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Elderly immigrants and Social Services

Quality of life, Successful Aging and Supportive Social Services.

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<p>In this thesis the objective was to collect data on elderly peoples' opinions about how social services, which would support the quality of their life and their successful aging in Finland, should be arranged in our country. The purpose of the thesis is to share ideas and suggestions presented by the interviewees on what services there could be more and which services satisfy their needs the most in the current situation.</p> <p>This thesis is a qualitative study, in which interviews were used as the main method of data collection. A questionnaire was also considered but they were not seen as a suitable tool for elderly people with immigrant background, because some of them were not as fluent in Finnish language as others were. The interviews were also done individually with all the interviewees instead of arranging group interviews, because it was noticed that individual interviews made it easier for the interviewees to share their experiences and opinions.</p> <p>The theories chosen to support the research process were the quality of life theory and successful aging theory. These two theories were used to evaluate the significance of the different aspects of elderly peoples' lives in their personal opinion. Quality of life theory divides those aspects into key domains such as health, social networks and subjective satisfaction. Successful aging theory is more restrictive by using only three domains which are further defined in their respective subchapter.</p> <p>The results of the interviews which were conducted showed that the most important areas of life which signified good quality of life according to the elderly people were matters related to health and loneliness. As ways to improve this aspect of their life, they made different suggestions such as how number of peer support groups and activity groups where you would meet native Finnish people would be helpful. Worries of long queues to health services were also expressed, so perhaps new health services funded by social service sector or health services ran by volunteers could help to reduce the long waiting times to medical care.</p>	
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<p>Tämän opinnäytetyön tavoitteena oli kerätä dataa ikäihmisten mielipiteistä, kuinka sosiaalipalvelut, jotka tukisivat heidän elämänlaatuaan ja onnistunutta vanhenemista Suomessa, tulisi järjestää maassamme. Opinnäytetyön tarkoituksena on jakaa haastateltujen ideoita ja ehdotuksia siitä, mitä palveluita voisi olla lisää ja mitkä palvelut tyydyttävät heidän tarpeensa parhaiten nykytilanteessa.</p> <p>Tämä opinnäytetyö on kvalitatiivinen tutkimus, jossa päämetodina tiedon keräämiseen käytettiin haastatteluja. Kyselyjä harkittiin myös mutta ne eivät soveltuneet työkaluksi maahanmuuttajataustaisten ikäihmisten kanssa, koska jotkut heistä eivät olleet yhtä taitavia suomenkielen puhujia kuin toiset. Haastattelut suoritettiin yksitellen haastateltavien kanssa ryhmähaastattelujen sijaan, koska huomattiin että yksittäishaastatteluissa haastateltavien oli helpompi jakaa omia kokemuksiaan ja mielipiteitään.</p> <p>Tutkimusta tukeviksi teorioiksi valittiin elämänlauteoria ja onnistuneen vanhenemisen teoria. Näitä kahta teoriaa käytettiin arvioimaan eri osa-alueiden merkitystä ikäihmisten elämässä heidän henkilökohtaisen mielipiteensä mukaan. Elämänlauteoria jakaa nämä osa-alueet pääulottuvuuksiin kuten terveyteen, sosiaalisiin verkostoihin ja subjektiiviseen tyytyväisyyteen. Onnistuneen vanhenemisen teoria on rajatumpi ja käyttää vain kolmea pääulottuvuutta, jotka on selitetty tarkemmin omassa alaluvussaan.</p> <p>Haastatteluista saatujen tulosten perusteella voidaan todeta että elämänalueet, jotka merkitsivät ikäihmiselle hyvää elämänlaatua, liittyivät terveyteen ja yksinäisyyteen. Näiden elämänalueiden parantamiseksi he tekivät erilaisia ehdotuksia kuten vertaisryhmien, joissa voisi tavata kantasuomalaisia, määrän lisäämistä. Terveyspalveluiden pitkistä jonoista nousi huoli, joten myös uudet sosiaalipalveluiden rahoittamat tai vapaaehtoisvoimin toimivat terveyspalvelut voisivat auttaa lyhentämään terveydenhoidon pitkiä odotusaikoja.</p>	
Avainsanat	ikäihmiset, elämänlaatu, uudet sosiaalipalvelut, vanheneminen, maahanmuuttajat

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Appendices

Appendix 1. Questions asked in pilot interview and early in the spring 2014.

Appendix 2. Questions asked in interviews in July 2014.

1 Introduction

The focus of this thesis is to study the current situation of services provided for elderly immigrants and gather information through interviews about what kind of services they need more. This study is done with Eläkeläiset ry, which is an association for elderly people in Finland and also a registered organization. I also discuss about the usage of social services, as well as elderly peoples' opinions about what they consider as good life and successful aging.

The main theories discussed in this thesis are the quality of life and successful aging. It is of the utmost importance to try to figure out how the elderly immigrants see their situation in modern Finnish society so we can better meet their needs and improve their standard of living. Immigration in Finland is by no means a new phenomenon, so it is important for us as professionals of social services to stay aware of the status of a very important client group. I want to know whether the elderly immigrants feel that they are reached well by pensioner associations and to perhaps find new ways to decrease the amount of their social problems, as well as to discover new and innovative ways to provide services for elderly immigrants.

In the appendices I have included the questions which were asked in the pilot interview. There are also for comparison the questions which were used to collect data in July from the second set of interviewees after the focus of the thesis had become clearer and more consistent, so you can see the development in the thesis process as well very clearly by comparing these two questionnaires. The questions are in Finnish, because it was noticed that the interviewees were not equally talented in English.

2 Eläkeläiset ry

My working life partner for this Bachelor's Thesis is an association called Eläkeläiset ry. The association was founded in 1959 and was the first association for elderly people in Finland. The association is politically independent and advocates for the rights of the elderly people. Guiding factors in their activities are societal righteousness and solidarity towards those who are in worse life situation than you. They publish their own magazine called Eläkeläinen. The association also arranges training, culture activities, celebrations, trips and different types of events as well as free time activities for elderly people. (Eläkeläiset ry.)

Because of the increasing amount of people with an ethnic background in Finland, elderly associations such as Eläkeläiset ry have also become more interested about the views and opinions of elderly immigrants. It is tempting to assume that native population would have an easier process in making use of all the services and possibilities offered for elderly people than it might be for those elderly with an immigrant background, but proving that hypothesis valid is difficult without appropriate amount of knowledge and research. EETU ry, which is an umbrella organization for elderly associations such as Eläkeläiset ry, made a research called "Huomisen kynnyksellä 2013" earlier this year about the wishes and dreams of elderly native Finnish people from age of 55 to 79 years. The research tried to seek answers to questions such as how pleasant the elderly people find the usage of services for elderly people, what services they found most useful and what kind of life wishes they had for the final phases of their lives.

In the Finnish society an "elderly person" is usually used as a descriptive term for old people who are no longer part of working life. People who receive sickness pension are usually not counted to this group though because of their young age.

Eläkeläiset ry provided me with connections to a few service centres in Southern Finland which arrange peer group meetings and other activities for the elderly immigrants. After in-depth thinking and one pilot interview, I decided to concentrate on Ingrians and Russians.

3 Social Services in Finland

In order to better understand the life of an elderly immigrant in Finland and the services that they could benefit from, we must be aware of what we already have. This chapter introduces some existing supportive social services and how they are provided. The Ministry of Social Affairs and Health lists several forms of supportive services, which are specifically meant for old people (Ministry of Social Affairs and Health.) These services are arranged by municipalities, which can either provide them on their own, or purchase them from private service providers. In addition, elderly people enjoy the privilege of social protection, which also contains income security for them. Financial benefits for elderly people, which are paid by The Social Insurance Institution of Finland, include employee pension, national pension, housing allowance and care allowance. (Kansaneläkelaitos.)

3.1 Services arranged by municipalities

The functional capability of the elderly is supported using preventative services and rehabilitation, which include Senior Info, home visits, day centres and vaccinations. If the elderly person requires home services, institutional care, informal care, services for older people, social assistance or other social care services, they have to go through a service needs assessment, which is handled by the municipal office.

Health services for elderly people include the services of municipal health care centre, such as physical examinations, dental care, home nursing, rehabilitation services and assistive devices. If specialized medical care is required, the hospital district arranges it. There are also special services and benefits for World War II veterans, which include rehabilitation, care and income security.

Municipalities can arrange the housing of elderly people in many ways. Older people's independent housing is supported by housing services by granting reimbursements for housing renovation work and by providing service accommodation. They are eligible for Home service and home nursing care assist when an older person requires help at home due to diminished functional capacity or illness. In many municipalities these are combined as home care, which is supplemented by support services. For those elderly people who are unable to live at home or in a service accommodation, it is possible to organize institutionalised care. Informal care support can also be granted for a relative

or friend of a person being cared for. For those elderly people with memory disorders and who might be in need of special services, the municipalities also often offer guidance by social and health care professionals and advice. (Ministry of Social Affairs and Health.)

3.2 Services arranged by associations

Associations and other third sector organizations can also provide the elderly people with supportive services such as peer groups, activity circles, and friend services. Elderly care centres often offer peer support for ethnic groups, in which elderly immigrants from similar background can share their experiences and news with each other. Examples of peer groups are for example the two groups of Ingrian and Russian elderly people who I had the opportunity to interview as well as a group of Afghani women which was used as a pilot interview group for this thesis. In these peer groups the elderly people also do different activities such as handicrafts or baking.

A popular form of voluntary work used to provide services for the elderly people is friend services, which aim to reduce loneliness of elderly people who are left alone in their homes for long periods of time. Sometimes this loneliness might be unintentional because the relatives of the elderly person might live far away from their home. The Finnish Red Cross has a friend project which trains volunteers for elderly people and other groups of lonely people as well. At the moment there are approximately 8000 volunteers around Finland who work as friends for lonely people in need. (Finnish Red Cross.)

Non-profit organizations also offer different activities for elderly people which are provided by voluntary workers. An example of this is Vie vanhus ulos-campaign, which aims to attract volunteers to take the elderly people out for a walk and to see the outdoors. The campaign runs from 1st of December 2014 to 28th of February 2015 in cooperation between multiple elderly organisations. (Vie vanhus ulos.)

4 Immigrants in Finland

In order to cover all the key concepts of this thesis, we also need to discuss about immigrants and their status in Finland. Because the target group of this bachelor's thesis is specifically elderly immigrants, it is important to acknowledge that they come from a different background than native Finnish elderly people, which places them in a special situation in comparison to the native population.

The dictionary at Dictionary.com defines *an immigrant* as “a person who migrates to another country, usually for permanent residence” (Dictionary.com). This definition has become more or less used in global scale to separate non-native people from the native population. In addition to this, immigrants can be analyzed even further, based on for example their generational status. As an example Philipp Schnell and Davide Azzolini have used generational status as a way to categorize people with immigrant background to four categories in their study *The academic achievements of immigrant youths in new destination countries: Evidence from southern Europe*:

We therefore classify sampled students by combining information on students' and parents' places of birth (abroad vs. host country) and information on students' age of arrival. We divide the sample into the following categories: (1) natives (children with at least one native-born parent); (2) second-generation immigrants (native-born children whose parents are both foreign-born); (3) early-arrived immigrants (foreign-born children who arrived between the ages of one and six and therefore before compulsory school begins in all four countries); and (4) late-arrived immigrants (foreign-born children who arrived between the ages of seven and fifteen). We use a strict definition to identify first- and second-generation immigrants as individuals with both parents born abroad. (Schnell & Azzolini 2014.)

All the Ingrian and Russian elderly immigrants who were interviewed for this thesis had moved into Finland at adult age, so Schnell's and Azzolini's categorization cannot be applied to them. Nevertheless, their categories are an example of how immigrants can be studied on more individual level, rather than speaking of a big group of people from a foreign country. The Ingrian immigrants told me that most of them had been able to speak Finnish in their homes with at least one of their parents, usually their mother, even though speaking Finnish was prohibited in Soviet Union. Today there are approximately 25000 Ingrians and between 30000 and 70000 Russians in Finland, depending on whether Russian speakers are included in the number or not.

5 Theories of Needs

In this chapter I am going to discuss the concepts of need, want, demand and supply. I believe that the concept is important when we talk about the services which currently exist for the elderly people in Finland. Supply and demand are important theoretical concepts related to economics and service provision, which is why I decided that it would be good to include them to this part of the thesis.

A very popular theory which is used when describing needs is the pyramid model called Maslow's hierarchy of needs. It is a theory in psychology which was developed by Abraham Maslow in his 1943 publication *A Theory of Human Motivation*. In his theory, Maslow tries to describe the motivations of people by dividing their needs into five categories, which are physiological needs, safety needs, love/belonging, esteem and self-actualisation. With physiological needs, Maslow means things such as food, water and sleep, which people require for living. Safety needs include issues for stable living, such as security of body, employment, family and health. Love and belonging category concentrates on friendships and human relationships. By meeting these social needs people can move to the fourth category of esteem, where they develop self-esteem and confidence, and learn to appreciate their achievements in life, which eventually can lead people to the fifth category which Maslow calls self-actualisation. Self-actualisation is the top of the pyramid model and is where problem solving and acceptance of facts happens. (Maslow 1943.)

Maslow's hierarchy of needs links very well to the comparison of needs and wants, which in turn reflects the fluctuations in society, which based on our likings affect the supply and demand of products and services in the markets. Elderly people have a different set of services, which they need to survive. These might not be as important to for example young people who, on the other hand, need different services to cater for their needs and wants. It is interesting how even within such a big group of clients as elderly people there can be notable variety in what kind of services they require based on their age. Hospitalisation as a popular trend has led to an increase in relocating elderly people in bad physical condition to hospitals because they can no longer manage their own lives in a private apartment or would need constant supervision. Because of this, careful comparison and evaluation of the worth that services have is important, so we can save money for the products and services that people truly require.

5.1 Needs versus Wants

The idea of needs is developed by the human mind when we feel that we require something so much that if we do not have access to it, we will start to feel insecure, threatened or weak. The Oxford Dictionaries-dictionary defines *need* as an object which we require because it feels essential to us rather than something that is desirable. Regarding elderly people, I think that it is important to try to offer them services which are both necessary and cost efficient. An existing model to offer services for elderly people which still enjoys popularity and support among the Finnish population is service homes and service centres, where the elderly people have a possibility to go and participate into organised activities rather than just staying at home. I believe that this kind of activity arrangements can be an answer to the social needs of people and also provides them with a safety network in which they can share their daily thoughts.

Separating *needs* from *wants* and *desires* is a necessary part when making a budget for acquisition of new services. An evaluation of whether more free time activities such as libraries and gymnastics for elderly people is needed in comparison to services such as temporary housing and free meals for those elderly people who are forced to move from their home for the time of renovation or other similar reason.

5.2 Demand versus Supply

Demand and *supply* are determined related to many societal issues. Based on trends in society both on national and regional level they can vary a lot, and because of this the demand for services in one area can be very different when compared to another. To meet demand we require supply, which is determined by peoples wants as discussed in previous chapter. How much supply we can provide to people is dependent on how much money we have allocated to providing these services.

On Investopedia, which is a website with information about investing and economics, Reem Heakal discusses the concept of supply and demand in his article *Economics Basics: Supply and Demand*. He calls supply and demand the backbone of market economy and emphasizes how it is one of the most fundamental concepts in economics. According to Heakal, "Demand refers to how much (quantity) of a product or service is desired by buyers. The quantity demanded is the amount of a product people are willing to buy at a certain price; the relationship between price and quantity de-

manded is known as the demand relationship. Supply represents how much the market can offer. The quantity supplied refers to the amount of a certain good producers are willing to supply when receiving a certain price. The correlation between price and how much of a good or service is supplied to the market is known as the supply relationship. Price, therefore, is a reflection of supply and demand.” (Heakal n.d.)

The service providers are usually careful with the trends regarding supply and demand, because if there is no demand for a particular service or product, people will not buy the service and the service provider will need to invent new incentives or lower prices to attract more customers. Similarly if there is more demand than supply, the service providers have the opportunity to sell their services and products for higher price. From social services point of view, a lack of supply is more alarming than a lack of demand, because when there is a lack of supply the clients’ needs are not met even though they should. My reasoning is based on the idea that bachelors of social services work mainly for the wellbeing of the clients, so the services which we provide for them should be carefully considered so that we can choose from a large variety of services those that will benefit our clients the most. In the process of determining which services are the most beneficial, budgeting can be a very powerful tool. When the service provider has a budget to control the finances of the service, it is easier to maintain a clearer understanding about sales and purchases and how the market situation is evolving.

6 Quality of life and Successful Aging

In this chapter of the thesis we will take a closer look to the two theories which are relevant to this thesis, the Quality of Life theory and Successful Aging theory. These two theories form the theoretical foundation of the thesis, so it is important to describe them and their background information here in detail.

6.1 Successful Aging theory

The first theory which I have used to analyse the results of this study and to formulate the questions in the questionnaires, is known as the successful aging theory, which was developed in the early 1960s, but it has been continuously developed since then. Nowadays successful aging is defined by three main dimensions, which are avoidance

of illnesses and deterioration of human functioning, upkeep of cognitive and physical functions and participation to the surrounding society. This theory emphasises that all these three aspects should be included in the person's daily life so successful aging can be achieved. Mercer's Institute for Successful Aging, which is located in Dublin, defines successful aging as a process where a person is considered to be aging successfully by fulfilling three criteria. These criteria are considered to be met when that person reaches their own potential and possesses a level of physical, social and psychological well-being with which they are content. (Mercer's Institute for Successful Aging.)

6.2 Quality of life

Quality of life is a very old concept, which has slowly transformed during the years into a sociological term. In his article "Elderly People's Definitions of Quality of Life", Morag Farquar writes about the history of Quality of Life being used in the society. It became commonly used after World War II to reference material goods such as a house, a car and other similar items which were physical rather than directly related to mental well-being. After gaining a foothold in daily use, the quality of life slowly began to encompass a wider array of topics. In 1960 it was included in the United States in a report on National Goals by President Dwight D. Eisenhower. In President Eisenhower's report, quality of life referred more directly to nationwide issues which were education, concern for the individual, economic growth, health and welfare and the defence of the non-communist world. Starting from the late 1960s there were major political and social upheavals, which switched the emphasis towards even greater things such as personal freedom, leisure, emotion, enjoyment, simplicity and personal caring. (Farquar 1995, pp. 1439-1441.)

From social service based point of view, it is important to understand how quality of life became such a wide concept. Farquar states in his article how "it was argued that because people's subjective responses are real and people act on the basis of them, one should take account of these subjective responses when assessing quality of life" (Farquar 1995, pp. 1439-1441).

John Bond and Lynne Corner discuss in their publication "Quality of Life and Older People" (2004) about the different aspects which encompass the quality of life in the lives of the elderly. They have identified key domains which are subjective satisfaction,

physical environmental factors, social environmental factors, socio-economic factors, cultural factors, health status factors, personality factors and personal autonomy factors. In Bond's and Corner's opinion, the most important of these domains is subjective satisfaction, because it represents the person's overall satisfaction with life. The reason for this is that subjective satisfaction is in a way the main domain from which the other more specific domains are constructed. (Bond & Corner 2004.)

7 Research question and qualitative research

In this Bachelor's Thesis the two main topics were the meaning of quality of life and successful aging to elderly immigrants as well as their thoughts and wishes regarding social services in Finland. During the interviews the objective was to gain deeper knowledge about the life situation and also some background information about their personal lives in order to better understand their need for social services and services that support their well-being in Finland.

My main research question or thesis statement to which I would like to find an answer is what kind of services the elderly immigrants need and how they perceive the concepts of quality of life and successful aging in their personal lives. The reason why I decided to concentrate especially to the subjects of quality of life and successful aging is that when I was trying to find prior studies and researches about the subjects which would have specifically concentrated on these theories in Finland and how they work in our country, I had difficulties to find many relevant sources. Nevertheless, with help from my supervising teacher I was able to find more sources which led me to the right path and helped me to find sources, which provided relevant information related to the subject.

This thesis is a qualitative study, which is one of the two forms of research which can be applied into data collection and data analysis. The opposite of qualitative study is called quantitative study. The main difference between the two research methods is that in qualitative study the research sample is smaller. Qualitative research also provides very specific information instead of empirical support for the research hypothesis.

Maggi Savin-Baden and Claire Major state in their publication *Qualitative Research: The Essential Guide to Theory and Practice* how "Qualitative researchers face many

choices related to data collection ranging from grounded theory practice, narratology, storytelling, classical ethnography, or shadowing. Qualitative methods are also loosely present in other methodological approaches, such as action research or actor-network theory. The most common method is the qualitative research interview, but forms of the data collected can also include group discussions, observation and reflection field notes, various texts, pictures, and other materials.” (Savin-Baden & Major 2013.) Information gathering methods that qualitative researchers typically rely are usually Participant Observation, Non-participant Observation, Field Notes, Reflexive Journals, Structured Interview, Semi-structured Interview, Unstructured Interview, and Analysis of documents and materials (Marshall & Rossman 1998).

For this Bachelor’s Thesis, semi-structured interviews were used as the primary data collection method. Eläkeläiset ry helped me to find individuals from different ethnic groups who could answer my questions and that way provide me with data to use for determining what they think about quality of life and successful aging as well as services that are provided for them. The thesis is a qualitative study because my interview sample is very small. I asked my working life partner what their opinion is about making a survey instead but they said that it simply would not work because many elderly people cannot necessarily answer to very difficult and lengthy questionnaires.

For data analysis purposes, I have used logical analysis as my main method. I think that using logical analysis to analyze interview results was a good decision because it involves written descriptions as well as use of logical reasoning processes. (Ratcliff n.d.) Because the data was collected in interview form, with written notes being the end result, it felt most natural for me to draw my conclusions from the interviewees’ answers by writing down what they had told me. After I had written some of the results here to the thesis, it was easier to expand upon that by comparing the gathered information to existing studies and research, which can be found from the references. I also recognized the most important themes from the interviewees’ answers in relation to the theoretical framework, which were matters related to their health and sense of belonging into a social group.

Because data analysis is a very time consuming process, it is important to take explore previous research done on the subject. By using supportive reference material, the researcher can show that his interpretation of the interview material is valid and has supportive data which shows that the researcher has not invented his results out of

nowhere. All in all, finding precise data analysis methods for my thesis was a difficult process, but I think that I managed in the task eventually and was able to draw conclusions based on the answers of my interviewees in an academic manner.

8 Interview process and analysis

When I first began to work on my thesis, I contacted my partner organization Eläkeläiset ry and asked them for possible client groups which I could interview. The association has a good network of contacts in the Helsinki region so they arranged for me a pilot interview with a group of Afghani women. The interview with them however did not give the results that I had hoped for. It was an educative experience for me nevertheless, because I realized that group interviews do not serve the objectives of my thesis and I should concentrate on individual interviews instead. After finding the interview results with the Afghani women too difficult to gain relevant information from, Eläkeläiset ry helped me to find some new contacts. There were two mixed groups of Ingrians and Russians, who I had the privilege to interview. In the following subchapters some information of them shall follow.

8.1 The interviews of the Ingrians and the Russians

I interviewed in total three Ingrians and one Russian, so the sample for this study was four people in total. Most of my interviewees spoke good Finnish, so organizing the interviews was relatively simple. The reason why some of the Ingrians might not be as fluent in Finnish language has its roots in the history. After the Karelian Isthmus and Vyborg were ceded to Russia at the end of World War II, the Finnish language was forbidden to be used in public in the newly conquered territory for example in newspapers and schools. Some still spoke Finnish in their households in secrecy but for some people the language proficiency disappeared. On the other hand, the Russian interviewee did not speak much Finnish so one of the peer group leaders acted as an interpreter.

One lady who I interviewed had been living in Finland for 20 years. I asked from her about the services that she uses and she told me that she does not use actively the services of Social Insurance Institution and does not visit the Social Office actively because she lives at her daughter's house so she does not receive for example housing

benefit. I asked from her some information about her educational background as well and she told me that she receives pension for her previous education as a doctor from Russia in addition to her pension from Finland. She had many things to comment on regarding the services available to elderly people, and her special wish was that there would be more organized trips into different cities and around Finland for elderly people.

I believe that for many elderly immigrants the concept of social service can be difficult to understand, because when I asked about services that she uses, she told me how she likes to visit the gym at the service centre a lot and also goes to different concerts which are organized for them. And of course she comes to the peer group meetings which she thought that were a very good form of service. So based on this I would say that elderly immigrants do not most of the time think about social support services as the service type that has the greatest effect on their wellbeing and quality of life, but more personal things which have a direct impact in how they perceive their current situation. She also told me that I am lucky to have born in Finland because we have so much better service system and education system than Russia does.

I was told that in Russia the social care system for elderly people is very different when compared to the situation in Finland. Because in Russia, the responsibility for taking care of the elderly people is left to the families, whereas in Finland it is possible for the elderly people to live on their own. For one of the interviewees quality of life meant that she has many friends, hobbies and when she feels that she is not alone. Apparently the fear of loneliness is a very common fear among the elderly people so addressing this fear with supportive services is important. She told me that the peer group is very good form of service for her and that she has been a member of the group already for four years. Her favourite group is the peer group which they have every Tuesday. She visits the service centre four times in a week and enjoys the activities very much, because they do many things such as drawing. During her free time she also writes articles about the military forces which were stationed in Porkkala, which according to her has a positive effect on her quality of life.

She is also happy with the services that she are currently using which include taxi and home services. She wishes that there would be a dedicated medical service for the elderly people because the health care centres can have long queues. In the social service centre she has a personal advisor who has helped her for seven years in bu-

reaucratic situations such as if she does not understand some document, she can receive help from her advisor. She also has a service which she can call if she falls which makes her feel safe. In general, she is happy with the quality of social care in Finland.

I also interviewed a Russian man who had previously worked in the Russian navy. One of the volunteers at the service centre acted as an interpreter in this interview because the interviewee felt that his Finnish skills were not good enough. He has lived in Finland for 5 years. For him a good quality of life meant that a person should have a job, be healthy and feel that the person is loved. If he doesn't feel good he has a habit of doing sports. Something that he said that he is particularly happy about is that in Finland people are treated in an equal way.

In his opinion the group at the service centre is a very good service. He feels that the medical services for elderly people are not adequate because the doctor usually has only 15 minutes for each patient. Dental care services are also difficult to arrange. Regarding social services he said that the social office had responded to him that they are not providing aid, so he does not use the services because of that. He feels that for him the integration to the Finnish society has been difficult and that he feels that he is an outsider. According to him it might be because he is not fluent enough in Finnish language.

Successful aging is a difficult concept for him to understand. He said that he thinks that it is good that Finland has service centres for elderly people and that there are also opportunities to maintain your physical health. He has had discussions with his friends and they also think medical services are not serving their needs enough. Elderly people need more attention and want to feel that they are important. For them it is also important that when they take part to the peer groups, there would be plenty of different activities, so the groups would not feel too similar to sitting at their own homes watching television.

For an old Ingrian woman who has been part of the group, good quality of life has been a combination of good reception and that she has a right to her mother language and religion. In Russia when she was a child her mother spoke to her Finnish in secrecy and nowadays she visits the church regularly.

For her good forms of social services are for example those provided by the church as well as different clubs and groups. She would want to visit more clubs where the group members would speak Finnish and that she would meet more native Finns. In her opinion Finnish people are not very open in daily discussions, so a club would be a good place to meet new people.

According to her for elderly people an important part of successful aging is a working elderly care system. An even more urgent problem which should be solved is the lack of groups where you could meet new people. Their relatives are often at work so they do not have time for the elderly people, so for these situations having more friend groups could be a solution. There should also be more trips and funded recreational activities, in which social associations and social organizations could perhaps be of assistance. She summarizes, that the Ingrians haven't had better life situation than they do now in Finland.

8.2 Analysis of the interviews

Based on the interviews which were conducted, it can be said that in the interviewees' opinion issues which they considered good quality of life, were mainly related to health and loneliness. These issues belong to health status factors and socio-economic factors according to Bond's and Corner's classifications which were discussed briefly in subchapter 6.2 of this thesis. Bond and Corner describe the family networks of elderly people as a way to provide emotional, instrumental and financial aid to older people and receive support in return. In Bond's and Corner's opinion, "interdependency within contemporary networks is no less strong than it was in the past, despite of the low prevalence of co-residence and the increasing spatial separation of family networks, not simply across towns and cities but across countries and continents as well." Bond and Corner also write how "there is evidence that family and friends provide support to older people especially during times of illness and incapacity." They admit that families which are well-integrated are assumed to improve the quality of life of family members, but they also recognize that this may not be the case in all families, because such cohesion often has a greater source, such as family and wider cultural expectations than what individual preferences would provide. (Bond & Corner 2014.)

Regarding the relationship between health and social networks, Bond and Corner state that "variation in social support networks has an important influence on the quality of

life of older people in the community, particularly at times of poor health and illness” (Bond & Corner 2014). I think that this statement is true because elderly people also need social support networks from their own ethnic group, rather than being forced into interaction with the native population.

Even though it is a fair argument that people need to integrate to the main population, assimilation should still be avoided. Keeping the traditions and culture of the ethnic groups is important, and when services are arranged for the minority groups, they should be organized in a way that would not force the elderly people to lose their roots. It is important to ensure that there are enough services available for both the natives and the immigrants, to guarantee equal possibilities for all.

The reason why I am bringing up the issue of assimilation versus integration in this thesis is because it is important to distinguish the difference between the two ideologies. Difference Between.com-website opens up these two concepts in an article, which is called *Difference Between Integration and Assimilation*. The website explains *integration* as follows:

Integration is a two way process where there are cross influences from both the cultures and both change a small bit to accept the minority culture into the majority culture. This is a process that requires acceptance of the laws and ways of the host country by the people of the minority culture without giving up on their own laws and ways. This happens with modification in both the cultures. However, this is possible in a situation where there are no antagonistic feelings between the two cultures and both accommodate the viewpoints of each other in a bid to live harmoniously together. Integration is a process where the minority cultures take something in from the majority culture to become a part of the majority culture retaining their identity. (Difference Between.com.)

To compare with, *assimilation* is explained in the article in the following way:

Assimilation is a process of absorbing minority communities into the ways and views of the majority community in a multicultural society. This is absorption that takes place in a one way direction as the minority communities are required to learn the customs and traditions of the majority community giving up their own or modifying them to become acceptable to the majority community. Assimilation has become a dirty word in some ways as it asks people belonging to a minority culture to give up on some aspects of their culture to adopt the ways of the majority culture to be accepted by the majority community. Thus, assimilation happens to be a process where the ethnic minority loses some of its features and adopts some of the features of the majority to appear like the majority community. (Difference Between.com.)

It is also summarized on the website how in integration the important element is to ensure equal opportunities for the minorities so they would have similar rights as the major community, whereas assimilation is a give or take process where the minority is left with no other alternative but to assimilate into the majority’s ways and traditions in or-

der to receive equal treatment. Even though both integration and assimilation work towards the inclusion of the minority culture into the majority culture, the downside of assimilation is that the minority culture is required to become similar to the majority culture, thus losing its cultural identity. (Difference Between.com.)

By increasing integration of the immigrant population to the native population, the costs of providing services to the minorities might be higher than they would be in assimilation policy, but in my opinion the threshold for the clients to use those services could be lower, if they were able to as an example, use services in their native language or were provided more support in doing so by making use of interpreter services. Thorough studying of the subject is necessary so the needs of the elderly population can be met in their fullest, without forcing them to lose their identity.

The information that I was able to gain from the elderly people who I interviewed is valuable because it gives us an idea about the elderly immigrants' views on which services they see as most meaningful for their quality of life and successful aging process in Finland. Even though the sample was very small, no opinion should be seen as worthless, which is why we should take into consideration what these people have said and try to make their situation better, by offering them better social services.

9 Ethics and Reliability

During the process of writing and data collection, one of the main goals has been to respect the anonymity of the interviewees. The first thing that was told to a new interview was that it would not be possible to identify them through the results of interview. Maintaining the anonymity of interviewees was probably an encouraging aspect in the process of establishing a trustworthy atmosphere in the interview situation. Interview situations were arranged at the service centres, so it was generally easy to find a room or space where the atmosphere was comfortable enough and the other group members were always nearby to act as interpreters if needed. I believe that I succeeded in that quite well and managed to help the clients feel comfortable in the interview situation.

It is very important to discuss whether a thesis of this scale is reliable or not. Because it is a qualitative research, it might be difficult to say that the thesis would describe the situation or opinions of the elderly immigrants in Finland in large scale, but the scope is

rather focused on the Ingrians and Russians. Because the interviewees are from Helsinki region we cannot even speak of a nationwide survey. However, even though the scope of the thesis is quite narrow, it can still be used for developing the situation of a smaller group of people in our capital region. Here are some reasons why I think so.

Because the thesis is concentrated around Ingrians and Russians, it can be stated that it represents the voice of a minority regarding the state of social services at the moment. But even though there are very few people involved, I think that we can still put a lot of value on their opinions because each and every person is an individual and their opinions should be respected. When developing services further, why should we totally dismiss valid ideas only because they come from a small amount of people?

10 Conclusion

In this chapter we will take a holistic look at the whole thesis process and reflect on its significance to the work life, as well as different obstacles and hindrances which were encountered during the writing process. I think that many of my interviewees found the topic of successful aging difficult to understand. The most common aspect which the elderly people associated with quality of life was good physical health, which is also one of the three main dimensions of successful aging. One of the interviewees stated that physical health is easier for the elderly person to see on their own, so consequently it is also easier for them to consider it as something which is related to successful aging.

Health and loneliness were the two aspects which my interviewees spoke the most, and I think that both of them are very real concerns for elderly people regarding their life and aging process. As the people grow older, they become more aware of the status of their life and things that might have a negative effect on their quality of life and which things might affect positively on their life instead. From an immigrant's point of view, especially the loneliness aspect and sense of belonging are further highlighted, because their family might be living abroad or far away from their home. In my opinion, the connection to the people who share their ethnic background is also important, because it helps the elderly immigrants to reminisce their cultural roots and to uphold their feeling that they are not alone in the foreign country. Despite of that, connections to native population are also important, as was expressed by one of the interviewees.

The interactions with native Finnish population help the elderly immigrants to improve their language skills and to form new friendships.

Narrowing down the focus of the thesis was not an easy task. Because the elderly immigrants as a client group are so vast topic, it was important to find a theory base from which they could be studied. It took some time but eventually I was able to narrow the focus to the concept of quality of life and successful aging theory. I am interested about work with immigrants and about peoples' need of social services, so finding a way to link all those aspects was very important to me.

In my opinion, social services must respond to the public need, which is why constant analysis and thinking on how to develop them further is necessary. The municipalities have many responsibilities already so thinking new ways to provide these services could prove to be both fruitful and cost-efficient. We must put our trust to the non-governmental organizations and associations, and cooperate to provide better services for the elderly immigrants in Finland, so they can live their lives in an environment which supports their quality of life.

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Questions asked in pilot interview and early in the spring 2014

- 1) Minkä ikäinen olette?
- 2a) Kuinka kauan olette asuneet Suomessa?
tai
- 2b) Milloin tulitte Suomeen?
- 3) Onko teidät koulutettu ammattiin? Jos kyllä, mikä se on?
- 4a) Oletteko työskennelleet Suomessa ollessanne? Jos kyllä, niin missä?
- 4b) Kuinka monta vuotta työskentelitte työpaikassanne?
- 5) Maksetaanko teille eläkettä Suomessa?
- 6) Käytättekö aktiivisesti esimerkiksi KELA:n tai sosiaalitoimiston palveluita
- 7) Jos käytätte niin mitä?
- 8) Vastaako palveluiden laatu ja tarjonta tarpeitanne?
- 9) Minkälaisia palveluita toivoisitte lisää?
- 10) Tuntuvatko palvelut mielestänne luotettavilta?
- 11) Oletteko tyytyväinen ikäihmisille suunnattuihin palveluihin?
- 12) Miten ikäihmisille jo olemassa olevia palveluita voitaisiin kehittää entisestään?

Questions asked in interviews in July 2014

- 1) How old are you? / Kuinka vanha olette?
- 2) Kauanko olette asuneet Suomessa? / How long have you lived in Finland?
- 3) Mitä teille merkitsee hyvä elämä? / What does good life mean to you?
 - Ystävät / Friends
 - Perhe / Family
 - Harrastukset / Hobbies
 - Uskonto / Religion
 - etc.
- 4) Mitkä palvelut tukevat hyvää elämänlaatua? / Which services in your opinion support good quality of life?
- 5) Mitä teille merkitsee onnistunut vanheneminen? / What does successful aging mean to you?
- 6) Millaisia palveluita voisi olla enemmän jotka tukisivat onnistunutta vanhenemistä? / What kind of services there could be more to ensure successful aging?