lectures 'Future of care and care policies'**

11.00-11.30 **"The future of care and care policies. Perspectives from a country that lacks the right words"** *Prof. Claude Martin*, CNRS & EHESP, France

In my talk today, I would like to share some ideas from the perspective of a country that lacks the equivalent terms (for care and care policy as such) to describe our common field of research interests. In France, it's common to speak in terms of autonomy to consider this field of research and interventions.

In a second short part expanding on these ideas, I would like to tell you something about the way we plan to carry out a large research programme in France concerning autonomy and policy on autonomy, both for older people and people concerned by physical or mental disability.

11.30-12.00 **"Future of care and care policies: some reflections on Nordic similarities and peculiarities"** *Prof. Marta Szebehely*, Stockholm University, Sweden

I will start by discussing some policy trends in Nordic eldercare and their consequences for those who have to live with these policy changes in their daily lives: older people in need of care, their families and the paid care workers. After this fairly negative starting point, I will raise

some more optimistic thoughts about the future of care and some ideas for researchers who want to make a difference.

12.15-13.00 Lunch

13.00-14.00 *Longer lives, better care? Reflections on future trends and research needs & discussion*

CoE AgeCare leaders:

Prof. Teppo Kröger, University of Jyväskylä

Assoc. Prof. Sakari Taipale, University of Jyväskylä

Prof. Sirpa Wrede, University of Helsinki

Prof. Marja Jylhä, Tampere University

Closing words

Thematic Groups

Thematic groups are: 1) population ageing and care needs and inequalities, 2) agency and self-determination of older people, 3) diversification, rehybridization and digitalisation of care work.

Thematic groups descriptions: **https://events.tuni.fi/coeagecare2022congress/theme-thematic-groups/**

Wednesday 15th June, 2022, 15-16.30

SESSIONS	PARTICIPANTS
Session 1 **THEMATIC GROUP 1** Wednesday 15th June, 2022 15–16.30 Room: F212 Chair: Leena Forma Zoom link: https://tuni.zoom.us/s/66954458440	**13 Leena Forma:** *Measuring costs and financing of care for older people – a pilot study* **27 Andrea Lorenz-Wende & Hilla Kiuru:** *Ageing Relatives and Familialism by Default in Elder Care – Public Discussion in Finnish News Media* **54 Meeri Virtamo, Ilkka Pietilä & Leena Forma:** *Relatives as proxy-consumers of sheltered housing* **53 Paula Vasara**: *Finding one's place – experiences from intermediate housing (online)*
Session 2 **THEMATIC GROUP 1** Wednesday 15th June, 2022 15–16.30 Room: F213 Chair: Anne Kouvonen Zoom link: https://tuni.zoom.us/j/65701510766	**29 Anu-Marja Kaihlanen, Lotta Virtanen, Ulla Buchert, Nuriiar Safarov, Paula Valkonen, Laura Hietapakka, Iiris Hörhammer, Sari Kujala, Anne Kouvonen, Tarja Heponiemi:** *Towards digital health equity - a qualitative study of the challenges experienced by vulnerable groups in using digital health services in the COVID-19 era* **6 Laura Kemppainen, Ulla Buchert, Antero Olakivi, Sirpa Wrede, Anne Kouvonen:** *Is digitalisation of public health and social welfare services reinforcing social exclusion of Russian-speaking older migrants in Finland?* **25 Laura Kemppainen, Antero Olakivi, Sirpa Wrede, Anne Kouvonen:** *Unequal access to electronic identification methods creates barriers for digital health and social welfare service use in older migrants: a population-based study among older Russian-speakers in Finland.* **46 Nuriiar Safarov:** *Digital health service access and use by older migrants in Finland*
Session 3 **THEMATIC GROUP 2** Wednesday 15th June, 2022 15–16.30 Room: F211AB Chair: Sakari Taipale Zoom link: https://tuni.zoom.us/s/68262844463	**20 Riitta Hänninen & Sakari Taipale:** *From digital divides to digital repertoires – Studying the meaning of new technology in later life (online)* **39 Sakari Taipale, Tomi Oinas, Loredana Ivan, Dennis Rosenberg:** *Changes in mobile phone use before and during COVID-19 pandemic– A panel study of older adults in seven countries* **36 Päivi Naskali & Shahnaj Begum:** *Distances and sense of belonging: Nordic elderly people and communication technologies* **28 Viivi Korpela:** *Are warm experts too hot? The blind spots of informal and non-formal learning in older adults' digital daily lives*
Session 4 **THEMATIC GROUP 3** Wednesday 15th June, 2022 15–16.30 Room: F217 Chair: Antero Olakivi Zoom link: https://tuni.zoom.us/s/62971633205	**31 Youngbin Kwon:** *How far has the Finnish integrated care system for older people marketised?* **40 Antero Olakivi:** *Using mixed methods to critically explore floor-level old age care management in Finland* **56 Minna Zechner:** *Palliative care at risk. Contestation by applying social care definitions* **14 Suvi Fried:** *Care facilities and fire safety – an actor network of regulations, human resources, and technology* **55 Ching-yi Wu, I-chin Chuang, Li-Ling Cheng & Ken-Hsien Su:** *Effects of hybrid physical and cognitive training on cognition in the elders (online)*

Thursday 16th June, 2022, 10.00-12.15

SESSIONS	PARTICIPANTS
Session 5 **THEMATIC GROUP 1** Thursday 16th June, 2022 10.00-12.15 Room: F212 Chair: Ulla Buchert Zoom link: https://tuni.zoom.us/s/66954458440	**24 Smarika KC, Kris Clarke & Marjaana Seppänen :** *A Scoping Review on Ageing Migrants in Finland* **5 Ulla Buchert & Sirpa Wrede:** *The Finnish public old-age services failing to recognize migration-related diversity construct 'older migrants'* **4 Shahnaj Begum:** *Understanding quality care in the elderly care sector: experiences of immigrant and native caregivers in Finland and Norway.* **2 Anastasia Asikainen:** *A Critical Investigation into Interpretations and Uses of 'Ethnic Compensation Strategies' – Intersecting Realms and Boundaries Family Support of Older Russian-speaking Migrant Women in Finland* **47 Hanna Sjögren, Charlotta Niemistö, Jeff Hearn, Margaux Viallon:** *What's the problem with older people?: What policy on ageing, living conditions, care and digitalisation tells about neo-liberal welfare* **3 Anna Avdeeva:** *Care work at cultural and linguistic crossroads: Culture-specific understandings of social care and barriers related to minority language in social care services provided to/by language minorities (online)*
Session 6 **THEMATIC GROUP 1** Thursday 16th June, 2022 10.00-12.15 Room: F213 Chair: Jiby Mathew Puthenparambil Zoom link: https://tuni.zoom.us/j/65701510766	**45 Kirstein Rummery:** *Ageing, social citizenship and care poverty: the right to care (online)* **16 Karen Hall Blanca Deusdad, Manuel D'Hers Del Pozo &Angel Martinez**: *How did people with functional diversity experience the first COVID-19 lockdown? A thematic analysis of YouTube comments* **30 Teppo Kröger:** *Care Poverty: When older people's needs remain unmet* **9 Yueh-Ching Chou, Bo-wei Chen and Teppo Kröger:** *The cultural landscape of care poverty: Narrating life stories of institutionalised older men and women with learning disability* **26 Sher E Khoda & Teppo Kröger:** *Health care policies and equity at stake: unmet health care needs for the older population in Bangladesh* **35 Jiby Mathew Puthenparambil, Lina Van Aerschot & Teppo Kröger:** *Care poverty and different sources of care: Similarities and dissimilarities among older persons relying on formal services, informal care, or both*
Session 7 **THEMATIC GROUP 2** Thursday 16th June, 2022 10.00-12.15 Room: F211AB Chair: Emilia Leinonen Zoom link: https://tuni.zoom.us/s/68262844463	**49 Katariina Tuominen, Jari Pirhonen, Kirsi Lumme-Sandt, Outi Jolanki, Päivi Ahosola & Ilkka Pietilä:** *No place to go? Older people reconsidering the meaning of social spaces in the context of the COVID-19 pandemic* **33 Emilia Leinonen & Veera Koskinen:** *Everyday life and leisure adjustments of the Finnish older persons during the first three months of the pandemic* **12 Päivi Eskola, Outi Jolanki, Aaltonen Mari:** *Meanings of troublesome (and distressing) behavior of a spouse with memory disorder for the aging couple* **43 Ilkka Pietilä & Hanna Ojala:** *Grandparenthood and the third age in the Finnish countryside* **44 Visa Rantanen:** *Life disruptions and narratives on health-related life planning among older people.*
Session 8 **THEMATIC GROUP 3** Thursday 16th June, 2022 10.00-12.15 Room: F217 Chair: Helena Hirvonen	**19 Antti Hämäläinen & Helena Hirvonen:** *ICTCare study – elaborating the everyday work contents, ideals and technologisation of intensive service housing of older people in Finland* **34 Wendy Martin, Kirsten L Ellison, Isabel Pedersen & Barbara L Marshall:** *Visual Representations of Old Bodies and their Data: Exploring the Datasphere in Promotional Images of Smart Sensor Technologies for Ageing at Home*

SESSIONS	PARTICIPANTS
Zoom link: https://tuni.zoom.us/s/62971633205	**48 Erika Takahashi:** *The Unoptimized Care at Home: The socio-technical articulation of managerialism in a rural/suburban eldercare sector* **18 Simona Hvalic Touzery& Vesna Dolničar:** *The impact of the care situation on the willingness to use telecare among informal carers of older people in Slovenia (online)*

Thursday 16th June, 2022, 13.00-15.00

SESSIONS	PARTICIPANTS
Session 9 **THEMATIC GROUP 1** Thursday 16th June, 2022 13.00-15.00 Room: F212 Chair: Lina Van Aerschot Zoom link: https://tuni.zoom.us/s/66954458440	**52 Lina Van Aerschot:** *Bridging the way to services: Outreach work with older adults in three Finnish cities* **51 Heli Valokivi & Helena Hirvonen:** *Customer safety in care work with older adults* **32 Henriikka Laurola:** *Preventing abuse and neglect in informal care relationships with peer support - Findings from the professionally-guided peer support groups of the 'Tunne voimavarasi – turning elderly caregivers' aggression into inner resources' project.* **37 Mia Niemi:** *Working with families in later life – perspectives on care, relationality and practices in gerontological social work* **1 Fahrizal Alwi &Yi-Chen Chiu:** *Patients' Experiences of Fulfilling Self-care of Colorectal Cancer Having Permanent Colostomy: A Qualitative Study (online)*
Session 10 **THEMATIC GROUP 1** Thursday 16th June, 2022 13.00-15.00 Room: F213 Chair: Linda Enroth Zoom link: https://tuni.zoom.us/j/65701510766	**10 Linda Enroth, Laura Kananen, Pauliina Halonen & Marja Jylhä:** *Health expectancies by educational attainment at the age of 90 and decomposition of disabled life expectancy into contributions of chronic conditions. The Vitality 90+ Study 2010 and 2018* **7 Georgia Casanova, Roberto Lillini, Carolina Moreno:** *Socio Economic deprivation of families related to effect of presence of Dependant older people in Europe: Quantitative aspects (SEreDIPE) project* **23 Olli Karsio, Jiby Mathew Puthenparambil, Lina Van Aerschot:** *Cumulation of socio-economic factors and care poverty of older people in Finland* **42 Christopher Grages & Birgit Pfau-Effinger:** *Gaps in the provision of long-term care across Europe – Explaining cross-national differences(online)* **8 Yi-Chen Chiu, Yi-Yen Tsai, Yen-Chun Liu, Yueh-Ying Yang & Chia-Lin Li:** *Chinese Version of the Oral Health Assessment Tool for Older Adults with Dementia in Residential Nursing Homes: Translation and Validation (online)*
Session 11 **THEMATIC GROUP 2** Thursday 16th June, 2022 13.00-15.00 Room: F211AB Chair: Salla Era Zoom link: https://tuni.zoom.us/s/68262844463	**21 Kirsi Ilola:** *Critical research on the agency of older people in integrated health and social care service systems* **41 Laura Pajula:** *One size fits most – or does it? Different views on designing and developing digital services for older adults* **50 Outi Valkama & Outi Jolanki:** *Digitizing Society - Perspective of Older Adults* **11 Salla Era:** *Bridges over barriers – concepts and policies at the intersection of disability and old age* **57 Liliya Zenina:** *Older people projects change the conceptualization of ageing* **38 Catharina Nord & Mats Johan Lundström:** *CollAGE – A six year program on municipality collaboration (online)*

The rooms for thematic sessions are located at the second floor.

The presenters need to download the presentation to the computer in the thematic session room before the session begins. Please bring the presentation with USB flash drive or send it by e-mail to research assistant: Anniriikka Rantala, anniriikka.rantala@tuni.fi

Please reserve time for this and check the correct thematic session room from the program. Each thematic session room has an assistant who will assist you with practical matters.

Thematic groups practical guidelines: https://events.tuni.fi/coeagecare2022congress/thematic-groups-practical-guidelines/

Abstracts

1. Fahrizal Alwi & Yi-Chen Chiu

Patients' Experiences of Fulfilling Self-care of Colorectal Cancer Having Permanent Colostomy: A Qualitative Study

Background: Colorectal cancer becomes serious issues in developing country such as Indonesia. It is the third cancer incidence after breast and lung cancer. Colostomy is the ordinary treatment for colorectal cancer. It would be temporary or permanent. Patient with permanent colostomy would suffer some problems to adjust their new normal life.
Purpose: To explore the experiences of fulfilling self-care of patients suffering from colorectal cancer and receiving permanent colostomy.
Design: The study was a qualitative study conducting in Medan, northern Sumatera Indonesia.
Methods: Twenty participants (14 males and 6 females) were involved in this study with purposive sampling. Data were collected in 2020 using individual face-to-face in-depth interviews. Content analysis was employed to analyze the data.
Results: Participants experiences emerged six themes, namely: 1) consequences a permanent colostomy, e.g., altered daily activities related to showering, traveling and gardening, and other activities such as social, emotional, employment, sleep, dietary, and religious; 2) colostomy management; 3) colostomy problems; 4) family caregiver support; 5) insufficient support from health care provider; and 6) expectations for returning to normal life.
Conclusion: the results of this study provide insight how the patients with permanent colostomy fulfilled their self-care from the culture perspective in Indonesia. Future research can focus on developing appropriate interventions congruent with culture.

Session 9

2. Anastasia Asikainen

A Critical Investigation into Interpretations and Uses of 'Ethnic Compensation Strategies' – Intersecting Realms and Boundaries Family Support of Older Russian-speaking Migrant Women in Finland

This paper focuses on the dynamics of family support to and from Russian-speaking older migrant women, who have migrated in later life. Migrants' 'ethnic compensation strategies' are systematically exaggerated, meaning that there are prevalent assumptions that migrants have access to stronger family support

compared to those who are born in Finland. This assumption and its mundane manifestations are scrutinised by triangulating data from a voluntary-organised meeting place, and interviews with employees of a senior helpline organised by the city of Helsinki. I suggest that dis/advantages in family support connected to 'ethnicity' or 'culture' should be treated in a constructive manner and as a result of complex negotiations. The preliminary findings show that there persist assumptions of stronger support network for the heterogeneous category of 'Russian-speakers'. However, the data from the meeting place shows how negotiations of support from/to the family are ambivalent, rather than static support systems that can be ascribed to 'ethnicity'. The paper draws from qualitative data: interviews (N=27) with the attendees and organisers of the meeting place and employees of the city of Helsinki, participant observations in the meeting place over the course of one year (2018-2019, approx. 150 hours) and documents produced by the meeting place.

Session 5

3. Anna Avdeeva

Care work at cultural and linguistic crossroads: Culture-specific understandings of social care and barriers related to minority language in social care services provided to/by language minorities

Finland faces a significant shortage of workers in social care. Finnish authorities and experts perceive foreign-background care workers as a promising labour pool that can solve this growing need (Karlsson, 2020). The share of foreign-born people in the population of Finland is growing, as is the number of foreign-born care workers working in the Finnish social care sector (Statistics Finland, 2021). However, their number remains small in Swedish-language social care services, which suffer a striking shortage of Swedish-speaking care specialists (Kajander, 2020: 14). The findings of my research project investigating the case of Russian-speaking care workers occupied in the Swedish-language social care services reveal two major reasons of the discussed mismatch.

First is the language. The second reason for the Russian-speakers' under-involvement in Swedish-language social care services is high life and career aspirations. High life and career aspirations of Russian-speaking actual and potential care workers are often combined with the devaluing attitude towards social care work which partly derives from their experience in the countries of origin (Pitkänen et al. 2019). In the countries of the former Soviet Union, social care work remains non-prestigious and low-paid while the major responsibility for care is ascribed to a family. Russian-speakers usually consider employment in Finnish social care as unattractive work and downwards social mobility. At the same time, they believe social care jobs are more readily available than other employment, forcing them to consider care work as an alternative. The result is that many Russian-speaking care workers grant their actual or potential employment in social care services as a temporary position, a gateway rather than a final destination. In my presentation I tell more about it and show how all this influences the care work.

Session 5

4. Shahnaj Begum

Understanding quality care in the elderly care sector: experiences of immigrant and native caregivers in Finland and Norway.

A knowledge of cultural interaction and religious values in the elderly care sector plays an important role in maintaining quality care. The Nordic countries have seen a striking increase in the numbers of care professionals and care receivers from different socio-cultural and religious backgrounds in the elderly care sector. To understand the implications of cultural changes in the care workforce, in this study I will examine whether or not interaction with immigrant caregivers in the care sector impacts the aim of quality care; here the study will consider interactions between caregivers and care receivers and between immigrant and native caregivers. I also examine how are immigrant caregivers involved in negotiating their cultural and religious norms in their working place? What should be done to ensure sufficient numbers of efficient caregivers to provide quality care to elderly people?

I implement cultural competence theory as an analytical framework. 15 interviews done in 2014 and 2020 from different areas in Finland and northern Norway. I use a twofold research approach informed by cultural competence theory: first conduct a thematic analysis of the data and, drawing on this, determine, determine the extent to which the challenges facing immigrant caregivers are acknowledged by their native colleagues. In the elderly care sectors, the lens of cultural competence reveals social and cultural factors influencing care beliefs and behaviours of both care professionals and clients as well as how these factors are considered at different levels of service delivery to assure quality care. On the level of the individual caregiver, cultural competence can be defined as the ability to participate ethically and effectively in personal and professional intercultural settings. By identifying gaps in intercultural competence and challenges, this study will promote quality care in the elderly care sector in the Nordic countries.

Session 5

5. Ulla Buchert & Sirpa Wrede

The Finnish public old-age services failing to recognize migration-related diversity construct 'older migrants'

Finnish old-age policies and institutional practices currently do not recognise the increasing migration-related diversity of the ageing population. Therefore, many people with migration backgrounds continue to be excluded from the numerous preventive activities and health and social welfare services aimed at older adults.

This study examines this misrecognition of migration-related diversity visible in the routine social ordering of the Finnish public activities and services aimed at older adults. It uses in-depth thematic interviews of representatives of third sector organisations that work with the excluded older people with migration histories.

The study demonstrates that the Finnish public health and social welfare services entail presently structures and practices that impede on a quotidian basis and routinely –intentionally or unintentionally– the service use of older adults with certain life circumstances. The services do that by ignoring linguistic variation, neglecting meaning of creating hospitable and safe environments for all and being indifferent to needs regarding personal service contact and counselling. This disregard of the services constructs and reconstructs the neglected older people actively as 'others'.

By drawing from the concepts of bordering and everyday bordering, the study conceptualizes the found phenomenon as routine bordering. As part of it, the excluded older adults become categorized as 'older migrants' to be served elsewhere, for example in the third sector organizations. The activities and the support that the third sector organisations offer these 'older migrants' enable the continued misrecognition of diversity in the mainstream services. The study concludes that promotion of equality and

accomplishment of the objectives of old-age policies require the perspective of diversity to be included to the related policies as well as to the service structures and practices.

6. Laura Kemppainen, Ulla Buchert, Antero Olakivi, Sirpa Wrede, Anne Kouvonen

Is digitalisation of public health and social welfare services reinforcing social exclusion of Russian-speaking older migrants in Finland?

Governments are rapidly digitalising public services to increase cost-effectiveness of the public sector. This study examines older migrants' use of digital public health and social welfare services from the perspective of social and digital exclusion. The study uses a mixed-methods approach, drawing on representative survey data of Russian-speaking migrants and qualitative interviews with third-sector representatives who assist Russian-speaking migrants with digital service use.

Our quantitative results show that a sizeable proportion of Russian-speaking older adults are excluded from digital services. In particular, those with lower socio-economic status, poor local language skills and without Finnish education are at higher risk of exclusion. Our qualitative results describe the multiple ways the exclusion from digital services intersects with other disadvantages in the everyday lives of Russian-speaking older adults. We argue that digitalisation of these services may foster social exclusion and endanger the realisation of these people's social rights.

7. Georgia Casanova, Roberto Lillini, Carolina Moreno

Socio Economic deprivation of families related to effect of presence of Dependant older people in Europe: Quantitative aspects (SEreDIPE) project

Introduction Starting from a previous similar Italian study, the aim of this work was to identify at the European level the main determinants of protection and risk of increasing poverty in families where disabled old people are present. The study takes part in the SEreDIPE project funded by Horizon 2020 MSCA-IF-2019 (g.a.n.888102). **Materials and methods** 104 Variables by nation (Austria, Finland, Germany, Italy, Netherlands, Poland, Romania, Spain) and three European macro-areas (North-Western and Central Europe, Southern Europe, Eastern Europe) were collected from four international databases: Eurostat, Health for All Europe, WHO, WDWB, from 1990 to the most available recent year. The Poverty Index was the dependent variable and all the other variables were the covariates. After a first selection of the covariates, Multivariable Linear Regression Models, with various checks to exclude collinearity bias and clustering effects across the European macro-areas, were applied to define the covariates influencing the Poverty Index ($p<0.05$) at the European level and by macro-areas. **Results.** The results show two lists of variables influencing and not influencing at the European level the dependent variable. In particular, the % of s 1-2 members families, and other variables related to public formal expenditure and services, reducing the Poverty Index. socio-demographic variables, if in a severe deprivation condition context run to increase the Poverty index, including the high literacy rate. Additionally, for each macro area are identified what variables are statistically significant. **Conclusion.** The study underline how the public offer a pillar for contrast the Poverty risk.

8. Yi-Chen Chiu, Yi-Yen Tsai, Yen-Chun Liu, Yueh-Ying Yang, Chia-Lin Li

Chinese Version of the Oral Health Assessment Tool for Older Adults with Dementia in Residential Nursing Homes: Translation and Validation

Background: Older adults with dementia are at increased risk for poor dental health, especially those in residential facilities. The Oral Health Assessment Tool (OHAT) was designed to assess oral health in older adults living in residential facilities. However, few studies have focused on the assessment of oral health for older adults with dementia, particularly those living in residential nursing homes in, particularly with regards to Taiwan.

Aim: To translate and validate a Chinese version of the OHAT for use by nurses in residential nursing homes for older adults with dementia.

Methods: The English version of the OHAT was translated into Chinese using forward- and back-translation and verified for semantic equivalence. Psychometric properties of the scale were determined with a convenience sample of 116 cognitively impaired nursing home residents in southern Taiwan.

Results: The 8-item Chinese OHAT (OHAT-C) had a content validity index ranging from .95 to 1.00. Construct validity was supported by significant item-to-total score correlation coefficients for all items except denture conditions. The OHAT-C showed satisfactory concurrent validity with the Brief Oral Health Status Examination (Kappa = 3.162-4.337, p < .05). The reliability of the OHAT-C yielded an acceptable internal consistency (Cronbach's α=.598); the inter-rater reliability was significant (Intraclass Correlation Coefficients = .868) as well.

Conclusion: The psychometric properties of the OHAT-C demonstrate the scale is a reliable and valid oral health screening tool for use by nurses for persons with dementia in nursing homes in southern Taiwan. This is the important initial step to support the development of oral health policy for persons with cognitive impairment in Taiwan.

Session 10

9. Yueh-Ching Chou, Bo-wei Chen and Teppo Kröger

The cultural landscape of care poverty: Narrating life stories of institutionalised older men and women with learning disability

This study adopts the concept of "care poverty", involving individual and structural factors, to explore how older men and women with learning disability (LD)/intellectual disability have been institutionalised and to focus on how social inequalities intersect with the welfare system and how cultural landscape has been embedded in care poverty that has resulted in institutional care in Taiwan. Between 2018 and 2020, we utilised oral history interviews and collected in Taiwan 14 life stories of institutionalised older adults with LD, aged between 55 and 76. Among 14 participants, 3 men had been institutionalised for decades and had never been married, while all 11 women had been married with an older veteran or a low-income husband and were now widowed mothers living in an institution. We found that care poverty/unmet care need was the main reason for the institutionalisation of both older men and women. As formal care and support had remained absent, these people's unmet care needs were due to losing their informal care support. The older men with LD were institutionalised when their mother carers became unavailable. For older women with LD, their husbands had been their informal carers; therefore, they were institutionalised when they became widowed. Under the cultural influence of family obligations and the social historical transformations in

Taiwan, the husband's home is a woman's destination and therefore caring for women with LD becomes the responsibility of the husband and his family. Instead, men with LD remain with their parents. Institutional care has been the only available form of formal support for adults with LD in Taiwan. Availability of informal care for ageing adults with LD has been imbedded not only in social inequalities, e.g., income and gender, but also in the cultural, historical and political context of the society.

Session 6

10. Linda Enroth, Laura Kananen, Pauliina Halonen & Marja Jylhä

Health expectancies by educational attainment at the age of 90 and decomposition of disabled life expectancy into contributions of chronic conditions. The Vitality 90+ Study 2010 and 2018.

Socioeconomic differences in functioning and mortality are well acknowledged. However, less is known of the differences in health expectancies i.e. length of life lived with and without disabilities, which combine information of both health indicators. This study examines whether health expectancies differ by educational attainment at the age of 90 and which chronic conditions contribute the most to disabled life expectancy.

We used survey data from the Vitality 90+ Study from years 2010 (n=1277, response rate 79.5%) and 2018 (n=1878, response rate 76.7%). Education was categorized as basic ($\leq$ 6 years) and higher education. Functional ability was assessed with mild and severe disability. Chronic conditions included dementia, heart disease, stroke, arthritis, hip fracture and depression. Information on age- and education-specific mortality came from Statistics Finland. Analysis was done using the decomposition method by Nusselder and Looman 2017.

Life expectancy (LE) at age of 90 increased from 4.46 to 4.58 years for those with higher education and from 4.18 to 4.24 years for those with basic education between 2010 and 2018. LE without any disabilities increased in both education groups but those with higher education had longer LE without disabilities in both years. Dementia explained more than 60% of the LE with severe disability and arthritis contributed the most to LE with mild disability (12-18%) in both education groups. Most of the LE with mild disability remained unexplained by selected chronic conditions.

Those with higher education were expected to have longer and healthier lives at the age of 90 than those with only basic education. However, the contribution of chronic conditions to the disabled life expectancy was similar for both education groups highlighting the importance of dementia in LE with severe disability.

Session 10

11. Salla Era

Bridges over barriers – concepts and policies at the intersection of disability and old age

In this presentation, I aim to discuss the entirety of my dissertation that focuses on the intersection of ageing and disability from the viewpoint of concepts and policies. Within many countries, the policies on disability and old age have been developing on distinct paths. Even though the prevalence of disability is higher in older populations, older persons tend to be excluded from disability discourses. The aim of this dissertation is to help build bridges between research and policies of the respective fields of ageing and disability. My research participates both theoretically and conceptually in developing the research field at

the intersection of disability and old age. In my dissertation, I ask 1) what the nexus of old age and disability is like in the Finnish service system, 2) what kind of understandings and conceptualisations are found in this intersection, and 3) what kind of experiences do older persons with disabilities have of the service system and getting old more generally. The data of my dissertation consists of policy documents, international research (systematic literature review) and letters received by invitation to write (n = 24) from older persons with disabilities. The analysis of the third data is still ongoing, but previous analyses show that the service system at the intersection of ageing and disability appears to be divided. Disabilities associated with ageing are not always seen as disabilities per se, and the origin of the impairment often determines the course of action within the service system. Equality is used to justify both the inclusion and exclusion of age-associated disabilities, depending on the perception of disability. There is conceptual confusion at the intersection of ageing and disability, and there does not appear to be a consensus in research or policies as to what disability is.

Session 11

12. Päivi Eskola, Outi Jolanki, Aaltonen Mari

Meanings of troublesome (and distressing) behavior of a spouse with memory disorder for the aging couple

Troublesome and distressing/challenging behavior such as aggression, wandering, and restlessness caused by memory disorder are well known, but less is known about how people with memory disorders and their spousal caregivers describe what that means in their relationship. This qualitative study examined the situations in which the spouse with a memory disorder behaves in a troublesome manner and even aggressively, spouse's interaction in these situations, and how these situations are experienced by both parties.

Home-dwelling people diagnosed with memory disorder (N 14) and their spousal caregivers (N 19) were interviewed in 2019-20 in Finland. In most interviews spouses were interviewed together. Interviews are semi-structured life-course interviews that addressed changes caused by spouses' memory illness in spousal relationship and in their intimate relationship. Data was analyzed with thematic content analysis.

Three main themes were formed from the data, describing troublesome situations and how the behavior of a spouse with a memory disorder had become aggressive and affected the interaction between the couples. Themes were named: facing the illness, spousal caregiver giving time to other people, and coping with daily routines with a memory disorder. The latter was divided into two subthemes counseling and directing or restricting the spouse´s activities.

While memory disorder may bring about conflicts, aggressive behavior, and even abuse, the intimacy shared by the couple may serve as a resource and support the continuity of their relationship.

Session 7

13. Leena Forma

Measuring costs and financing of care for older people – a pilot study

Total costs and financing distribution of care for older people are not known. A part of the costs is hidden, and new ways to find out these costs need to be developed. The aim was 1) to describe the costs and financing of care and 2) to test and assess, how applicable is micro costing method for measuring costs and financing of care.

The aim was to recruit a discretionary sample of 30 older people: 15 clients of home care (HC) and 15 clients of sheltered housing (SH). The recruiting methods were information given by municipal care workers and visit of researcher in a day care centre. Three types of data were gathered: 1) interviews of an older person and/or relative at baseline and after 2 months, 2) consumption diary for 2 months and 3) administrative registers. The feasibility of the method was assessed in terms of applicability of recruiting method, burden of the study to participants and costs of the study.

8 clients of HC and 11 clients of SH started the study. Costs of HC were lower than those of SH, but variation was extensive, and the highest HC cost were at the same level as SH costs on average. Municipality had the largest role in financing care in SH, while the role of clients was largest in HC. Families helped the HC clients on average 7,5 hours and the SH clients 2,5 hours in a week.

Data collection was found to be demanding but feasible, however, the time of keeping consumption diary was lengthy and registers were very expensive. Most of participants needed help for providing data for the study. The results are preliminary, and the experiences from this pilot study are used for planning a more comprehensive study.

Session 1

14. Suvi Fried

Care facilities and fire safety – an actor network of regulations, human resources, and technology

Fire safety in care facilities is regulated by the Rescue Act 2011, which states that in care, service, and supported living facilities, the operator needs to compose an evacuation safety report. Based on statistics, fire safety has improved after the implementation of the report. Recent incidences have mainly caused material damage. However, especially in relation to older adults, supported living is amid considerable transformation. Fire safety in care facilities is also a matter of occupational safety and health for the care workers.

Year 1999 was a turning point in the safety of care facilities. A serious fire of a service living facility in Maaninka revealed the insufficient safety measures of supported living. Service living had not been recognized as a care facility and therefore they were not regulated as such. Residents with limited physical functioning were not able to egress safely when a fire occurred. Safety Investigation Authority performed a thorough investigation of the fire and gave recommendations that improved fire safety in supported living facilities. The solutions were partly technological, partly educational. Simultaneously with concerns involving supported living, fire safety technology was making prominent progress and sprinklers introduced a new solution for better safety. Following these events, the Rescue Act 2011 imposed the evacuation safety report, which concludes all aspects of fire safety in a living facility.

The data consists of seven interviews with professionals, regulatory documents, and investigation reports from 1999 to 2021. The data will be analyzed using actor-network theory. The results show a network of relations that translates into the current level of safety in care and supported living facilities. Safety evolves

as a result of negotiations between regulations, human capabilities, and technology. Future challenges are the on-going transformation of care and technical improvements that create safety but also require new technical skills from the carers.

Session 4

16. Karen Hall, Blanca Deusdad, Manuel D'Hers Del Pozo &Angel Martinez

How did people with functional diversity experience the first COVID-19 lockdown? A thematic analysis of YouTube comments

People with functional diversity endure barriers to health and other services and to the full participation in social life. In the context of COVID-19, this discrimination has been intensified worldwide. We examine how the experience of COVID-19 lockdown was depicted in comments to a video about functional diversity and COVID published on VICE's YouTube channel. We analysed the first 100 comments on the video, which was posted in spring 2020, during the first COVID-19 lockdown (roughly from March to June 2020, with some variations around the world). We identified three themes: lack of access to care and services, isolation and lifestyle changes, and peer support. Interestingly, the hardships faced by people with functional diversity occurred even in countries with social policies protecting the rights of people with disabilities. Legal regulations regarding COVID-19 and people with functional diversity have not been sufficient in most countries, The COVID-19 pandemic has exposed inadequate care systems, even in Western countries with advanced social protection policies.

Session 6

18. Simona Hvalič-Touzery & Vesna Dolničar

The impact of the care situation on the willingness to use telecare among informal carers of older people in Slovenia

The pressures on informal carers (ICs) have created the need for a more innovative and sustainable approach to supporting both ICs and care recipients. Telecare (TC) is well-positioned to address this need. However, there is a lack of research that would investigate the impact of contextual factors on the willingness to use TC among ICs. The aim of the study is to examine the effects of care situation on willingness to use TC among Slovenian ICs of older people. The study was conducted in April and May 2021 via an online access panel. The sample was determined by a screening test, which 19.4 % (n=612) of those invited to participate completed. We weighted the data by socio-demographic data from Slovenian public opinion survey, which also included questions from the screening test.

We defined context-specific variables for the care situation as type of care, hours of care per week, duration of care, type of caregiver, use of formal help, type of illness, relationship between carer and care recipient and care burden. Initial analysis shows that only 4.9 % of ICs and their care recipients use TC in Slovenia. However, there is interest in using TC, as 74.6 % of ICs would like to use a fall detector, 69.2 % pendant alarm, 54.1 % environmental sensors, and 51.9 % mobility-related devices. 59.1 % of ICs in our sample were primary carers, more than half of them performed basic activities of daily living. On average, they provided 17.7 hours of care per week (SD=22.5). ICs provided an average of 5.9 years of care (SD=7.7). The self-rated burden, measured on a scale of 1-10, was 5.7. Linear regression analysis will be used to assess the influence of factors measuring care situation on the willingness to use telecare among ICs of older people in Slovenia.

19. Antti Hämäläinen & Helena Hirvonen

ICTCare study – elaborating the everyday work contents, ideals and technologisation of intensive service housing of older people in Finland

In Finland, the scarcity of public resources motivates the development of welfare service efficiency through the implementation of various devices and applications for the use of care workers and service users. As a result, care work is increasingly mediated by technology. To elaborate the work contents, ideals and technologisation of intensive service housing (ISH) of older people in Finland, we interviewed ISH professionals (n=25) in two Finnish cities. Our interview themes covered everyday care tasks, control of work, responsibility, sources of stress, key components of ideal care relations, and impacts of different technologies on ISH work. As outcomes of the study, we present five publications that describe, first, what factors are important for ideal care relations, and, second, how different technologies mediate ISH assemblages.

First, care professionals reported objective, particular, corporeal and tacit categories of knowledge as crucial epistemological factors in ISH work. Second, they described the temporal aspects of good care in ISH work: carefully attuning to the residents temporal perspective, and breaks from the care home time as important moments of non-action. Overall, these two publications reveal the insufficiencies of top-down rational-technical thinking for ideal ISH care in terms of epistemology and temporality.

The three other publications showcase the sociomateriality of mundane technologies that act in ISH alongside human actors. We elaborate how, first, electronic health records as an example of a top-down technology and, second, how smart phones and other, more mundane and bottom-up technologies tame, unleash and disrupt work practices and impact professionals' sense of belonging. ISH professionals' expertise is highlighted especially in their creative use of mundane technologies, rather than often-glorified robotics or automatisation, to meet the embodied, situational and individual needs of ISH residents.

20. Riitta Hänninen & Sakari Taipale

From digital divides to digital repertoires – Studying the meaning of new technology in later life

After the extensive integration of new digital technology into older adults' daily lives, the sufficiency of digital divide theories has been questioned and the need for new approaches that address the more subtle disparities in older adults' use of digital technology has been voiced out. In our study we revisit the starting point of digital divide theories by focusing on the everyday life digital practices of older adults. We argue that all older adults exhibit a digital repertoire characteristic to their personal daily life. There are also certain key elements to these digital repertoires that are typical especially to older adults. Based on this initially empirical finding we first (1) examine the key elements of digital repertoire significant in later life and secondly (2), deriving from the concept of the third digital divide, describe what it takes for the older adults to build a meaningful relationship with digital technology. The qualitative analysis is based on 20 participant induced elicitation interviews (PIE) conducted in Central Finland with older adults aged between 65 and 89. In our analysis, we conclude that older adults view digital technology especially in terms of its function in their daily lives. We also found that digital technology is easily disregarded by the interviewees, if it does not have an appropriate meaning attached to it significant to older adults.

21. Kirsi Ilola

Critical research on the agency of older people in integrated health and social care service systems

Integrated care has been seen as a key solution to respond to the challenges of an ageing society and increasingly diverse and complex service needs of older people. While the objective of integration is promising, it remains a complex phenomenon. This multidimensional nature combined with organisational origins have led to system-centred focus on integration both in practical and scientific fields. This debate has paradoxically left client-centredness as rhetorical ideal and obscured actual political and administrational reasons of integration. As the older people's own voice remains overshadowed by those political and institutional values, integration has no chance of succeeding in its goals.

This research asks what kind and under what kind of conditions does the agency of older people appear in integrated health and social care. By relying on critical theory and using the concept of agency as a theoretical lens, this research aims to reveal those underlying discursive power structures that oppress the agency of older people within integrated health and social care. First and ongoing sub-study analyses political discourses and the second one will focus on the level of management practices. It will be conducted as ethnographic fieldwork. Third sub-study will be conducted as co-research with older people through which it is possible to understand subjective agency from their own perspective. Empirical materials will be analysed by using CDA and FA.

This research has important implications for public administration practitioners, managers, and researchers in the field of integrated health and social care. First, it pays particular attention to raise the own voice of older people alongside the administrative-oriented integration debate. Second, it will challenge those dominant power structures, which has so far remained obscured in the integration literature. Lastly, it draws attention to turn scientific integration debate towards more human-based orientation to achieve the core destination of integrated care.

Session 11

23. Olli Karsio, Jiby Mathew Puthenparambil, Lina Van Aerschot

Cumulation of socio-economic factors and care poverty of older people in Finland

Care poverty is a societal problem. Earlier studies demonstrate that care poverty, that is older adults not receiving adequate help and care, is more common among people with poor health, low income living alone, and memory disorders (Aaltonen & Van Aerschot 2021; Kröger et al. 2019). The population is ageing and the need for care services is increasing despite people living longer than ever before. Nevertheless, excluding informal care allowance, the coverage of other forms of long-term eldercare services have declined during the last decade (Kröger et al. 2019). This combined with the insufficient use of public resources to eldercare are connected with the care poverty of older adults. Finland is using less money to eldercare services (Szebehely & Meagher 2017) compared to other Nordic countries despite the population being older and having more health problems.

In this study we ask, what socio-economic background factors affect care poverty of older people. Do specific disadvantages accumulate to the same older adults who are suffering from care poverty? To answer our research questions, we use a k-means cluster analysis to define three clusters of individuals with care needs (n=2049) based on their socioeconomic, health and unmet care needs. The data consists of a national

survey dataset "Daily Life and Care in Old Age (DACO)" collected in 2020 among people aged 75 and older in Finland.

The preliminary results suggest that the number of unmet care needs, income, and type of household have the greatest influence in deciding the clusters. The respondents in the cluster with most unmet care needs are older, have lower income and education, have poor health and several disabilities compared to other cluster groups.

Session 10

24. Smarika KC, Kris Clarke & Marjaana Seppänen

A Scoping Review on Ageing Migrants in Finland

Finland is one of the most rapidly ageing countries in the world while concomitantly becoming a more diverse society through increase in migration in the recent decades. Concepts of ageing have often been constructed on a normative basis embedded in the narratives of Finland as a homogenous society with universal services rendering the needs of ageing migrants with diverse backgrounds invisible. This scoping review aims to identify and review the existing research on older migrants in Finland. It presents findings from sixteen peer-reviewed publications, and sheds light on the paucity of research on ageing migrants in the Finnish context. Through a thematic analysis of a range of publications in this field, this review finds that research has not yet included the perspectives and lived experiences of diverse older migrants from marginal positions. The increased heterogeneity within the migrant groups is not captured enough in the Finnish literature. There are gaps in service utilization of ageing migrants. Older migrants report various linguistic and cultural barriers in accessing services and struggle with discrimination, racialization, and isolation. There is a need to develop skills and knowledge on the part of social service and public health practitioners. Rather than just categorizing ageing migrants as vulnerable, the findings from the study open perspectives for future research on ageing to be more inclusive to the needs of growing diversity by adopting an intersectional approach and engaging older people from under-represented positions to understand key aspects of inequalities.

Session 5

25. Laura Kemppainen, Antero Olakivi, Sirpa Wrede, Anne Kouvonen

Unequal access to electronic identification methods creates barriers for digital health and social welfare service use in older migrants: a population-based study among older Russian-speakers in Finland.

Many of the welfare state services have rapidly become 'digital by default'. The electronic identification (e-ID) technology is needed for secure identification authentication to digital services. Recent studies have shown that the 'digital divide' is prominent between ethnic minorities and the majority populations and between older and younger people. There are no studies investigating inequalities related to not having an e-ID, which is required to access digital public services. Moreover, we lack knowledge on the use of digital services among older migrants.

This study analyses general socio-demographic as well as migration specific factors that may be associated with not having an e-ID among older migrants. We used the Care, Health and Ageing of Russian-speaking Minority in Finland (CHARM) study, which is a nationally representative survey of community-dwelling

Russian-speaking adults aged ≥50 years living in Finland (N=1082, 57% men, mean age 63.2 years, standard deviation 8.4 years, response rate 36%).

Our results showed that approximately 20% of older Russian-speaking migrants do not have e-ID, which is required for using health and social care and many other services, which require strong identification authentication. Among older Russian-speakers, older age, poorer economic situation and lack of local language skills were associated with a lower likelihood of having an e-ID. Our results additionally showed a strong link between not speaking local languages and not having an e-ID. This means that people who are already in a more vulnerable position also face difficulties in accessing health and social welfare services. We argue that to guarantee universal welfare and social rights, services should be available also in other format than exclusively online. Furthermore, people should be provided with alternative, low-cost and easy to use options for electronic identity authentication.

Session 2

26. Sher E Khoda & Teppo Kröger

Health care policies and equity at stake: unmet health care needs for the older population in Bangladesh

The purpose of this article is to shed light on inequitable health care policies and its effect on older people in Bangladesh. To address the policy implications toward care for older people, this study has collected empirical interview data in two phases. In the first phase, empirical data have been collected from the key policy makers and other stakeholders in 2019-20. In the second phase, data have been collected in 2021 from the older people to get older people's perspective on care needs and the state of care. Addition to general care situation, data have been collected concerning Covid pandemic and its effects on their health care situation. Empirical data have been analyzed using thematic content analysis method. Ethical approval has been taken and maintained carefully following TENK and University of Jyvaskyla guidelines.

Empirical findings from the policy makers interviews suggest that, there is no effective care policy exist for the old age population in Bangladesh. Consequently, older people in Bangladesh have been intolerably deprived especially from health care services primarily, due to inequitable health care policies. Inequity in health for older people comes in many ways along with economic inequality as a prime reason. This article trying to answer the following research questions: Does out-of-pocket health care cost fall older people into more care vulnerability? And how the government of Bangladesh can ensure universal health coverage for the older population? Interview data suggests that, as off 2021, there is no specific health care provision nor public health insurance available for the older people. In addition, households need to pay around 74% treatment cost from out-of-pocket. Consequently, older people in Bangladesh have been intolerably deprived from health care needs. Primary reasons include careless elderly care policies, excessive treatment cost, scarce and distant health care facilities, mismanagement, and institutional apathy.

Session 6

27. Andrea Lorenz-Wende & Hilla Kiuru

Ageing Relatives and Familialism by Default in Elder Care – Public Discussion in Finnish News Media

It is estimated that 700 000 employees, 28% of the population offer care or help to their family members, relatives or friends. While municipalities have a legal responsibility to organise care for their ageing citizens, there is a growing expectation for family members to take care of their elders. This phenomenon is called familialism by default, meaning families are expected to support those elders who do not yet need intensive (health)care. (Kröger & Leinonen 2012.)

According to Finnish legislation public authorities must guarantee adequate social and health services for all citizens. However, family members are increasingly expected to take part in the caring of their elders, and in practice this right to receive care often depends on whether an older person happens to have family or friends to help them. This familialism by default can be seen in part in the legislation, which implicitly supposes that there are family and/or a social network ready to take responsibility and to support an ageing person in need of care (see Kalliomaa-Puha 2017). Even though family members do not have legal responsibility to take care of their elderly relatives (Kalliomaa-Puha 2007).

In this research, we will study how informal care, the role of families and familialism by default are seen in the editorials of the Finnish newspaper Helsingin Sanomat, 2000–2015. We study the development of this phenomenon and the subsequent public discussions, using the theory of active citizenship as a framework, and data-driven content analysis as a method. With the analysis we will answer what kind of aspects and meanings concerning informal care are transmitted to the readers and thus to public, and how these findings reflect the Finnish politics and policies of ageing and care.

Session 1

28. Viivi Korpela

Are warm experts too hot? The blind spots of informal and non-formal learning in older adults' digital daily lives

In a rapidly digitalizing society, a certain level of digital skills is a requirement that must be met in order to be an active member of the society. The unfortunate truth, however, is that there are still many people who struggle with the use of digital services and technological devices in their daily lives. Promoting digital inclusion aims to bridge these digital divides and ensure that everyone can participate equally in digital society. In this article, we examine the relationship between digital support and digital inclusion from the perspective of older adults' individual and subjective experiences. Specifically, the current study attempts to understand, (1) What kind of digital support older adults need in their daily lives, and (2) What kind of learning experiences older adults have had when receiving informal and non-formal digital support? The qualitative analysis is based on participant-induced elicitation (PIE) interviews carried out in Finland with older adults aged between 65 and 89 (n = 21). The findings suggest that older adults are a very heterogeneous group with individual support needs. According to the results, there is often support available (e.g., warm experts), but in many cases the received support does not promote independent use or generate subjective experiences of learning. Therefore, it is necessary to research how different aspects of digital support can enhance but possibly also prevent digital inclusion, as not all digital support is automatically good or helpful.

Session 3

29. Anu-Marja Kaihlanen, Lotta Virtanen, Ulla Buchert, Nuriiar Safarov, Paula Valkonen, Laura Hietapakka, Iiris Hörhammer, Sari Kujala, Anne Kouvonen, Tarja Heponiemi

Towards digital health equity - a qualitative study of the challenges experienced by vulnerable groups in using digital health services in the COVID-19 era

Background: The COVID-19 pandemic has given an unprecedented boost to already increased digital health services, which can place many vulnerable groups at risk of digital exclusion. This study examined the challenges experienced by vulnerable groups in using digital health services during the COVID-19 pandemic.

Methods: Semi-structured interviews were conducted in 2020-2021. The participants (N=74) were older adults, migrants, mental health service users, high users of health services, and the unemployed. Content analysis was used to analyze the data. Challenges related to the use of digital health services were interpreted through digital determinants of health from the Digital Health Equity Framework.

Results: For most participants the access to digital health services was hampered by insufficient digital, and/or local language skills. The lack of support and training, poor health, as well as the lack of strong e-identification or suitable devices also prevented the access. Digital services were not perceived to be applicable for all situations or capable of replacing face-to-face services due to the poor communication in the digital environment. Fears and the lack of trust regarding digital platforms were expressed, as well as concerns related to the security of the services. Contact with a health care professional was also considered less personal and more prone to misunderstandings in the digital environment. Finally, digital alternatives were not always available as desired by participants, or participants were unaware of existing digital services and their value.

Conclusion: Several development needs in the implementation of digital health services were identified that could improve equal access to digital services. While digital health services are increasing, traditional face-to-face services will still need to be offered alongside the digital ones to ensure equal access to services.

Session 2

30. Teppo Kröger

Care Poverty: When older people's needs remain unmet

It is necessary to turn the research attention of social policy scholars and long-term care researchers from comparative descriptions of care systems, focusing mostly on expenditures and volumes of long-term care services, to outcomes, and in particular to the question whether older people really receive the support that they need. Without knowledge about which needs and which social groups are currently inadequately covered, it is impossible to guide policy development.

This presentation puts forward a novel theoretical framework to guide future research work and public discussion on the issue of unmet long-term care needs, by broadening the current discussion so that inadequate care is seen in its societal and policy contexts, taking structural issues and policy designs into account. It outlines three different domains of care poverty (personal care poverty, practical care poverty and socio-emotional care poverty) and differentiates between main methods how unmet needs are measured. It is based on a summary of existing knowledge on the prevalence, factors and consequences of unmet care needs and interprets these comparatively in the light of social inequalities and care policy models of different welfare states.

This presentation is based on my book 'Care Poverty: When Older People's Needs Remain Unmet' that will be published by Palgrave Macmillan in May 2022.

Session 6

31. Youngbin Kwon

How far has the Finnish integrated care system for older people marketised? : Diagnosis through the network position of the third sector in Kotitori, Tampere

While much of the literature on the Finnish welfare state still emphasise adherence to 'universalism', the care system in practice seems moving towards a market mechanism combined with the ideas of community care, integrated care and home care, especially in delivering social services for older people.

As a part of the wider PhD research project, this paper aims to capture the feature of the Finnish care system for older people with a focus on the position of the third sector through an integrated care model by measuring network properties amongst actors involved. Kotitori in Tampere is selected as a representative case.

Within the marketised care system, third sector organisations often play a crucial role in fulfilling gaps between state-led care provision and the care market. Drawing upon insights from the theories of the third sector: the more the social welfare system is commercialised, the more the significance of third sector organisations is gained, particularly in the sphere of delivering public services.

To estimate the position of the third sector in Kotitori, the paper draws on empirical evidence from Social Network Analysis involving qualitative interviews with the officer of the city of Tampere and directors of service integrator and a survey of 41 representatives of participating organisations. Some information obtained from the written materials is also utilised in data analysis.

By eliciting the position of the third sector in the care service network, it will be posited whether the Finnish care system for older people can be referred to as a highly marketised form or the state still holds a major responsibility even indirectly, or somewhere else between them. Offering the visualised and estimated network structure of an integrated and marketised care model, the paper will also be able to provide a comprehensive explanation of the current Finnish older care system from a relational perspective.

Session 4

32. Henriikka Laurola

Preventing abuse and neglect in informal care relationships with peer support - Findings from the professionally-guided peer support groups of the 'Tunne voimavarasi – turning elderly caregivers' aggression into inner resources' project.

Abuse and neglect in informal care of the elderly is a sensitive issue challenging to detect and address. The causes behind abuse and neglect are often human as many caregivers are providing demanding care at home and may be overburdened. Abuse can be intentional or unintentional, due to a caregiver's stress, lack of knowledge or skills. Lack of services and social support, as well as emotional dependency between the caregiver and the person being cared for, are risk factors for abuse. Supporting the coping of caregivers and increasing their well-being is hence an important way to prevent abuse in care relationships.

The need for support was addressed through the development of psychoeducational intervention for elderly female caregivers concerned about their challenging situation and/or behavior. The intervention consists of one-to-one discussions and professionally-guided peer support groups. The intervention groups have been organized in cooperation with local carers organisations across Finland.

The intervention is based on a model of violence prevention developed at a Finnish NGO Maria Academy. The model focuses on learning to recognize, accept and regulate one's emotions. The peer support groups have five meetings, each with its own theme.

So far a total of 8 groups have been organized, with 33 caregivers participating. The intervention was evaluated and the findings revealed that the intervention was considered useful. The caregivers saw that they benefited greatly from participating in the peer group activities. Their self-knowledge and emotional skills increased and their fear of behaving violently towards themselves or others decreased.

Based on the feedback from the intervention facilitators the intervention may be implemented in a wide range of organizations. However, the group facilitators are expected to have the necessary expertise to handle the sensitive topic as well as knowledge of other available support services to refer clients to when appropriate.

Session 9

33. Emilia Leinonen & Veera Koskinen

Everyday life and leisure adjustments of the Finnish older persons during the first three months of the pandemic

COVID-19 pandemic has affected our lives in many ways since the end of 2019. In the conference, I will present empirical findings from written letters collected between April and June 2020 from persons aged 70-93 (n=77, 300 word pages in total).

The first paper (Leinonen, under review) utilises the sociology of nothing in exploring the meanings of nothingness in the everyday lives of older people, that is, the things, events and people that were absent from their lives because of the pandemic. The main interest of the article is to reverse the typical analytical focus from 'things that happened' to 'things that did not happen' and to shed light on the experiences and descriptions of older persons' unlived lives. The letters were analysed with theory-driven content analysis. The paper suggests that the unlived life, that is, not having, not being and not doing, generated feelings of otherness from other people's social world, but also freedom from obligations. Furthermore, the present article gives a sense on how old age is depicted in the Finnish society, also by the older persons themselves.

The second paper (Koskinen & Leinonen, under review) explores the leisure adjustments of older persons during the pandemic. The study suggests that the reorganization of leisure was particularly influenced by the social significance of leisure activities, the age identities of the participants, and the prevailing ideals of active aging. The paper introduces three strategies of leisure adjustment: building new routines, maintaining activeness, and enjoying slow leisure. The findings highlight the importance of investing in older adults' leisure participation in the aftercare of the pandemic.

Session 7

34. Wendy Martin, Kirsten L Ellison, Isabel Pedersen & Barbara L Marshall

Visual Representations of Old Bodies and their Data: Exploring the Datasphere in Promotional Images of Smart Sensor Technologies for Ageing at Home

Technologies for people ageing at home are increasingly prevalent and include ambient monitoring devices that work together with wearables to remotely track and monitor older adults' biometric data and activities of daily living. There is however little research into the promotional and speculative images of technology-

in-use. Our paper examines the ways in which the datafication of ageing is offered up visually by technology companies to promote their products. Specifically, we ask: how is data visualized in promotional images of smart sensor technologies for ageing at home? And in these visualizations, what happens to the ageing body and relations of care? We include in our definition of smart sensor technologies both wearable and ambient monitoring devices, so long as they are used for the in-home passive monitoring of the inhabitant by a caregiver, excluding those devices targeted for institutional settings or those used for self-monitoring purposes. Our sample consists of 221 images collected between January and July of 2021 from the websites of 14 English-language companies that offer smart sensor technology for ageing at home. Following a thematic and semiotic analysis we present 3 themes on the visual representation of old bodies and their data: (1) Captured Data, (2) Spatialized Data, and (3) Networked Data. We conclude by highlighting the underlying assumptions of ageing bodies in the co-constitution of ageing and technologies in which the materiality of bodies is more often lost, reduced to data points and automated care scenarios, and further disentangled from other bodies, contexts and things.

Session 8

35. Jiby Mathew Puthenparambil, Lina Van Aerschot & Teppo Kröger

Care poverty and different sources of care: Similarities and dissimilarities among older persons relying on formal services, informal care, or both

This chapter examines and compares unmet care needs among three groups of older people: those using only formal care services (OFC), those receiving only informal care (OIFC) and those depending on both formal and informal care (BFIFC) regularly. We explore similarities, dissimilarities, and reasons behind unmet care needs in these three groups. Often older people with the most demanding care needs require BFIFC. However, people have very different and unequal resources and informal networks to organize care. Our approach broadens the understanding of how older persons' unmet care needs differ depending on the availability of different kinds of care and support and capture the various patterns of care poverty.

We use a survey dataset "Daily Life and Care in Old Age (DACO)" collected in 2020 among people aged 75 years and older in Finland (N=3083). Preliminary results show that among those using OFC, 47% (n=27) report unmet ADL or IADL care needs. Among those receiving OIFC 17% (n=206) and among those relying on BFIFC 42% (n=116) report unmet needs. The number of unmet IADL and ADL care needs are higher among people relying on BFIFC, which reflects a poorer state of health. Logistic regression shows low income and poor health condition to be associated with unmet needs in OIFC receivers whereas, only poor health condition is related to unmet needs in BFIFC users. It seems that older people with the highest needs find difficulties covering their care needs even after using all possible care resources.

Session 6

36. Päivi Naskali & Shahnaj Begum

Distances and sense of belonging: Nordic elderly people and communication technologies

In this study, the purpose is to consider the meaning of place and sense of belonging of ageing people in Finnish Lapland with long geographical distances. This question is analyzed in the context of changing elderly care politics that emphasizes staying at home with the help of digitalization. The COVID-19 pandemic was seen as an opportunity to assess the functionality of the new innovative solutions, remote

services that facilitate everyday life, health monitoring services and digital communication services. In this optimistic atmosphere it is still possible to ask if the distances make a problem and if so, from who's perspective? So, in this research, we first ask, what is the significance of the place and sense of belonging for older people as assessed by themselves and relatives. The other question is, what is the significance of digitalization as a state of belonging and community for older people.

This study will answer to the questions with data (from the older people themselves and the relatives of the older people) that has been collected from Finnish north. In the analysis, focus is on the relationships between distances, place and belonging and the role of digital technologies in old people's lives.

Session 3

37. Mia Niemi

Working with families in later life – perspectives on care, relationality and practices in gerontological social work

The decreasing role of institutional care has increased pressures on family members to participate in the care for older people in Finland. Alongside this, the service system has a widespread assumption that all older people have a caring relative or family member which, in part, reflects a refamilialising effect of care politics. However, this assumption ignores not only the people without a family but also the fact that difficult family relationships themselves may increase the need for support and services as the adversities experienced during the family life course take new forms in old age.

As part of my ongoing PhD work, I analysed how the family life of older people and the social problems they face are perceived and described in client case files (n=30). The findings of this discourse analytic study indicated that intergenerational family problems were partly reduced to a question of care, often categorizing family members dichotomously as either a resource or threat. Additionally, the older parents were sometimes seen as a resource providing residential and financial support to their adult children who had returned to family home. However, the relational needs of older adults towards their family were often overlooked. Need for care often starts a new phase in the family life of older people, in which the question on how family relationships can be maintained becomes critical. The lack of underpinning theories and modes of intervention prevents an informed approach in social work practice, which would go beyond the currently dominant resource/threat divide and strengthen the emotional bonds within families in later life.

Session 9

38. Catharina Nord & Mats Johan Lundström

CollAGE – A six year program on municipality collaboration

This is a presentation of the research programme CollAGE 2021-2027. CollAGE is an investigation of cross-sector collaboration between three main actors in the municipality: social services for older people (eldercare), spatial planning, and Senior Citizens' Councils. The collaboration between social services and planning is stipulated in the Social Services Act. The research aims at exploring how eldercare interventions and services are managed and understood in spatial planning, and how older people's preferences can contribute to improved quality in services and housing provision. The ultimate aim of the programme is to develop a methodological tool – CollAGEe – to support, facilitate and structure collaboration between the three actors. The theoretical framing of this programme is 'age-friendly

community', a WHO concept and model for good environments for older people. A multidisciplinary team of scholars in social work and spatial planning from Umeå University and Blekinge Institute of Technology explore a variety of practical and discursive aspects of the topic in six different research projects. With their varied expertise, the researchers provide input to a diverse research agenda with multiple qualitative approaches. Older people are involved in the research as co-producers, research subjects and advisors, sometimes in several roles at the same time.

One of the research projects within the programme (Testing of a proto-tool in collaboration between actors in housing and care projects) focuses on the integration of an ageing perspective in municipal urban planning and design (spatial planning) practice. The project is based on experiences and learnings from earlier transdisciplinary R&D projects on integrating perspectives in planning. Collaborative planning tools and methods will be developed and tested in joint collaborative efforts involving municipal practitioners from the elderly care and urban planning sectors as well as researchers with the aim to strengthen the municipality's institutional capacity.

Session 11

39. Sakari Taipale, Tomi Oinas, Loredana Ivan, Dennis Rosenberg

Changes in mobile phone use before and during COVID-19 pandemic– A panel study of older adults in seven countries

The expansion of digital media has led to the emergence of expectations for the decline in the old media consumption. According to media displacement theory, resources hinder the growth of the media sector as only a limited amount of time and money can be invested in media products. In this paper we examine the changes in older adults' mobile phone use during two years' time before and during COVID-19 pandemic.

Our analyses are based on the 2018 and the 2020 waves of the Ageing + Communication + Technology longitudinal study involving Internet users aged 60 and over from Austria, Canada, Finland, Israel, the Netherlands, Romania, and Spain. We analyze a sample including the respondents who participated in both waves (N = 4398). Latent Transition Analysis (LTA) was applied to form profiles from 19 statements on mobile phone functions used (yes/no).

According to results, mobile phone use is predominantly related to social interaction, especially to the basic functionalities like calls and SMS. However, there were large increases in the use of instant messaging, e-mail, and visiting websites between 2018 and 2020. Using LTA, we found a three-class model of mobile phone use function profiles, of which prevalence varied considerably between countries. Using multinomial logistic model, we confirmed that high relative income was the strongest predictor of medium and broad functions use. Moreover, LTA model showed that the transitions between three function profiles were rare, albeit country differences in the transition probabilities were large. We found a high degree of stability especially in the broad use of mobile function, indicating that older adults are unlikely to narrow the scope of mobile phone use. Contrary to the media displacement thesis, older forms of mobile phone use seem to persist when new forms are adopted.

Session 3

40. Antero Olakivi

Using mixed methods to critically explore floor-level old age care management in Finland

In Finland, care for older adults is in crisis, characterized by the lack of workforce, quality problems, and employees' increasing psychophysical overload and turnover rates. Public policy and debate routinely offer a particular solution to the crisis: better management of care work organisations. In Finland, floor-level care work managers in old age care (including ward managers and home care supervisors) thus face high expectations. On the one hand, they expected to have expertise in old age care and not only in management. On the other hand, management has become a new and independent field of expertise and a target for development and improvement in old age care. Hence, while managers aim to manage care work, the work of managers is a target of management as well. New management styles, models, ideals and structures are developed continuously – and care work managers are expected to develop themselves accordingly. Yet, there is surprisingly little critical research on the latest trends of management, including "coaching" and "diversity management", in old age care.

This talk consists of two parts. In the first part, I present an overview of recent (qualitative) studies that I have undertaken regarding floor-level management of old age care in Finland (together with my colleagues in the Centre of Excellence in Research on Ageing and Care). My focus lies on the practical ways in which floor-level managers have responded to the normative pressures they face as they are expected to adpot new managerial techniques. In the second part, I present a plan to collect new survey data among floor-level managers in old age care in Finland. To my knowledge, this will be the first attempt to collect representative survey data among old age care managers in Finland.

Session 4

41. Laura Pajula

One size fits most – or does it? Different views on designing and developing digital services for older adults

Digital services are a ubiquitous part of everyday life. However, designing digital services that would fit the needs of all older adults' is still a complex task to solve. Digital services can have a positive impact on older adults' lives because they can support social connections, independence and quality of life. However, digital services can also increase exclusion and inequalities in society. In this study, designing digital services for older adults is examined through the perspectives of authorities from municipalities, ministries and voluntary sector organizations. First, we ask how the diversity of older adults is acknowledged in the design process. Second, we examine the factors that influence on the digital inclusion of elderly. Third, we investigate how older adults are involved in the design process. Research data consists of 20 semi-structured interviews. Based on a thematic analysis we argue that older adults are not included in the design and development process enough. Although the heterogeneity of this group is widely recognised, stereotypical assumptions may still affect the design process.

Session 11

42. Christopher Grages & Birgit Pfau-Effinger

Gaps in the provision of long-term care across Europe – Explaining cross-national differences

Since the early 1990s, many European welfare states have extended their support for extra-familial care for older people. However, LTC is in many countries still associated with gaps in social security and the risk of unmet care need. This paper analyses the extent and type of gaps in the structures of LTC provision in a cross-national perspective, using a multi-level concept of LTC gaps. It also introduces a theoretical

framework for the explanation of such differences, with a main focus on the role of institutional constellations of LTC policies and cultural ideals about LTC. The paper also discusses in how far care gaps affect the risk of poverty and unmet needs for persons with LTC needs of different age, income and gender. It is based on a comparative study of seven European countries with different welfare state traditions, Norway, Germany, Spain, Italy, the United Kingdom, Estonia and Hungary, using analysis of legal documents, European policy databases, EU-SILC, EVS and Special Eurobarometer 283and national statistics. The findings show that the type of institutional constellation of LTC policies and cultural contribute significantly to the explanation of cross-national differences in the extent and type of care gaps. It also shows that women, older people (85+), and low-income earners have particularly high social risks when they are in need of care, mainly in countries with less generous care policie.

Session 10

43. Ilkka Pietilä & Hanna Ojala

Grandparenthood and the third age in the Finnish countryside

Some recent studies on grandparenthood have pointed to a potential conflict between grandparenthood and the ideals of the third age. Retired people are increasingly expected to live up to the ideals of active ageing, and many grandparents may wish to demonstrate their agency by getting engaged in various leisure activities, which may reduce their possibilities and motivation to spend time with their grandchildren.

In our study, we looked at this potential conflict from the perspective of people living in countryside, where distances to both cultural and other services, and grandchildren, may be long. We analysed our interviewees' discursive constructions of their grandparenthood and independent life in the third age as well as the ways in which they negotiated the moral dilemma between the two. The data consisted of 14 interviews with grandparents (10 women and four men), aged 66-85, living in Finnish countryside. All interviewees lived in their own houses relatively far from population centres (the median value 18 kilometres). Telephone interviews were conducted in the Spring of 2020.

All interviewees underscored the importance of grandchildren as well as their willingness to spend time with them. Distance to grandchildren obviously had an effect on how often they met with their grandchildren. However, the interviewees also expressed ideas related to maintaining certain limits in their grandparenthood to secure their own private lives. Quite surprisingly, expressing such thoughts did not depend on the distance between the generations. The interviewees aimed to balance between being a devoted grandparent and maintaining independence. A familist discourse emphasising the role of nuclear family was commonly used to keep distance to middle generation and grandchildren. The interviews echoed the third age ideals mainly in terms of independence and free time rather than consumption and leisure activities whose availability was limited in the interviewees' lives in the countryside.

Session 7

44. Visa Rantanen

Life disruptions and narratives on health-related life planning among older people

This research studies health-related planning for later life among older people from the point of view of how health disruptions become occasions for narrative reconstructions through which future health scenarios are imagined. The paper concentrates on planning related to advance care directives and aging in place, as these require people to make decisions related to their social relationships and personal

resources to pre-empt and adapt to potential future health problems. Planning related to anticipatory single life decisions and resource management has not been widely researched, as most research on health-related planning among older people has concentrated on continues lifestyle behaviors, like exercise- and diet habits. The data is composed of semi-structured interviews on planning for older age with interviewees aged between 52-72 years (N=32). The research uses narrative analysis to analyze how interviewees described encounters with health disruptions in the context of planning related to advance care directives and planning related to safety and accessibility in the lived environment. The disruptions were events where life continuity was disrupted by health problems concerning either the interviewees directly or proxies. The research results show that 1) the disruptions were portrayed as moments of epiphany, where a person's imagination of potential health problems, personal needs, and personal resources in relation to those needs had changed, 2) they could highlight implications for care relationships, 3) and they could function as a trigger mechanism providing a time and place for health-related planning. The paper shows how narrative theory can be useful for understanding health-related planning.

Session 7

45. Kristein Rummery

Ageing, social citizenship and care poverty: the right to care

Purpose: There are clear theoretical, policy and practice tensions in conceptualising social or long-term care as a 'right': an enforceable choice. The purpose of this article is to address the following questions: Do citizens have the right to long-term care? What do these rights look like under different care regimes? Do citizens have the right or duty to *provide* long-term care? We know that both formal and informal care across all welfare contexts is mainly provided by women, and that this has serious implications for gender equality.

Approach: In this article the author takes a conceptual approach to examining the comparative evidence from developed welfare states with formal long-term care provision, and the different models of care, to challenge feminist care theory from the perspective of those living in care poverty (i.e. with insufficient access to long-term care and support to meet their citizenship rights).

Findings: Drawing on her own comparative research on models long-term and 'personalised' care the author finds that different models of state provision, and different models of personalised care provide differential citizenship outcomes for carers and those needing care. The findings indicate that well-governed personalised long-term care provides the best outcomes in terms of balancing potentially conflicting citizenship claims, and addressing care poverty.

Originality:The author develops new approaches to care theory based on citizenship and care poverty that have not been published elsewhere, drawing on models that she developed herself

Session 6

46. Nuriiar Safarov

Digital health service access and use by older migrants in Finland

The digital health and social services in Finland are used widely, but evidence suggests there are disadvantaged groups, such as older people and migrants for whom it is difficult to access such services.

Lower rates of internet service use are most often explained by digital skills as the main determinant. With time, the problems of internet non-use fade, even among the most vulnerable groups of the population. This study examines the use of digital health services in Finland by the older migrants to uncover the wide span of determinants that influence their access. It shows the vital importance of the service knowledge and migrant background-related factors for the digital health services take-up. The analysis draws on the representative survey of Russian-speaking migrants in Finland who are older than 50 years old, carried out in 2019. The research draws attention to the detrimental consequences that poor access to digital services can have on health and wellbeing of older migrants.

Session 2

47. Hanna Sjögren, Charlotta Niemistö, Jeff Hearn , Margaux Viallon

What's the problem with older people?: What policy on ageing, living conditions, care and digitalisation tells about neo-liberal welfare

In exploring welfare for older persons, this paper focuses on how ageing, living conditions, care and digitalisation are represented in Finnish policy documents, published 2009-2022. Using Bacchi's 'What's the Problem Represented' (WPR) to be (1999, 2018), we analysed questions relating to what problems are represented in the documents, what assumptions underpin these, how they have come about, what silences and contradictions arise, what the effects are, and, finally, how these representations can be challenged.

Our policy analysis showed that age is largely presented to be related to the concepts of capability, interdependence and non-dependence. Older persons were often presented as a homogenous group, and while age-differences are recognised, the intersections of class, gender and ethnicity are largely ignored. Further, a largely positive representation of the use and implementation of digitalisation and technology is presented. Interestingly, potential problems and issues are related to user groups, not technology itself: thus, turning attention away from technology and placing responsibility on (older) individuals themselves and their capabilities.

Even with the relatively strong public welfare provision for older people in Finland, we show the shortcomings of the current neoliberal background of this policy landscape. A more humane way of valuing life, life experience, and diversity, both of the whole population and within different (age) groups, is needed in the planning and implementation of policies relation to age, care and digitalisation. Furthermore, changes and issues need to be evaluated in a more holistic, interconnected way, not simply in terms of either positive or negative aspects. Further effects and possible ways of challenging policy representations, as well as implications of our analysis, are discussed.

Session 5

48. Erika Takahashi

The Unoptimized Care at Home: The socio-technical articulation of managerialism in a rural/suburban eldercare sector

Care work has become a stressful job even though it is valued as meaningful and essential more than ever during the pandemic era. One of the reasons for this stress is the managerialism (Klikauer 2015) introduced to the care sector. While the logic of care (Mol 2008) emphasizes the flexibility of care in practice, managerial technology aims to optimize care work and its organization. How does this contradictory nature

of care work affect the workers? In which way does care work deviate from the configuration designed with the managerial ideology?

This paper compares home care teams in three areas of a rural/suburban municipality in southwestern Finland. Based on the participative observation of home care visits, the managerial practice of home care is situated within the geographical conditions of each area, the customers' living arrangement, their care needs, and the working condition of care workers. While the series of home care visits organized by digital technologies have been carried out with visible efforts by care workers, sometimes their actual care work deviates from the original plan. In this instance, the conflict between care and work takes shape. By describing these incidents within the daily routines of home care ethnographically, the paper discusses what change is coming to the public eldercare sector in the suburban/rural municipalities and how this change transforms the meaning of care.

Session 8

49. Katariina Tuominen, Jari Pirhonen, Kirsi Lumme-Sandt, Outi Jolanki, Päivi Ahosola & Ilkka Pietilä

No place to go? Older people reconsidering the meaning of social spaces in the context of the COVID-19 pandemic

Avoiding social contacts and self-isolating at home have been key instructions for older persons during the COVID-19 pandemic. Such instructions have bearing on social spaces in which the social life of older persons occurs. Spaces of everyday social connections and interaction – places of living, care, free time and for running errands – are being constructed and construct social life within changing societal circumstances. The question of how older persons themselves see their position in different social spaces during the pandemic is the interest of this study.

Data comes from the Ageing and social well-being (SoWell) research project conducted at Tampere University. Phone interviews with 31 older persons aged 64–96 years were analysed using discourse analysis and positioning theory.

Results show that home appeared as a social space where social life was restricted but also not even longed for. Spaces outside of home enabled a position of a sensible person using one's own reasoning but also offered a position of an irresponsible person. Care facilities offered fewer opportunities for independence regarding social life, but also independent positions were taken up. Virtual social spaces appeared as spaces for younger and healthy persons and a position of a sceptical technology user, seeing the limits of technology in social interaction, was taken up.

The variety of, and even contrary, positions inform us about the social needs of older persons within spaces their lives and their care take place. Our results can be utilized by policymakers and persons working with older persons to promote spaces of living, care and everyday life activities that support the actualisation of social relationships and interaction that enhance and maintain well-being during times of change as well as during normal times.

Session 7

50. Outi Valkama & Outi Jolanki

Digitizing Society - Perspective of Older Adults

The study addresses older adults' views on the digitalisation of society and how they portray themselves and others as users of digital devices and services. The data consisted of interviews with 20 women and 16 men with a mean age of 78 years. The interviews were collected in 2018-2019. Critical theory of technology is used as a theoretical framework and critical discourse analysis is used as a method. Analysis showed that participants' views about digitalization ranged from positive to negative. The discourses identified were: digitalisation as a necessity, digitalisation as a threat, and digitalisation as an opportunity, within these discourses, participants positioned themselves and other older adults various ways such as pragmatic user, outsider, technology savvy, enthusiastic and engaged user and victim. Finland is one of the most rapidly digitizing societies and digital skills and use of technology are needed practically in all spheres of daily lives. Based on the analysis, it can also be said that older people acknowledge benefits of digitalization and use digital technology multiple ways. Yet, not all are able or willing to embrace digitalization of society and take up IT and digital devices themselves. Digitalisation shapes people's lives in many ways and not just for the worse, but it cannot be ignored that for some people it means becoming victims of rapidly advancing technological development with no means to control its effect on their daily lives. Switching to digital services might threat older adults' autonomy and opportunities to participate to society.

Session 11

51. Heli Valokivi & Helena Hirvonen

Customer safety in care work with older adults

This paper examines the concept of customer or user safety from the perspective of social and care work with older adults.

Background and purpose: Customer safety is a matter of social equality and inclusion of all citizens. Services for the older adults are often located in an overlapping area of health and social care. From the perspective of health care, the principles of patient safety guide the patient-professional encounters, and from the perspective of social and care work, more attention is paid to customer safety issues. However, conceptually customer safety is vague. Users of care and gerontological social work often live in vulnerable life situations. Recent societal debates on services for the older adults call for an analysis of customer safety issues and challenge social and care work principles to ensure safety. Theoretically, customer safety is approached as a matter of trust in society and in user-professional relationships when it comes to vulnerable life situation of service users (Gilbert 2020).

Method and data: The method of the paper is theory driven document analysis and the data include national policy documents on customer safety of older service users.

Findings and conclusions: As research results the following themes can be emphasised: Intertwined patient and customer safety, safety culture, self-monitoring, interprofessional practice, safe living environment, technology and experienced trust and safety. Customer safety is vaguely defined and thus discussion on all levels is needed.

Session 9

52. Lina Van Aerschot

Bridging the way to services: Outreach work with older adults in three Finnish cities

In Finland, publicly funded care services should be at the reach of all older people who have care needs. However, care poverty exists, and the publicly provided services fail to meet the needs of all older adults, even persons whose needs clearly meet the criteria of needs assessment. Outreach work with older people is one of the novel approaches introduced to help socially isolated or excluded older adults or those who have encountered a crisis in their life but failed to have their care needs met.

This article uses interview data of outreach workers to examine what it is and why it is needed. The interviews are analysed in the first round using Atlas.fi for coding the data along ideas of data-driven content analysis. Secondly, research questions were formulated based on the coding and the second round of analysis was guided by the questions: 1) What does outreach work offer that the existing health and social care services do not? 2) What is outreach work with older adults and what kind of working methods is it built on?

Results show that the need for outreach work is due to the deep, complex, prolonged or sudden social problems faced by older persons. Multifaceted needs of older people do not meet the stiff organisational logic of the current service system. Outreach workers aim to support their clients in defining their needs and accessing services. Thereby, outreach work is about bridging the way to services for older persons in difficult situations. The methods of outreach work with older adults are built on respect, time and trust - basic aspects of care work that the public services too often seem to fail with.

Session 9

53. Paula Vasara

Finding one's place – experiences from intermediate housing

People in welfare societies, such as Finland, live more prosperous lives longer and in better health. This has begun to have an effect in the ways older people are seen. Whilst positive imagery on later life is a welcome trend, practices related to recent welfare, care and housing policies have failed to keep up with the developments. There is a lack of understanding that longevity and increase in healthy years does not equal to disappearing needs. There is also an underlying assumption that magical "sense of community" would develop among citizens in this time of predicament, and solve the challenges related to psycho-social wellbeing.

According to studies, the number of older individuals in need of services, and particularly lighter forms of support, is increasing while public provisions are decreasing. The governments have tried to tackle these developments by encouraging ageing individuals to take more responsibility themselves for their own future arrangements, in the name of free choice. Simultaneously, issues related to unsuitable and inadequate services, loneliness, insecurity as well as inaccessible physical dwellings have been voiced more notably. New opening have been welcomed, but unfortunately viable options have been scarce and unequally distributed. In addition, they have been lumped together under the empty concept of "intermediate housing", which is merely in reference to a place of residency in which a self-reliant person organises necessary support herself.

The purpose of this paper is to explore the perceptions and experiences related to residing in one of the novel alternatives. More precisely, this presentation discusses the effects of these policy changes on the perceptions of old age on societal and individual level, and asks whether overall wellbeing can actually be supported by these policies and practices related to them.

Session 1

54. Meeri Virtamo, Ilkka Pietilä & Leena Forma

Relatives as proxy-consumers of sheltered housing

In 2019, the Päijät-Häme Joint Authority for Health and Well-being (PHHYKY) introduced a service voucher with price ceiling for arranging services for older people. This new model is assumed to promote quality competition between service providers by allowing the customer to choose the service provider based on quality. However, it is challenging for vulnerable groups, such as very old people, to act as consumers who compare different service providers. In the case of sheltered housing, the use of a service voucher in practice requires the help of one's relatives.

This study examines how the relatives choose a care home in the situation where the care recipient is unable to participate in the decision-making. The data of the study consisted of 16 thematic interviews with relatives of sheltered housing residents, which were analyzed by means of qualitative content analysis.

The analysis showed that relatives often did not have information about the wishes of the care recipient regarding the choice of a care home. Instead, the relatives made the choice based on their own judgment. Relatives acting as proxy-consumers tried to base their decisions on previous preferences of the care recipient, an interpretation of care recipient's well-being in the care home, or an assessment of the quality of the service. In many cases however, the choices were restricted by lack of options, lack of knowledge of the service providers and already existing care relationships in a care home.

Despite the price ceiling of the service voucher, risks of inequality between care recipients remain. They are related to whether the care recipient has relatives who are motivated and able to make informed choices. Moreover, since the relatives are not the beneficiaries of the service themselves, choices are prone to uncertainties.

Session 1

55. Ching-yi Wu, I-chin Chuang, Li-Ling Cheng & Ken-Hsien Su

Effects of hybrid physical and cognitive training on cognition in the elders

Introduction: Aging-related deterioration and neurodegenerative diseases will cause cognitive decline, which has a profound impact on an individual's daily life, overall health and well-being. Non-pharmaceutical approaches for delaying or inhibiting the process have been called for. The purpose of this study is to determine whether hybrid intervention of combining cognitive and physical trainings enhances cognitive functions and instrumental activities of daily living (IADL) function in older adults with cognitive decline. The combined mode for the hybrid intervention can be sequential (i.e., physical exercise first followed by cognitive training) or simultaneous (physical and cognitive training concurrently) mode.

Methods: Eighty older adults with cognitive decline were randomly assigned to sequential training (SEQ), simultaneous/dual-task training (DUAL), cognitive training (COG), or physical exercise training (PE). Interventions for all groups contained 90-minute trainings, 2-3 times a week, 36 sessions in total. The outcome measures include domains in cognitive functions, physical functions, and instrumental activities of daily living (IADLs).

Results: For the cognitive outcomes, the DUAL group showed significantly larger gains on visuospatial working memory than other three groups after training. The SEQ group showed significantly better

performance of verbal short-term memory than the other three groups. There was no significant difference in IADL performance among four groups.

Conclusions: This is the first study that directly compared the intervention effects of hybrid modes with single modes in a four-arm randomized controlled trial. Our results indicate that combined cognitive and physical interventions, either sequentially or simultaneously, improved more cognitive functioning than isolated-training groups in elders with cognitive decline. These findings support the advantage of application of combined modes to improve cognitive abilities. For extending the effects on cognition to daily living, the use of the sensitive measure tools and function-embedded cognitive training is needed in the future study.

Session 4

56. Minna Zechner

Palliative care at risk. Contestation by applying social care definitions

While most of the older adults in Finland die in health centres, there are some discussions on the quality of palliative care in elder care services. Palliative care is all-encompassing care of people with a life-limiting illness and their families once an illness is no longer curable or treatable. This study focuses on analysing the qualities attached to a specially demanding palliative care unit (hospice) that was facing redundancies in fall 2020.

The data consists of all newspaper texts covering the issue in an independent, national daily newspaper within a two-month period. It is used to find out how a local regime of truth on the excellence of the hospice was discursively constructed, supported and contested. A regime of truth is formed when a certain discourse becomes dominant. I ask who is allowed to be an expert and what they are saying to support or erode the regime of truth. I also pay attention to what is not said.

Data is read by relying on the four-phase concept of care: 1) caring about: becoming aware of the need for caring; 2) caring for, which means assuming the responsibility to meet the need for care; 3) caregiving, which is the actual care work that meets the needs and 4) care receiving, which is the response of the person in need of care. The analysis shows how the qualities of common good social care were skilfully used to back up the regime of truth on the excellence of the hospice. The hierarchies and boundaries of care services seem to be in flux when death is approaching When medicine can no longer cure or even treat, it seems to be possible to turn to social care while still maintaining the prestige status of health care.

Session 4

57. Liliya Zenina

Older people projects change the conceptualization of ageing

The development of older people projects in Russian regions has been expanding for the last two decades. This development has gained support from non-governmental organizations and governmental programs. Among the state support measures are the Strategy for older people until 2025; modernization of the long-

term care system, the establishment of the Presidential Grant Foundation in 2017; Young in Spirit federal program for silver volunteering; the Demography, Healthcare, Culture National Projects; the Moscow longevity project for retirees, and other regional programs. The measures caused the increasing number and variety of older people projects.

For my research, I analyzed 3,314 projects of 2012-2020 supported by the Elena and Gennady Timchenko Foundation, Raiffeisen bank and Good stories Charity Foundation and the Presidential grant Foundation; I did interviews with 14 experts, among whom some were interviewed twice, before and after the Covid-19 lockdowns; and an online survey with 81 older people.

According to my data, older people projects cover a wide range of activities among which are the most popular are educational projects; silver volunteering; sport and touristic activities, intergenerational interactions; handcrafting; preservation of culture and traditions. A variety of projects have been developed to meet the demand and interests of older people who act as active actors, transmitters of culture and social contributors. Projects showed resistance and flexibility as a form of social cooperation in terms of transformations during the Covid-19 lockdowns. Involved older people maintained informal connections and activities, developed mutual support.

My investigation revealed positive changes at different levels caused by the development of older people projects. At the individual level, participants gain new knowledge and skills, experience positive changes in self-perception and understanding of the ageing process. At the community and social levels, structural changes lead to a broader understanding of ageing and a more complex approach in policy programs, broader and quality discussions in Academia, enhancements in intergenerational interactions, and a wide engagement of older people in social activities. Further expansion of older people projects and best practices can be seen as an important tool for an inclusive society and sustainable development.

Session 11

Speakers

Carol Jagger

Emerita Professor at Newcastle University

Carol Jagger is Emerita Professor at Newcastle University, UK. From 2010-2021 she was the AXA Professor of Epidemiology of Ageing at Newcastle University, UK, her research program spanning demography and epidemiology with a focus on mental and physical functioning in ageing. Carol has over 30 years' experience of ageing research, and she is the leading UK researcher on healthy life expectancy, having provided evidence to various government committees on this topic. She sits on a number of national and international committees including the Finnish Centre of Excellence in Research on Ageing and Care Expert Advisory group. Carol is a Chartered Statistician, a Fellow of the Royal Statistical Society and the Gerontological Society of America, and an Honorary Fellow of the Institute and Faculty of Actuaries. Although Carol retired in June 2021, she retains an active interest in her main research areas of healthy life expectancy, inequalities, and microsimulation modelling.

Shereen Hussein

Professor of Health and Social Care Policy

Dr Shereen Hussein is a Professor of Health and Social Care Policy at the London School of Hygiene and Tropical Medicine, UK. Shereen is a medical demographer by training and has developed an established multi-disciplinary research portfolio focusing on ageing and long term care. Shereen's research supports policymakers in the UK and internationally to formulate and implement tailored ageing policies and plans. Shereen has a particular interest in global ageing, health equity and migration and has recently established the Middle East and North Africa Research on Ageing Healthy Network to mobilise ageing research and practice development in the region (www.menarah.org).

Claude Martin

Research Professor at the CNRS

Claude Martin, Master in Psychology, PhD in Sociology (Paris 8 University) and French Habilitation in sociology (Paris Sorbonne Descartes University), is a research professor (*Directeur de recherche*) at CNRS (National center for scientific research) in Rennes (France). He is the Director of the Priority research program on autonomy (disability and aging), supported by the ministry of Research (*Programme d'investissement d'avenir* PIA) and operated by the French research agency ANR (2021-2026).

Claude Martin's main fields of research concern comparative welfare state analysis, social policies, in particular childcare, family care and Long-term care policies. He previously held the chair CNSA on Social Care (2009-2015) and the Chair CNAF "Childhood, parenting and well-being" (2016-2020) at EHESP school of public health. He teaches social policies and Welfare state systems at universities of Rennes and Sorbonne Paris 5, at the Institute for Political science (Science Po Rennes) and Conservatoire national des Arts et Métiers (Paris). He was director of his research team (Arènes, UMR 6051) (140 members) during six years (2011-2016) and visiting professor at the National Institute of scientific research in Montréal (1999-2000).

Marta Szebehely

Professor Emeritus of Social Work

Marta Szebehely is a Professor Emeritus of Social Work at Stockholm University, Sweden. She has been partnering and leading several Nordic and international comparative research projects on eldercare, and

for almost four decades, she has analysed how policy and organisational changes in eldercare have affected the everyday life of care workers, older people with care needs and their family members. Her research interests include gender, social policy and care; shifting boundaries of care (family, state, market); comparative and historical perspectives on care policies; everyday life perspectives on formal and informal care; living conditions and use of care among older and disabled people; working conditions in care work.

Venue & Getting Around

Venue
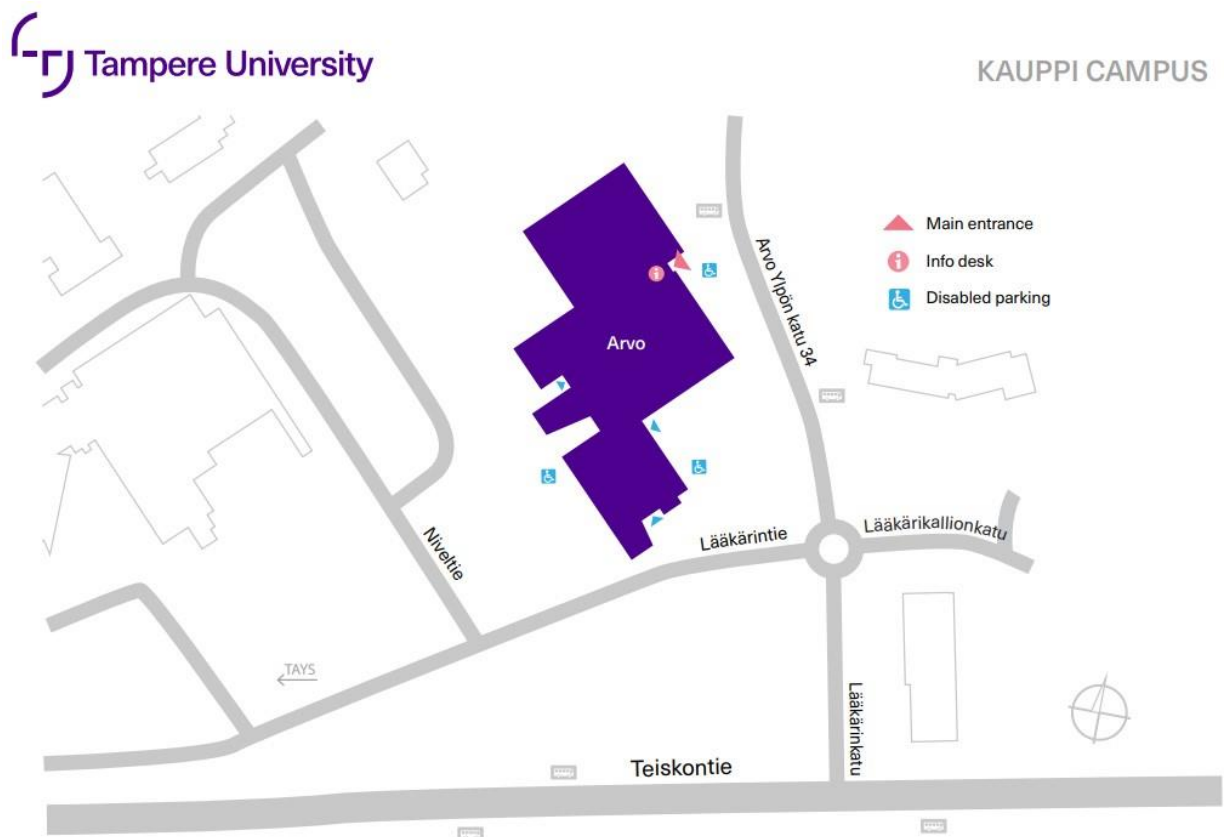
Arvo Building

Address:
Arvo Ylpön katu 34
P.O. Box 100
FI-33014 Tampere University

Arvo Building is located on the Kauppi campus.

Kauppi campus near the Tampere University Hospital is one of the three campuses of Tampere University located in the city of Tampere. It is a centre of medicine, life sciences and health sciences research.

More information about the venue: https://www.tuni.fi/en/about-us/kauppi-campus-home-base-medicine-and-life-sciences#switcher-trigger--overview

WIRELESS GUEST NETWORK

As a guest of the higher education community, you can connect to the guest network if your own organization has not joined https://www.eduroam.fi or https://www.roam.fi services.

TUNI-GUEST
The guest network is *unencrypted*. It is only recommended for temporary use.
- Connect to the TUNI-GUEST network with your device.
- Choose your e-mail address or phone number as the means to sign in.
- Familiarise yourself with the Terms of use of IT Services and auth.fi privacy statement in the activation form and tick the box where you commit to adhering to the terms.
- Fill in the information required in the activation form (e-mail address or phone number).
- Choose Proceed.
- You will receive the activation link by e-mail or text message.
- By opening the activation link you have access to the TUNI-GUEST visitor network for 12 hours.

Getting around

Tampere is a compact city, and everything is within walking distance. If you want to go outside the city centre you can use tram, bus or citybike.

How to reach Tampere and Kauppi campus

Tram:

Trams run every 7.5 minutes during the daytime.

Line 1 from Sorin aukio to Kaupin kampus includes 9 stops from City Centre to Kauppi campus (Kaupin kampus):

Sorin aukio, Koskipuisto, Rautatieasema, Tulli, Sammonaukio, Kalevan kirkko, Hippos, Tays and Kaupin kampus.

Payment methods: On trams, you can pay with your credit card (contactless payment). With contactless payment you can pay only for your own trip. The device will charge you one price for the trips you make in 90 minutes. You can also pay with the Nysse Mobile smartphone app or you can buy an advance ticket from Nysse Customer Service and most Nysse sales points. **You can't pay with cash on trams.**

Check the Tampere Tram website here.

Look for local bus connections here.

If you want to travel on foot, there is 20-30 minutes' walk from the Tampere main railway station to the Kauppi campus.

Taxi services:

Tampere regional taxi tel. 0100 4131

Taxi service tel 020230 / The smart way to order a taxi | 02 Taksi (https://02taksi.fi/english/)

You can also pick the taxi directly from one of the taxi stands. The trip from the city centre to Kauppi campus costs around 15-20 euros (7-18). Night-time fares between 19-06.

Things to do

Tampere is the third largest city in Finland, 170 km (1,5 hours) away from the Helsinki. Tampere sits between Näsijärvi lake and Pyhäjärvi Lake, with the Tammerkoski rapids in between. The centre of city is defined by the national landscape of Tammerkoski rapids, red-brick buildings and green areas. The centre of the city is easy to cover on foot and safe to walk. The city centre has dozens of restaurants, pubs and café's. The centre has open-air summer restaurant area with 11 restaurants (opening times vary).

The Vapriikki Museum Center houses several museums. Tampere Cathedral is known for its frescoes. Kaleva Church, with its striking concrete architecture, is designed to look like a fish from above.

You can find some tips to help you make the best of your trip to Tampere from the congress webpages:

https://events.tuni.fi/coeagecare2022congress/things-to-do/