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Nurses' Perspective on Social Benefits for the Elderly in Finland

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The purpose of this study is to find out what affects the delivery of the social services kind of the nursing personnel's are aware of that exist in the elderly care.

This study utilized qualitative research approach with semi-structured focus group with both female and men in the health care system, interviews was the method of data collection incorporating discussion with participants of in the professions, linked within the health care system.

Qualitative study method was used when carrying out the research. Data was collected using close-ended and open questions, which was carried out by interview validity and reliability was ensured through all phases of the study.

Data was analyzed through the respondent knowledge of the social service care that exist, concept analysis aimed to provide answer concerning Social benefits for the elderly in Finland. The study result was that despite the fact that professions from the health care service systems have some kind of basic knowledge in the subject, it was not nearly as efficient or enough to the basic standards.

The conclusion of the thesis were to collect participant evaluation of the usefulness of the peer group program within the context of participant's circumstances and status as health care workers, to determine whether participants accrued any pertinent skills, knowledge or knowhow during their participation in the study

In this study one will get basic knowledge and information, concerning the topic above, the results concluded to four different sub division, that is organization, communication, trust and privacy.

Key words: Social benefits, Elderly, Finland, Nurse.

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1 Introduction

The purpose of this thesis is to discuss about the social benefits that exist in Finland for the elderly my goal is to discuss the social benefits for the elderly and the services that are provided for the elderly in their homes and other facilities, and what kind of social benefits they are. I will discuss about the downfalls and the good with the social service that are provided on a large scale and the problems that arrived from them, But most of all I will be discussing mainly on the Social benefits that are provided and received by the elderly in Finland according to the government standards. Despite Finland having one of the best social system in the world, it is not necessary without faults one have to look at the social benefits for the elderly and how it might affect the quality of their life, my research will discuss the issues that despite the social service is supposed to be institutional it still have its shortcoming.

This thesis investigates the benefits that are critical for the older people. This particular study is quite relevant, because there are at the aged that might not be aware of the benefits available to them to seek the care and social services. On the other hand, it identifies gaps that the government might use as measures in ensuring quality care services to the aged. In general, this thesis paper is quite important to the social workers, and social course students who are interested in exploring different perspectives of care service to the society and to the elderly. Again, it is relevant to the service providers who may want to identify gaps in service delivery and improve their care services that they are given to the elderly.

1.1 Background to the provision of social care services to the Elderly in Finland

Finland is one of the countries that have been realized to possess a comprehensive plan to the welfare of its people regardless of race or color. The country has the most comprehensive and advanced welfare system that guarantees dignity and healthy living condition to its citizens. Being a country that believes in Nordic traditions, the Finns give the state the opportunity to benevolently intervene on their behalf. One of the most comprehensive plans that the country possess is the Finnish social security system. According to Heikkila (1976), the core elements of this plan are the social insurance that looks into pension plans, sickness benefits, unemployment benefits and workers' compensation plans. In addition, the social security system look into the welfare of people, services for the disable and family aid. However, these comprehensive plans have been in place to assist the elderly in Finland.

According to Muuru (2010), at around 2009 about 17% of Finland's populations were of age 65 years and older. This population constituted of about 5% of the population above 80 years old. According to this study, the government almost spends two percent of its GDP in ensuring care to the elderly. A greater percentage of the elderly population over the age of sixty five receives care services at home. Tarvainen (1968), reveals that, by the end of 2005 there were about 24,687 formal LTC workers and a greater percentage of them provided services to the elderly (OECD Health Data). According to Gonnot (1995), the care for the elderly in Finland has been successful due to implementation of effective policies that are executed at both the national level as well as the local levels. At the national level, the government implements policies that contain general directions with regard to services of the older population. On the other hand, the main concern of rehabilitation and maintenance of the services to the old lies with the local authorities.

Muuru (2010), notes that at the municipal level, there exist municipal health care and social welfare services organizations that works at the discretion of the local authorities to provide care services to the people. In fact, the 342 municipal councils are under obligation to plan for the long term care services both to the old and the entire society. Even though, the municipal councils may provide these services, singularly sometimes they cooperate with other municipal councils to distribute the health care and human services to the elderly.

In their study, Kyra and Ralf (2007), reveal that, the long term care services are provided to the old in their homes, in the institutions for the old, home care units and also at the impatient health care centers. The Finish government is always committed in creating a difference in the lives of the old and the entire population through the provision of the health care and human services. In the recent past, the government's elderly policy was implemented to replace the traditional care institutions with newer care arrangements that

meet the need of the old in their home environment. With this in place, Finland is seen as one of the countries that has made tremendous changes towards ensuring positive living conditions to the aged in the society. More importantly, this has been linked to the introduction and implementation of policies that aims towards improving the care of the aged in the society. To highlight just a few, some of the key documentations that support the government program in providing long term care services to the elderly include, the National Framework for High-Quality Services for Older People, the welfare program 2015, and the (KASTE program) is a strategic steering tool that is used to manage and reform social and health policy. 2008-2011 amongst others. Ideally, these frameworks and documentation enshrine eligibility criteria and social benefits to individuals entitled to the long term services. However, the health care system applies to every individual, regardless of age. There are no specific legislations meant for taking care of the elderly, however, the plans are comprehensive in such a way that the elderly benefits from the health care programs. Notably, people who are above age 70 are given the high rate of allowances from the social insurance institute to cater to their health care and social services assessment needs. According to Muuru (2010), the Social Welfare Act amended in 2006 facilitated the municipalities to include assessment of the individual care needs under their obligation.

More advantageously, personal care and service plans have to be detailed and support measures incorporated for the elderly people. There is the old age pension and allowances to enable the aged to outsource the care services that they need. As can be deduced from the ongoing statement, Finland performs well as far as the care for the aged is concerned. The services are well defined under law, whether at the national level or local level. Both the national government and municipal authorities ensure care services are provided both to the aged and the country's entire population. The main thing is about the Finish social security system that ensures the social welfare of the aged in the country.

The national government provides for legislations that guides the provision and administration of the social services to the people. Subsequently, the municipalities implement the care and service policies at the rural areas. For instance, the Primary Health Care Act (66/1972) entails provisions that direct the municipalities to provide local people, especially those in need with the required services Kinnunen (2002), On the other hand, the municipalities ensure the health considerations are taken care of again, under the Social Welfare Act (710/1982), the municipalities are given the mandate by the policy to provide the aged with the necessary care and social services. Ideally, the elderly people in Finland benefits from the various plans implemented by the municipalities as well as the various government plans to make their lives meaningful during old age. According to the analysis of the findings, it was clear that, the municipalities have set in housing services, arranged home care services as well as ensures institutionalized care to the aged. People who are above age 65 years are

allowed to access these services freely and from private institutions at a subsidized fee. There are established homes for the aged where care and social services are made available to the aged. In addition, the municipalities make care contract with caregivers to provide the care services to the elderly people at their homes.

Even though, Finland has implemented policies that are very beneficial to the elderly in the society, there is a need for quality service delivery to the elderly people. The municipalities need to improve the health care and welfare services to the aged in their localities. Ideally, the needs of the old age people should be incorporated into their planning and development in every administrative branch. Important decisions regarding to the social and care services should be integrated to the community level as a means of helping older people to live at home. Arguably, the planning in the various administrative branches must be set in such a way that, it allows as many elderly people as possible to live a full, barrier-free, independent and meaningful life in their own homes or within the institutionalized care. In addition, the access to the care services to the aged in the society should be improved by ensuring an accessible built-up environment. This will make the services readily accessible to the public without incurring a lot of costs. Ideologically, transport and access to the institutions for social care and care services by the elderly people is an important aspect. The rehabilitation and care services should be provided to the people based on their points or locations of need. In the analysis of this thesis, the papers concentrate on the benefits available to the elderly people in Finland. The paper deeply discusses the accessibility and the provision of the social care and services to the aged by the municipalities.

Individuals who cannot maintain a life of dignity have the right to receive subsistence and care. It will be guaranteed by an Act in case of unemployment, illness, and disability and during old age as well as the birth of a child or the loss of a provider. The public authorities is guarantee for everyone, this is provided in more detail by the Act, adequate social, health and Medical services and promote the health of the population. The public authorities will support families and responsible for providing for children so that they have the ability to ensure the wellbeing and personal development of the children. The public authorities will promote the right of everyone to housing and the opportunity to arrange housing on their own.

1.2 Statement of the Problem

Most countries have their own plans for taking care of the Elderly regardless of region or continent. However, most of the programs rely on the tradition or the beliefs of the country. According to Tarvainen (1968), Finland is the world's most recognized country in terms of health care and human services to the people. More specifically, Finland is in the forefront in the care for the elderly in the society. Even though, most studies have been carried out to find out the social services given to the elderly in Finland, most scholars have dedicated their time to analyze policies that aim towards ensuring care services to the Finish population. No comprehensive study has been carried out to unravel the extensive plans that the country implements to ensure the social services are given to the elderly in this particular society. Arguably, there is a dare need for a study to find out the plans and the social services catered to the elderly in the society. Researches or thesis papers are prepared with a specific objective. According to Kroll and Hellena (2004), a research paper must aim at addressing a specific problem or purpose as intended by the author or researcher. This particular thesis paper aims to find out the social benefits linked to the elderly in Finland.

Even though, the surveys are carried out with a specific purpose, there are underlined objectives that it also aims to unleash in its course. The following objectives shall be aligned to this thesis paper:

To find out the social benefits linked to the elderly in Finland

To identify the policies or laws that are behind the social benefits linked to the Elderly in both the national and local levels to comprehensively discuss the Finish Social security system

To be more specific, researches or studies must always be guided with questions. According to Boer (1996), the study questions direct or guides the researcher in carrying out the survey. In fact, they guide the author on what to ask from the population during the study. Ideally, it enshrines what the researcher interrogates throughout the thesis paper. Based on this, the following questions have been formulated to help in writing this thesis paper;

1. What kind of obstacles the workers find according to answering client's needs?

2. How are services available answering the clients' needs?

1.3 Significance and limitation of the Thesis

Heikkila (1976), reveal that, research or thesis papers needs to fill gaps or change societies in a particular way. The recommendations of the study should be implemented by the writer to ensure the society moves on a positive direction. The findings of the study will not be used in any sense or form to improve the government social service plans to their elderly as well as improve care services to their entire population. In addition, this research will just give the answers and information based on the thesis subject.

However, this thesis paper shall be based on the analysis of secondary sources from the interviewee and from primary sources. Arguably, secondary sources are at times inconsistent and invalid. This is the only shortcoming that can be realized in this particular thesis. However, the researcher will dedicate his or her time in ensuring consistency and reliability of the resources used and analyzed in the paper.

1.4 Municipality and legislations governing the elderly

There is national legislation concerning provisions for home care services. In the Constitution of Finland (731/1999) which is the basic rights and liberties of the Finnish population are defined. In Chapter 2, the principle of equality is defined as the right to life, personal liberty and integrity and in §19, the right to social security is defined. This is for the people suffering from dementia, which means that no one will or should be treated differently from other people on the grounds of disability or age. They have a right to human dignity and if they can't obtain that the necessary means for a dignified life they have the right to receive indispensable subsistence and care. Everyone is guaranteed by an Act the right to basic subsistence in the event of illness and disability.

The Social Welfare Act (1999) (710/1982) which defines social welfare, social services, social assistance, social allowance and related measures are there to promote and maintain the social security and functional ability of the individual, the community and family. In act 17 it defines municipalities' responsibilities in organizing services like home-help services and support for informal care. In act 20 home-help services are defined. In act 21, it is said that home-help services are provided on the grounds of impaired functional capacity, illness or persons in need of assistance when coping with functions and activities.

In the Social Welfare act (1999) (607/1983), act 9 the way home-help services are organized is defined as assistance, personal attendance and support provided at home by a professional home helper for house aid for an individual or a family, auxiliary services (meals on wheels,

maintenance of clothes, bathing, cleaning, transportation and services promoting social interaction). In the Act on the Status and Rights of Social Welfare Clients (812/2000), it is said that clients' wishes and opinions must be taken into account when planning and providing social welfare. If a person cannot participate in planning because of their illness, family caregivers the clients will must be considered.

Basis is Finnish Constitution, which promises basic and human rights to everyone. The Constitution states everyone should have rights and is able to demand it. The Social Welfare Act state what is included in the Welfare and who has the obligation to organize those Services. The Decree in once more a lower and more specific form legislation which governs the details. Organizing the services relies on some guidelines given by the Ministry of Social Services or Communal authorities. The order of this is Constitution, Law or Act, Decree and then comes other regulations or guidelines.

The city of Espoo supports their elderly people who wish to live in their own homes for as long as it is possible and they are capable. Home care help can prolong despite the weakening health and capacities of the elderly. Home care help is provided by the city of Espoo and also by private companies, care is provided in housing, homes for the elderly when living at home is no longer possible, Home care is also available in the mornings, evenings, at night and weekends. Home help services are charged according to the customer's income. If an elderly or sick person who requires a great deal of assistance is cared for at home by a relative or an independent caregiver there are entitled to informal care allowance, which is a monthly care allowance. Various organizations and associations provide an easy way to meet other people and spend time in a meaningful fashion. The elderly citizen associations in Espoo organize common activities for their members. According to the national government policy, the municipalities are responsible for the provision of care services to the people. Some of the funds used for that come from the central government transfers while some are generated from the tax revenue raised by the local authorities.

Espoo municipality must prepare a plan for its measure elderly welfare of the population, health, functional capacity and independent living support, as well as providing and developing services needed by older people and informal care. The method is emphasized to measures and promote housing and rehabilitation. The plan must be drawn up as part of their strategic planning. The plan approved by the city council and shall be reviewed each electoral.

The amount of elderly people (over 65 years) In Finland according to (OECD Health Data, 2010)

2010	17, 4 %
2015	20, 5 %
2020	22, 9 %
2025	24, 7 %
2030	26, 3 %

Goals for the elderly over 75 years old Persons (OECD health data 2010)

91-92 % Elderly is living at home with assisted help from the government, 13-14 % received homecare services 5-6 % get support from close relatives, 10% is living in homes facilities for the elderly.

Producing and financing elderly care: Municipalities, Private sector (expanding), Voluntary organizations very rarely (sc. Third sector), Municipalities and state (taxes, debts) Payments from patients and clients.

1.5 Care Services For The Elderly By The Society At Large

In Finland it is not only the national government and local authority's that take care of the elderly people, the family members of the elderly people regardless of whether they receive an allowance or not dedicate their time and efforts when possible to provide the care services to their families. As perceived by Boer (1997), the older people do not only need support in the carrying out basic activities and nursing services, but also need support in carrying out daily activities such as household chores and errands. The family members easily chip in to in assist them in carrying out these activities to enable them live quality life as others.

In Finland family members act as an important source of support and care for the older people. The Social Welfare Act obliges the municipalities to provide the informal care allowance as a way of ensuring social welfare services to older people. From the government sources, there is a Decree for Support to the informal care services to the needy. This policy has a more detailed provision on the agreements that are made concerning the informal care, the care giver's free time and the amount of allowance paid to them.

The care allowance is usually granted in the form of service, money or both at the same time. The contract for the care is usually taken between the local authority and the care giver. Muto (2006) notes that, the care is also sometimes given by non-family members.

More importantly, the main criteria for the informal care allowance depend on the need for care and the binding nature of the care of the elderly people. Ideally, the informal care allowance is a motivating factor or an encouragement to the caregivers to continue providing services to the aged in the society.

Nevertheless, the elderly people also get support benefits from the private sector. Boer (2006) realized that, in the cases whereby elderly people cannot get the specific care services that they need from the municipalities they seek the service from private sector and third sector services. These organizations are specify in providing diversified home and support services to the elderly people. Even though, they operate pay services, sometimes they offer free services to the aged as well as get some subsidies from the municipalities. In fact, the society function as a whole to ensure quality and effective services are given to the elderly people in Finland. The people appointed to take care of the elderly are usually responsible, have the nursing and social works skills needed to take care of the aged.

In fact, Finland is a country that is totally concerned about the welfare of its citizens especially, that of the elderly in the society. As early as 1950s after the civil war, the country had already established an income security to its elderly people. Dumont and Myreille (2006), explained that, income security is the means by which the country focuses on the life of its people after retirement. As such, Finland sets up a national retirement benefit scheme that would provide income security to its citizens after retiring from active employment. Just like the other Nordic countries, Ceci et al (2012), noted, the income security system of Finland is divided into social programs.

The Social Welfare Act divides them into social insurance and welfare system. Roughly, the social insurance involves provides income for individuals regardless of old age, unemployment status, pregnancy, illness, work-related injuries while the welfare system entails transfers meant to provide aid to families. There are various plans by the government that makes it more suitable in assisting the old. The elderly in Finland benefits from various government plans. According to Hamalainen (2005), the national government as early as 1937 had introduced a national pension plan to cater for the aged. Even though, the program was poorly funded at the start, it has fully grown to cater for the needs of the aged in Finland.

In 1957, the government founded the National Pensions Act to further strengthen the plan to benefit the aged. As time went by, this law was further reformed by 1980s to accommodate even those who were of age sixteen. In this particular plan, the government, specifically targets to benefit those who were sixty five years and above and those who were termed as long-term unemployed who between ages fifty and early sixties.

Einio (2010), argues that, at old age individuals cannot engage in active employment and they remain vulnerable to various diseases and disabilities. The pension plan comes in to cater for the individual, need at the later stage in life. In Finland, payment of national pension varies based on the pensioners' marital status, cost of life, dependent children and locality of the individual. Furthermore supplementary payments are paid depending on the degree of disability and the needs of individual. In addition, the WWII veterans and civil war veterans also benefit from the pension plan. According to the government policy, the pension benefits to the elderly are indexed and tremendous increase in value each year. In fact, by 1980s the government stopped taxation of pensions suppose they are the only source of income to the elderly.

Besides, the elderly also benefit from the employee pension plans. The Finish government passed the Employee's Pensions Act in 1961 to supplement the then already existing National Pension Plan. This particular policy makes it compulsory to remit some wage-related pensions to the national and local government employees, temporary employees and those that work in churches. This plan is funded by the employers, public and private sectors that remits about an equivalent 10% of the employees earning to the a kitty managed by large insurance companies. Rynning and Mette (2011), noted, the Central Pension Security Institute (CPSI) keeps the records of the employment and its benefit related payments. At the age of 65 individuals starts to get their retirement benefits.

Based on the analysis of the sources found in government database, the pension paid are evaluated based on the average earnings of the individual in the last four years before ending work or sometimes two years before retirement. Again, the elderly people also benefits from sickness insurance plans initiated by the national government.

In 1963, the Finish government introduced the Sickness Insurance Act which ,provided payment for services in circumstances where wages were lost due to maternity leave or illness to cater for the medical and service costs. Even though, the plan may seem to benefit people whose wages are lost due to temporary leaves, the plan may assist the elderly who were unable to resume to work due to illness or disability. According to Muto (2006), the statutory sickness this plan is also managed by the Social Insurance Institution (KELA) which provides various rates on sum supposed to be paid to the hospitals depending on the sickness or illness of an individual. Arguably, most of the aged people benefit from this program depending on the severity of the illness or disability that they face.

According to this data extracted from the government database, it is quite clear that the LTC and care services to the older people have been a successful program for the government. The municipality's implements the care services to the aged through provision of informal

care allowances. The regular use of social care and welfare systems, particularly starts at the age of 75 in the home cares but around 80 years for the institutional care. However, the over 70 years old are the major beneficiaries of the social and care services. According to the table,

About 70% of the elderly people living at home depend on the social care services provided to them by the caregivers. In fact, at around 2000, majority of the elderly people sought for the long term care services provided by the municipal council. The number of people in need of institutional care services has tremendously increased within the span of the four years. The municipalities are also increasing their investments in housing rather than the traditional old people's homes. In general, home nursing services and home help care together make up the service strategy that aims at improving living conditions to the ageing people. In fact, the rural municipalities have comprehensive plans in offering more comprehensive care that provides more long-term care at health centers aimed towards improving the lives of the elderly living at home.

2 Theoretical background

2.1 Background of social benefits to the elderly in Finland

This part objectively aims to review the social benefits given to the elderly in Finland either by law or policies implemented by both the national government and the local authorities. First, the section shall look at the history or background of the social and care services to the elderly in Finland. Next, it shall review the social security, welfare plan for the Finish elderly people. Each of the individual components of the welfare plan will be reviewed in this section. Next, it will give an overview of the policies implemented to support the social benefits to the older people in the country. In summary, the section is quite critical in giving an overview of all the benefits and social care linked to the older population in Finland. As proposed earlier, this is the most critical section in this thesis since most findings of this study shall be generated from this chapter. Provision of social care services to the elderly in Finland dates back to the last decades in the nineteenth century.

According to Gonnot (1995), the Finish government started with the introduction of the social policy that had the aim of lessening of class and age conflict. Ideally, when people reach older age they are not able to care for themselves. They become burdens to their families in terms of care and cost of health care services. As such, the Finish national government introduced a social legislation that specifically aimed towards benefiting the elderly in the society rather than service provision to the population at large.

Kyyra and Ralf (2007) note that, after the Finish Civil war at around 1930s, the government did not accomplish more in welfare legislation. The only policy that took center stage was the “Tenant farmer law” that allowed individuals to buy land in order to secure their lives. However, in 1937 the government implemented a national pension plan as a measure to support mothers in need. Subsequently, after the Second World War, the government saw the need to incorporate more social welfare plans that could be beneficial to its population. After this period, the Finish government adopted the Nordic systems of social welfare. Unlike the other social welfare systems, the Finish government realized the importance of caring for the entire population. Even though, the Nordic countries welfare systems do not limit the provision of services to a particular group, the elderly must be given much attention rather than other members in the society.

Finish government, specifically gives much attention to the elderly in the society. The flat rate coverage, pension plan associated to certain ages gives the older people to get more social benefits. The welfare system in the country differs a little from those of the Nordic countries. In 1950, the Finish social expenditure stood at 7% of its GDP, of which a greater percentage was devoted to support the older people in the society.

Kalliola (1999), argues that the national government has constantly reviewed its allocation to social benefit each year. In mid 1980s, the government social expenditure had risen to around 25% of its GDP. With the reformation of laws regarding to the social service, Finland is a reformed country with more defined benefits to elderly people. The country’s care provision and benefits to the people are guided by the Social Care Act and the Welfare Act. These two acts define how care is provided to the people in ensuring quality and also effectiveness of the services to the people. More significantly, the elderly Finnish is entitled to a number of benefits ranging from social care to the cash reimbursement for the cost of their medications.

Naturally, some old aged people may feel comfortable residing in their homes rather than being institutionalized for the care services. In Finland, these individuals are provided with the care services at their doorsteps. According to Dumont and Myreille (2006), the local authorities hire social workers and human service experts that are assigned to care for the aged in their homes and provided them with the necessary services that they need. These may include health care services, counseling services as well as the physical needs. Boer realized that, these services are provided throughout the country and no elderly is discriminated in the provision of the services.

The local authorities ensure the quality of services are not only maintained to the aged but also provided as specified by the Social Welfare Act. In fact, they assess and measure the

quality of the social services provided to the individuals in their homes. In his study, Addabbo (2010), found that, the elderly are provided with institutionalized care in the inpatient department of health care centers and in the nursing homes. Although, this may be confused with the provision of medical care, but the elderly are provided with the nursing care within this department. However, within the last decade, a new form of service provision to the aged has taken the stage. This is what is called sheltered housing (service homes). In these homes service are made available to the elderly whenever they need it. This type of service to the elderly has been subdivided into two categories including sheltered housing with a 24 hour care service and the ordinary sheltered housing.

Muto (2006) notes that, in the 24 hour clock sheltered system, the medical care and social care are made available to the elderly at any time of the day. On the other hand, social services are also provided with a kind of day-care to the elderly people. In these centers, the elderly people are provided with food, medical services and social care services. Even though, there are no particular rules concerning which service should be given to which people, the municipalities decide on whether the elderly should be placed in institutionalized care or receive home care services.

Those who are fit to be provided with home care services are assigned specialists to provide them with services while those deemed unfit are taken to shelters housing to get the care services. Though the LTC program can only be associated with the home care services and institutionalized care to the old, the Finish LTC system also possesses some cash benefit to the old. According to the various sources researched on, the elderly people are paid some cash benefit by the Social Security Institution (KELA) depending on their status.

According to Boer, some get the Care Allowance for Pensioners to enable them live at home with their illness or disabilities. In fact, cash benefit promotes home care services needed by the elderly people and at the same time reimburse them for the extra costs incurred due to illness or disability. The mean allowance to the pensioners is at least €100 monthly, besides, there is housing allowance allocated to individuals to make them stay at comfortable homes.

In summary, the long-term care services (LTC) to the aged includes day care services, home nursing, and housing services fully provided by both the NGOs and the municipalities. In addition, the institutionalized care is also provided to the old in long term or short term basis depending on the needs of the elderly people. Kinnunen (2002), reveals that the municipalities provide public funded vouchers to support the LTC services. Ideally, the provided vouchers are used to pay care givers for their services to the elderly people. Nonetheless, the municipalities in some circumstance help in arranging for some health care and social care services. In his study findings, Kalliola and Risto (1999), realized that, at

around 2006, almost 16% of the municipalities used the publicly funded vouchers to arrange in-home care services to the elderly people.

2.2 Long term care (LTC)

The Nordic countries adopt various systems to cater for the social needs of its citizen's .Mor et al (2014), realized that, even though, Finland adopts some of the Nordic traditions, it has developed some systems that are unique and serve the benefit of its people. Long term care (LTC) is a peculiar system adopted by the Finish national government to cater for the needs of its elderly people. The main objective of this plan is to provide support services to the older people in their daily life. Mor et al (2014), notes that, the LTC services aim to improve the elderly preconditions by providing social integration and the necessary care needed by them. Initially, the volume of services was used to be provided at the elderly people's home, but with the current advancement the volume of service housing has fully grown. The home services are provided to the elderly in their homes whenever they in-need of the care services and health care services. However, Robinson notes that, currently, the family members are becoming more responsible and takes care of their aged at homes. Provision of the care services is solely implemented by the municipalities.

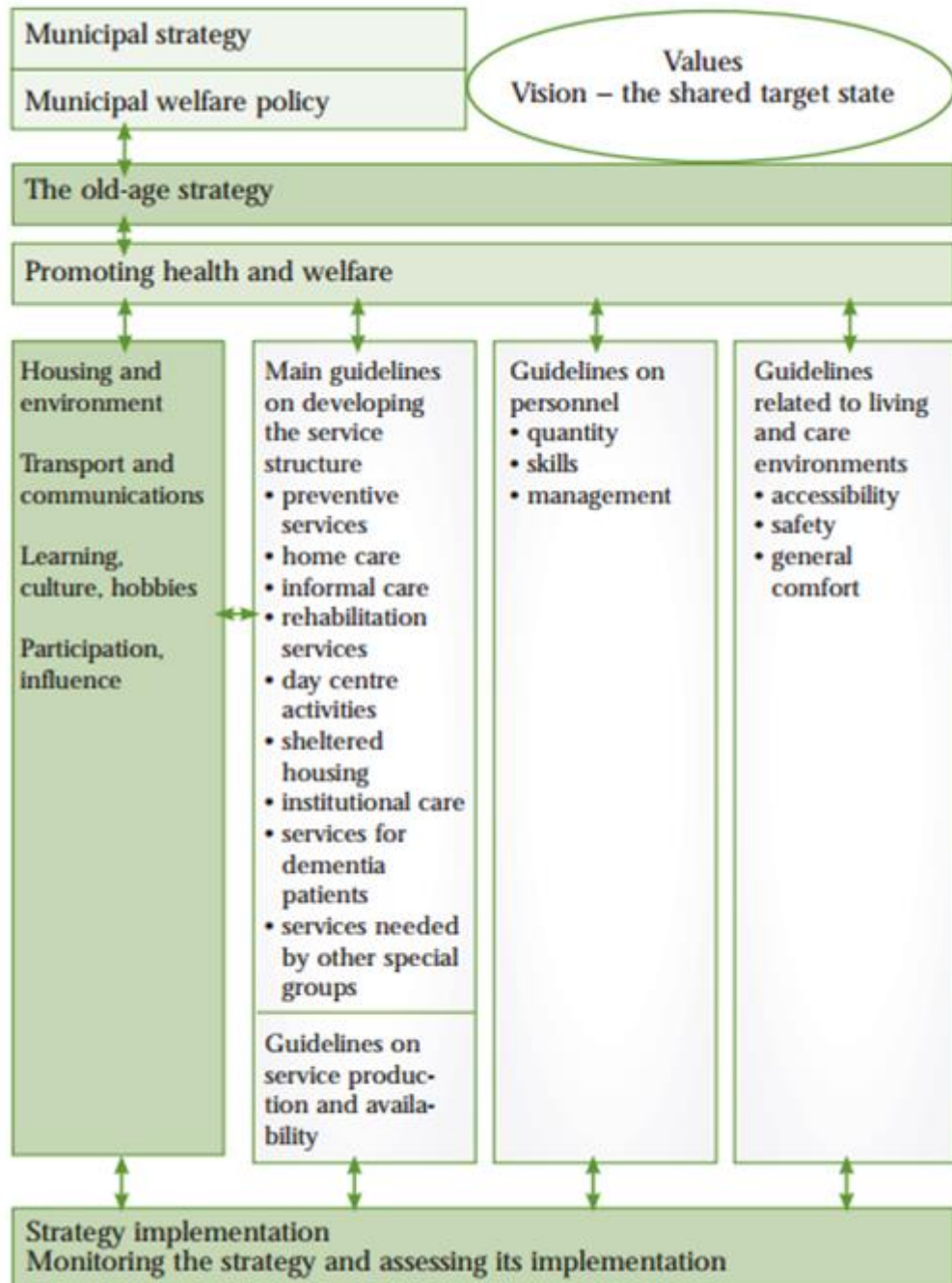
According to Olson, in (2001), the Association of Finnish Local and Regional Authorities and the Ministry of Social Affairs and Health issued a recommendation to the municipalities to ensure quality care and provision of services to the older people. Based on this recommendation, the municipalities developed an effective strategy to provide care for the aged in their respective local authorities. According to the Finish constitution, the municipalities are required by the law to provide each and every person with sufficient health services as well as ensure their social welfare. Even though, the same law requires social resources to give non- discriminately, the law provides for specifications to exempt some situations. The aged and elderly people have a provision in the law that looks into their social welfare (Boer 23). Their rights and attention to receive social and care services are prescribed in the general national legislation. The law gives the municipal councils the mandate to provide them with health care services as well as well as the needed social care. According to Szelewa (2013), almost 90% of the costs associated with social care and health services to the elderly are catered for by the public sector. Even though, lately the provision of the social care services to the old people from the private sector is to increase, the public sector competes fairly to provide the services as stipulated by law. The Social Welfare Act (710/1982) contains a guide on the responsibility and the mandate of the provision and administration of the social welfare of the public. Under the LTC program, various services are provided to the older people. These include, service housing, home help, care and care in

homes for the elderly. In addition, there is an informal care provided to the elderly within this plan.

Although, the European long term care system may differ from the Finish one, but their purpose is to provide support services and care to the individuals. The long term care criteria to some extent differ with the institutionalized care and in out-patient program. Muto (2006) reveals that, while in the in out-patient care the consumer is seen as a long term care client if she or he needs continuous care, the continuity is not statutory in the in out-patient care. People whose institutional care are expected to last for longer time exceeding three months are considered long term institutional care consumers.

Ideally, persons or individuals are not expected to be in the institutional care for longer than 3 months, if they do then it is considered long term care. The long term care fee are income generated and are related to the institutional care, home care and nursing.

Figure 1: Municipality strategy in the provision of care and social services to the elderly



2.3 Institutional Care, Home Care, And Service Housing

The municipalities provide institutional care of the elderly people in Finland. Statutory institutional care services include the care services given at the inpatient wards of municipal health centers, services provided in the old people's homes and the care services provided at specialized care units. According to Parker (2006), the long term institutionalized care in Finland is provided to the elderly people in various nursing homes, homes for the disabled war veterans and housing homes for the aged. In these institutions, the municipal authorities, private enterprises and NGOs provide the institutionalized care of the old.

Alsanullah (1989), notes that, almost all the municipal health centers have inpatient wards cater for the special needs of the elderly people. Subsequently, the hospitals give treatment to the elderly and provide care to them whenever transferred for rehabilitation after specialized care. The older people receive long term care at these institutions. To make these services be of high quality and effective, the care services are well coordinated within the institutions. Normally, the older person or his family may express their need to get the care services in the institution. In such cases, the individual is then allowed to be admitted at the institution to get the care. However, the decision on whether to be on long term institutional care lies with the local working group which is composed of home helper, at least a health visitor, the social worker for older people's welfare, and the doctor responsible for long-term care in the municipality. In addition, a psychologist and a physiotherapist are also allowed to take part since they help in evaluating the needs of the elderly people.

On the other hand, some elderly people benefits of home care services. The home care and home help services work in collaboration for the benefit of the elderly people in Finish society. The care providers give the services when the consumers need them, especially when they are owing to illness or feel reduced functional capacity in health. These services are provided to the older people in their homes to enable them cope up with their routine daily activities and life. In his study, Kompier and Cary reveal (1999), that the services are provided by licensed practical social and health care nurses, and home helpers. They do not only assist the elderly persons in going about their daily routine, but are also resourceful in monitoring the older people's state of health and provide the necessary guidance services.

Olson (2001) notes that, the workers concentrate on the care and personal assistance to the elderly people. They are paid for their services by the municipalities and local authorities responsible for the provision of social services to the people. The services may be provided whenever the individuals are in need, sometimes in the evenings and during weekends. However, for the home cares, the municipalities engage their health centers in employing separate workers to provide the aged with the needed services. The employed workers take

samples and perform illness, test to persons as well as give care services. Murphy et al (2009). Noted that, currently in Finland, even intensive nursing care can be given to the older people at their homes, Nonetheless, the family members are also engaged in the provision of care services to their older relatives. This is an aspect of home care services that has been realized to improve the quality of life for the elderly people in the society.

A part from the home care services given to the older people, the municipal council also provides intensified service housing. In his description, Muto (2006) explains that, service housing refers to the individual in the care needs living in well-equipped ordinary apartments that provides them with their daily care needs, service housing may be placed in a service house or on the premises of an institution, or sometimes are just an ordinary rental residence owned by the client. In these houses, individuals are provided with care services that they need as per the specifications of the professionals. In fact, in the intensified service housing individuals are taken care of throughout the day.

There is usually a staff on night duty to cater for the care needs. Service housing is managed and provided by the municipalities, private entrepreneurs and the NGOs. The NGOs and the municipalities provide free services to the older people in these facilities while the private organizations provide the care services at a subsidized cost. The characteristic of the service housing includes the 10 structural solutions that promote barrier free living to the elderly people, use assistive technology, availability of security services as well as care services. According to Jackson and Steven findings, almost two thirds service housing residents are elderly people who live in the municipality owned service homes while only a third live in homes acquired from private institutions. Here the older people get the opportunity to get the auxiliary services as well as care services. According to Boer, auxiliary services entail services that promote individuals to cope with daily life activities and social interactions.

2.4 Family Aid and Welfare services

Provision of social care for the aged does not only take the form of direct services to them. There are various ways through which the government and the local authorities seem to be assisting the aged in Finland. According to Kompier and Cary (1999), family aid is one of the various measures taken not only to assist or support the elderly but also help the entire community. Aid to families does not only entail direct provision of social services, but also involve the provision of the needed information to the individuals; all parents in Finland regardless, of age receive support, adequate information, parenting advice and vaccination for their children. How does this assist the elderly? Ideologically, at sixty five years and above individuals are not only able to take care of themselves, but also unable to take care of their families and children.

The Finish government support families through various ways. First, there is financial aid allocated to the families in term of child allowances, child care and maintenance allowance. This program enables the parents whether old or young to cater for the needs of their children. All the children under the age of 16 regardless of the wealth of their parents are given allowances. This allowance is used to take care of the children by parents who stay at home or those who have hired others to do it on their own behalf. At the elderly age, Murphy et al. notes, the parents feel relieved off the load of taking care of their children. The financial aid helps to cater for the costs of taking care of their children without their efforts.

Even though, the government has taken other various measures that involve financial payment to the elderly in achieving their social ends, it also has measures in place to provide welfare services. Olson notes that, by mid 1980s, the Ministry of Social Affairs and health had already established a kitty that the older employees use to access a broad variety of social services from the service providers, between 1960s and 1970s the government took an initiative to expand its welfare system to the entire public by doubling up the number of social workers. Not only these workers had to have experience, but they also were required to possess university training. More importantly, up to current times, the government provides subsidies of at least 60% percent to cater for the social services to the elderly throughout the country. Nonetheless, most of the social services that are of great importance to the elderly in this particular society are always available for free.

The quality of services provided does not depend on the income of an individual, but are always based on the need of the individual. Parker realized that, the main purpose of the government ensuring ultimate welfare services to the people or the elderly is to increase quality of life and independence of consumers of the welfare services. This welfare services include provision of care for the aged, and also providing housing for the aged. The local authorities are supposed to sign social specialists in assisting the aged living at their various homesteads but cannot take care of themselves. The specialists are also engaged in providing the needed services for the aged persons and the handicapped that cannot fully care for themselves.

2.5 National Pension Plan

The elderly in Finland benefits from various government plans. According to Hamalainen (2005) the national government as early as 1937 had introduced a national pension plan to cater for the aged. Even though, the program was poorly funded in the beginning, it has grown to cater for the needs of the aged in Finland, the government founded the National Pensions Act In 1957 to further strengthen the plan to benefit the elderly. As time went by, the law was reformed in 1980s to accommodate even those who were of age sixteen.

In this particular plan, the government, specifically targets to benefit those who were sixty five years and above and those who were seemed as long-term unemployed who between ages fifty and early sixties. Einio (2010) argues that, at old age individuals cannot engage in active employment and they remain vulnerable to various diseases and disabilities.

The pension plan comes in to cater for the individual need, at the later stage in life). In Finland, payment of national pension varies based on the pensioners' marital status, cost of life, dependent children and locality of the individual. Furthermore supplementary payments are paid depending on the degree of disability and the needs of the individual. In addition, the WWII veterans and civil war veterans also benefit from the pension plan. According to the government policy, the pension benefits for the elderly are indexed and tremendous increase in value each year. In fact, by 1980s the government stopped taxation of pensions suppose they are the only source of income for the elderly

2.6 Sickness Insurance

The elderly people also benefits from sickness insurance plans initiated by the national government in 1963, the Finish government introduced the Sickness Insurance Act, which provided payment for services in circumstances where wages were lost due to maternity leave or illness to cater for the medical and service costs. Even though, the plan may seem to benefit people whose wages are lost due to temporary leaves, the plan may assist the elderly who were unable to resume to work due to illness or disability.

2.7 Employee Pension Plan

The elderly also benefits from the employee pension plans. The Finish government passed the Employee's Pensions Act in 1961 to supplement the then already existing National Pension Plan. This particular policy makes it compulsory to remit any wage-related pensions to the national and local government employees, temporary employees and those that work in churches. This plan is funded by the employers, public and private sectors that remits about an equivalent 10% of the employees earning to the a kitty managed by large insurance companies. Rynning and Mette noted (2011) the Central Pension Security Institute (CPSI)

keeps the records of the employment and its benefit related payments. At the age of 65 individuals starts to get their retirement benefits. Based on the analysis of the sources found in

According to Muto (2006), the statutory sickness insurance is used to cater for the costs of private healthcare services and medical treatments. This plan is also managed by the Social Insurance Institution (KELA) which provides various rates on sum supposed to be paid to the hospitals depending on the sickness or illness of an individual. Arguably, most of the aged people benefit from this program depending on the severity of the illness or disability that they face.

3 Methodology

3.1 Participant recruitment

Participant recruitment is a major challenge in many research studies involving human subjects. Recruitment involves a number of activities, including identifying eligible participants, adequately explaining the study to the potential participants, recruiting an adequate sample based on study goals and design, obtaining informed consent and maintaining ethical standards, and retaining participants until study completion. There is very little empirical work on the experiences research participants have engaging in qualitative inquiry; yet, qualitative researchers often think of themselves as forging important interpersonal relationships with their participants (Korth, 2002)

The participant was recruited from Espoo town home care services the group of interviewees were workers of the health care system the process of recruitment was undertaken in targeted work place amount the workers Substantial efforts were made by the working life partner Integration staff members and myself during the re-cruitment campaign to ensure that the group would have enough participants to ensure the development a workable group dynamic. The minimum set number of participants was set at 5 but Participants came from a broad range of ethnic, professions and cultural backgrounds and consisted of 3 females and 2 males.

3.2 Data collection

The survey was based largely on recorded interviews, so this research is based on the material produced by the recorded interview and a written document to provide data. I used to interviews, semi-structured interview method. A semi structured interview means an interview where interviewees are asked questions in a particular order, the same or almost the same questions. Some definitions interpret the definition of a semi structured questions, in order to allow variation of the issues, such as the theme of the interview is a possibility.

A semi structured interview is considered suitable for when the interviewer is to obtain information on certain things, and the interviewee wants to give a very free hand with regard to the responses. The “interview” is a managed verbal exchange (Ritchie & Lewis, 2003 and Gillham, 2000) and as such its effectiveness heavily depends on the communication skills of the interviewer (Clough & Nutbrown, 2007). These include the ability to clearly structure questions (Cohenet al., 2007); listen attentively (Clough & Nutbrown, 2007); pause, probe or prompt appropriately (Ritchie & Lewis, p.141); and encourage the interviewee to talk freely, making it easy for the interviewer to respond freely” (Clough & Nutbrown, 2007, p.134).

Interpersonal skills (Opie, 2004) such as the ability to establish rapport, perhaps with humor and humility, are also important. This last point draws attention to the relational aspect and trust which is needed between participants.

3.3 Conducting The Study

The whole process lasted about 1 month. The most challenging part was the data collection section. The research methodology was chosen because of two major reasons, first the social benefits for the elderly is a complex issue that are shaped by rules and guidelines that cannot be quantified secondly the environment surrounding social benefits for the elderly is best understood by the health care providers exam: (home care nurse). Finland has been studied by various authors as one of the best Nordic countries with effective welfare systems Szelewa (2013); her social care system caters for both the elderly people and the entire society. Both of these methods will employ open-ended and closed questioning to elicit deeper, both of which are in keeping with qualitative research tradition and practice. The method employed for recording data during the interview will be digital recording which leads to a full and detailed account of what was said.

Implementation of the peer support group took place over a 3 week period during February 15 to March 15, 2016. There lasted over a period of 6-10 minutes, the interviews take place in Tuomarilantie 19 Espoo home care service premises 13-14:45 in the evening different days of the week each meeting was informal and relaxed in nature and followed a basic structure: Welcome, catch up on what's happened over the previous week, Main discussion or activity, closing discussion and feedback. The researchers choose Open-ended questions when it came to the research. The answers are lengthier from the respondent and more individual. They are not as easy to gather and represent in graphical form. The interviewee must provide their own answer and does not receive any possible scenarios from the interviewer. The method of data analysis that was chosen for this study is qualitative and quantitative analysis method, this method was carried out with open and ended questions carried out with an interview.

3.4 Qualitative research and content analysis

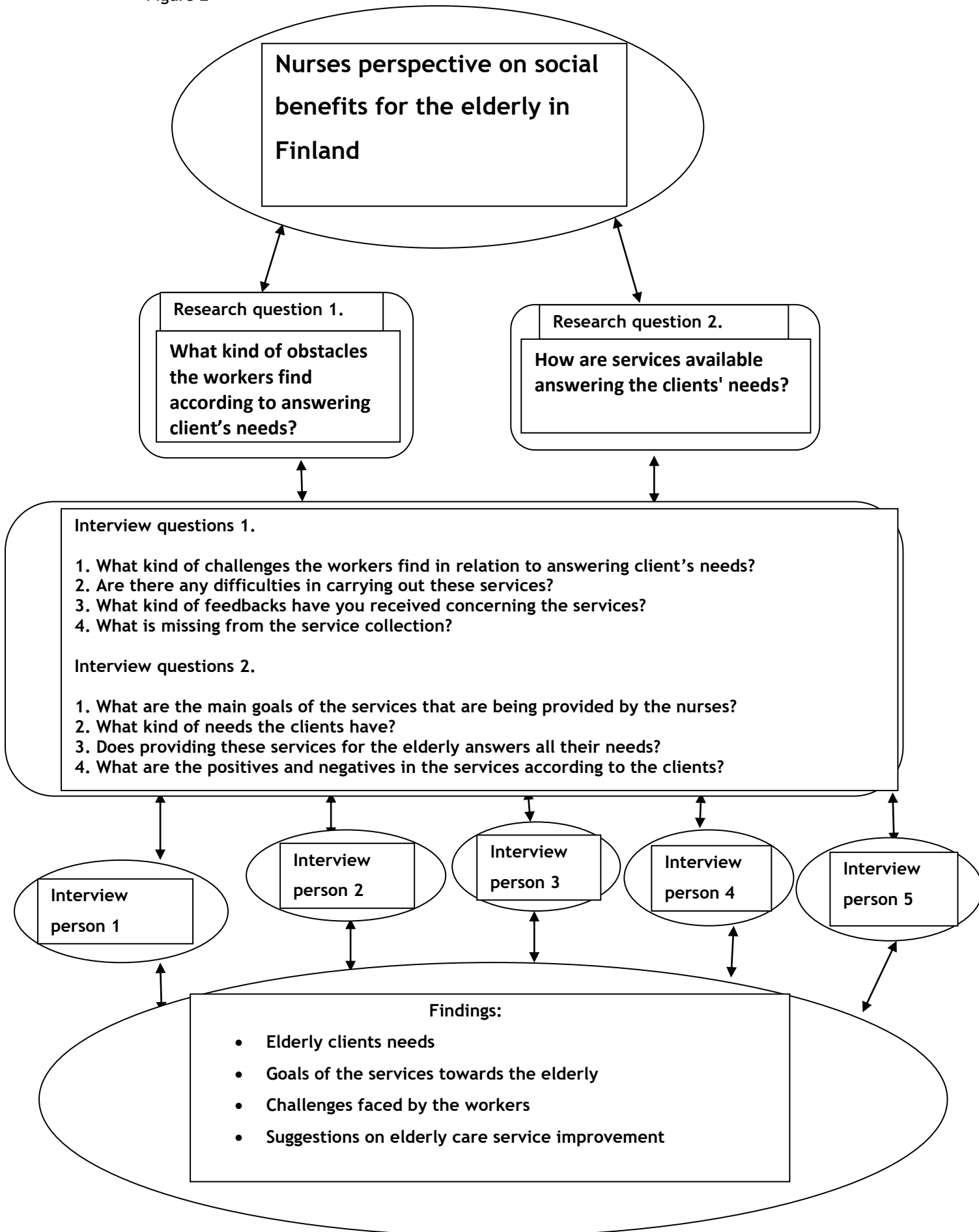
I choose to do the research content analysis Content analysis has been defined as a systematic, replicable technique for compressing many words of text into fewer content categories based on explicit rules of coding (Berelson) 1952; GAO Content analysis was evaluation was used on the data provided by the participants in the open and closed recorded interview, is a technique for systematically describing written, spoken or visual communication. It provides a quantitative description.

Many content analyses involve media - print (newspapers, magazines), television, video, movies, the Internet. Any medium that can be recorded and reviewed is appropriate. Content analysis is also used to analyze new material recorded by the researchers, and to classify open-ended responses to interview or survey questions. Quantification is used to be characterize the material in a way that is reliable and valid. The information is then broken down into categories and then summarized. Media has both content and format. The format is a form or structure of the information Content refers to the meaning of the information. Qualitative research tends to the fact that the process should be examined as a whole.

This research method meanings occurring relationships and they make up the semantic entities that occur in humans as outgoing and people end up events. Content analysis is also used as a material for the analysis of qualitative research, therefor the material is first break down into small parts, and organized into a whole new way. In a quantitative study using content analysis is produced by verbal descriptions of quantitative descriptions I started with the conclusion of the analysis in such a way that each member of the interviewees was recorded and after listen to the record of all the interviewee and made a transcript of it word by word he and Analysis it into a frame of a table, interview time direct quotations that in some way corresponded to the respective research question. And second, how are the services available answering the clients' needs? Secondly, the research question we were also chosen a four part question to each research questions.

Evaluation of method the success and validity of an interview rests on the extent to which the respondent's opinions are truly reflected; the interviewee's "voice", communicating Their perspective. Jones (1985, quotation from Punch, 2001) summarizes the purpose: "In order to understand other persons' constructions of reality, we would do well to ask them...and to ask them in such a way that they can tell us in their terms (rather than those imposed rigidly and a priori by ourselves) and in adept which addresses the rich context that is the substance of the meanings."

Figure 2



4 Results

4.1 Organization

4.1.1 Time management

Basing on the interview questions, almost all the answers focused more on time management. Interviewee persons one mentioned “that nurses are always in a hurry don’t have time to sit and even take coffee with them.

According to interviewee two, “Clients have complained about nurses being in a hurry”. “The clients are not happy that they have to wait long ours for nurses to show up” Interviewee four. Interviewee three mentioned, “Some of the clients are happy that they get the special medication like insulin on time.” All in all the service is affected by time management affecting both clients and the nurses.

4.1.2 Work organization

According to interviewee number one “Work is not always organized in a logical way, that’s because it’s always organized by a third party and they are only there to carry out the service”. Interviewee number two “If they can choose themselves how they would like things to go it would in their minds goes better and smoothly”. Interviewee number three “nurses have to be at a specific place at a certain time, and sometimes it’s not doable. Interviewee number five “It’s a flexible job for a nurse who wants to work independently.

4.2 Communication

4.2.1 Work force

According to interviewees one “there are too many workers visiting the clients”

Number two “clients want the same workers daily”; Number three “Clients are fed up with the different face different names everyday”.

Interviewee four “clients would like a familiar worker they want consistency”

And interviewee five “The clients are very angry everyday there is someone new coming to them”

In support of that the nurses all agree on the clients anguish over the situations concerning the work force

4.2.2 Information management

Interview person number one “because of the many worker the information’s doesn’t flow smoothly, and that’s a constant battle when trying to provide a good service to the clients”.

Interviewee two “Good service would be to provide the clients with the same workers daily to maintain consistency and a good relationship between the client and the nurses”

Interviewee three “Different workers doesn’t always remember to pass on the information at the right time or they forget”

Interviewee four “Information’s get lost in translations, Because of outside hired nurses from an agency”.

Interviewee five “language problems between nurses and clients, because of a lot of foreign workers.

4.3 Clients expectations

4.3.1 Nurses knowledge

When ask interviewee number one “Clients expect the nurses to know what they are doing and if the nurses are not aware of that it can be a challenge

Interviewee two “clients expect nurses to be politeness, good communication skills like showing concern and empathy”

Interviewee three “some clients fell that a young person is unexperienced”

Interviewee four said “clients also feel that foreigners may not always know what they are doing they and question their professionalison”.

Interviewee five “Clients respect more the registered nurses knowledge rather than a practical nurse.

4.3.2 Trust

According to Interview person number one “once a client has been handled appropriately by the nurses then they are likely to developed positive attitudes towards the treatment”.

Interviewee number two added “Additionally it is the client needs to be taken in then the worker must create an environment that feels homely for the client, this can be achieved by creating positive relationships between the staff and the clients”

Number three said “that the elderly doesn’t find it always so easy for the elderly to trust when the visits are done by too many different workers”.

Interviewee four concluded “the clients trust the nurses who have been taking care of them longer and that they know.

Number five “mutual trust between the clients and the worker makes the service goes smoothly.

4.4 Clients satisfaction

4.4.1 Gratitude

Interviewee number one said “Clients are satisfy to get the services that are available to them. Number two quote “clients like to have nurse’s visits them gives them someone to talk to and be with even if it’s just for a while. Number three “without the home care service

they would be forced to go into a housing care facility”. Number four “they are pleased to have someone to take care of them. Interviewee number five “they are happy that such a care exist, that they can benefit from it.

4.4.2 Elderly care

When ask in interviewee number one stated “Services starts from basic care, basically it goes with the elder’s daily living. Interviewee number two stated “each client condition and needs are being taking into consideration. Interviewee three “We have to treat the client’s needs as a whole we cannot generalized each client need are individualistic, and not all of the necessary cares can be cared out by a nurse in home care”. Interviewee number four “compline with interviewee number three. Interviewee number five “Each clients are unique in their own way we have to treat and respect their needs while caring for them.

4.5 Privacy

4.5.1 Privilege

Interviewee number one reply as a negative “Clients have very high expectations of the nurses and the services that the nurses can provide. Number two “Clients feel comfortable at home. Number three “The client feels happier and satisfy to be at home in a familiar surroundings. Interviewee four “Clients enjoy to be in their own home for as long as possible. Number five said “The clients can come and go as they please when they are in their own home environment.

As a positive interviewee number one stated “clients get to be in their own privacy, despite the clients enjoy the privilege to be in their own home comfort they get lonely and welcome the nurse’s visits”.

4.5.2 Clients health and wellbeing

Interviewee one “The goal is to maintain the client’s standards of living, health and wealth being so that they can continue a prosperous life at home with the help of the services that are provided for them”. Interviewee two said “to uphold there standards of living at home and to rehabilitate them and have them do as much as they can in their home environment. Number three said “to maintain their health so they can live at home until them dying day. Number four “to sustain their health and prevent them from having to go into an elderly home to live. Number five said “to improve their health and any other thing that comes in-between is within the client’s wellbeing.

5 Discussions and Evaluation

I decided to pick out one services and concentrate on it, the home care service, because it is a services whereas the nurses and the clients work together and the nurses are proving a service to the elderly base on their needs, and that this is a service that is provided by the Finnish government, The interviews that were carried out and the questions were related to home care services.

From the interview the results show that, the nurses all had the similar thoughts and idea when answering my questions of course they were few who's answers were completely different the same viewpoint in the fact that despite Finland have the best social benefits for the elderly it is no longer true, they work so closely with the elderly, they see the faults that the government refuse to see or that are so blind to see, More and more elderly persons are being cramp into nursing facilities with adequate amount of staff , because they can't cope anymore at home and that increase the cost of care, because the government is downsizing on cost and staff members, most of the elderly get by with very little, because the benefits are not enough to survive on. Care for the elderly is difficult to get employees.

They were issues concerning the time managements, and age and all of the nurses seems to agree on the fact that there are not enough time than just to give the service required and to continue to the next client, the interviewees feel like they are always in a hurry to do their required work and nothing else more, which seems to be also noticed by the clients, age also seems to be another factor, because most of the elderly person want to be taken care by an older person whom they believe knows what they are doing instead of a young person whom they feel have no experience on what they are doing. When it came to the client health and wellbeing all of the nurses seem to complied on the same matter that the main purpose of this is to uphold and maintain the elderly people's health for as long as it is possible, so they can stay healthy and at home in an environment that they are used to.

The nurses believe that the government have good intentions on the behave of the elderly population, but what is set on paper have not been implemented well on the behalf of the elderly, they believe that's it's easy for the government to say one thing, but mean something else, they advise is for the politicians that implemented these benefits to come and see how its implemented is it sufficient, does the elderly really benefit from them and how, they agree on the fact that all the government really cares about is saving face and money to the expensive of the elderly , and here is prove of it in the new soon to be Sote reform system, that supports the nurses believes.

The nurses role is to clearly state all the information pertaining a service and goes on to give the client's responsibilities in attaining the service. The nurses also provide the client with the required expectations in getting the service. Additionally, the nurses will mention on the timeliness and availability of all the resources required to provide the service to the clients. Shortcomings in service delivery can either be on the provider's end or on the client's end or on both ends. Service delivery is an important part of a business or institution and it refers to the interaction between clients and service providers. Service delivery is made up of two aspects where the service provider offers a service be it a task or information, whereas the client in turn, finds the value of the services provided and pays for it. The efficiency of service delivery is measured by the value added to the client.

According to the new government reform program, call Sote ,(Ministry of Social Affairs and Health "13.11.2015 13.41"), the social welfare and health care (SOTE) reform involves the setting up of 18 autonomous areas, 15 of which will organize the social and health care services themselves. Three other autonomous areas will organize their healthcare and social welfare services with support from another autonomous area. According to (Tuomas Pöysti), the Project Manager of the social welfare and health care reform.

The purpose for social and health care service structure is to reduce people's well-being and health inequalities, and to control costs. It is for the health and social services are combined at all levels. The aim is to human well-being and health of the important service chains, seamless whole and a more effective basic service. In addition, the organizers confirmed the carrying capacity. This will have a significant impact on the sustainability of public finances.

I am very satisfied with the results and believe them to be rather aligned generally in the nursing field, even though there was a small sampling of this survey with the Of course, there is a difference between the units, so that a larger sample would have been more comprehensive information, which would be more generalized than on the basis of what organizations can do. Based on the interview I believe that there was sufficient time spend preparation and recruitment of different age's race and gender. In addition I have received answers to the most basic of both of my research questions to conclude that all the interviewees had the same out view except for one unparticular which excel more than the others in his answers, which also made me wonder.

I believe that the research would be interesting to take on a larger scale. One option would be is to have interviewed only supervisors and government officials and comparing the results obtained with each specific organization in the social sector. In the social field is so broad that organizations operate in different contexts, so that a comprehensive generalization that to make very small sampling. Another option could be is to interview the managers of

organizations active in various social sectors and compare these results obtained from each other, whereby the survival whether the personnel selection and orientation of the same kind. If I would redo the interview I would interview more applicants and use closed ended questions only and would mainly interview managers and government official as they work most in that field and they are the ones who should know more about these affairs.

Of course there were challenges in my interview interviewee number 5 was of Finnish language and despite we had had the conversation about the interview would be in English, her English was good, she still had problems with understanding the basic questions that were being asked in English so I had to translate most of the question for her in Finnish, which she understood, Also interviewee person number 4 was also experiencing difficulties, because of his language being Swahili, so I had to break my sentences down in small pieces so he would be able to understand and explained a lot what I mean by my questions. Another issue affecting the research is reliability because I did the research alone. That is a research is more reliable if there is more than one person doing it.

I had my own issue concerning time management when it came to arranging the interviews, because the home care nurse's workers work so independently, it was hard trying to arrange the interview times, because the nurses would come to the office in the morning get their client list and leave, so I would had to be calling them up daily trying to see at what time will they be ready with their clients to interview them.

The availability and accessibility of various recent articles, journals, published website information as well as books motivated the researcher to further interrogate this particular topic. Even though, various social professionals have looked at the long term care for the elderly in Finland, Of caring for its elderly people by formulating policies and regulations to guide the administration of such services to the people. In fact, everyone above the age of 65 years receive a higher rate of care allowance from pension plan and have the right to access the social service needs. More particularly, the responsibility for provision of services to the aged lies with the efforts of local authority Finland operates one of the best social care and welfare system across the globe. Both the national government and the local authorities devote efforts to provide care and services to the people.

6 Trustworthiness and Ethical considerations

The validity were guaranteed via the application of appropriate books, for instance, the university library as well as online library books with current publication data as were preferred in the research further, the researcher will provide the bibliography of the authors of the books. The used secondary sources will be cited to make it easier for any scholar who wants the source of information to get them, the researcher will also interview participants, who are experts and who are directly involved in social and health care, all interviews will be recorded. The confidentiality of the participants was also ensured by not disclosing their names or personal information on the research. The respondents signed a consent form at the start of the interviews in order to formalize this undertaking.

The aim of trustworthiness in a qualitative research is to justify and to support the argument of the study. (Lincoln & Guba, 1985, 290). This consequently provides validity of finding and results and shows relevance of the study. The Reliability of the research means the repeatability of the analysis and the accuracy of the research. The goal is to produce results that are not random. The reasons that lower research's reliability are mostly mistakes made when collecting the data. There is always need in a qualitative research to follow certain guidelines before execution of the research (Heikkilä 2008). When the interview is recorded no data is missed, although un-spoken sides of the interviews are not recorded and mistakes can be done when transcribing the interviews

7 Conclusion

Even though, Finland has implemented policies that are very beneficial to the elderly in the society, there is a need for quality service delivery to the elderly people. The municipalities need to improve the health care and welfare services to the aged in their localities. Ideally, the needs of the old age people should be incorporated into their planning and development in every administrative branch. Important decisions regarding to the social and care services should be integrated to the community level as a means of helping older people to live at home. Arguably, the planning in the various administrative branches must be set in such a way that, it allows as many elderly people as possible to live a full, barrier-free, independent and meaningful life in their own homes or within the institutionalized care. In addition, the access to the care services to the aged in the society should be improved by ensuring an accessible built-up environment. This will make the services readily access to public without incurring a lot of costs. Ideologically, transport and access to the institutions for social care and care services by the elderly people is an important aspect.

The rehabilitation and care services should be provided to the people based on their points or locations of need. In the keen analysis of this thesis, the paper is realized to concentrate of the benefits available to the elderly people in Finland. The paper deeply discusses the accessibility and the provision of the social care and services to the aged by the municipalities. However, the quality and effectiveness of the administration of such services to the old is not deeply interrogated. In this view, there exists a broader research gap that should be looked upon by other researchers. They should clearly intervene to analyze the quality and effectiveness of the care and social services provided to the elderly in Finland.

My research shows that even though it's supposed to be institutional care there are still a lot of shortcoming on the government side, despite the fact that there are all of these social benefits available to the elderly, Most of the elderly do not know of their existence, because it not broadly broadcast nationwide, In order for the elderly to receive some of the benefits and the care, it would have mean that something would have had to happen to them before their would get the information on the existing care, The old folks are not given fist hand information at hands to help them to apply for these existing benefits, and because of this there are a lot of elderly people up to this day that do not know what kind of benefits are rightfully theirs to receive, it's not believe that this is a deliberate act on the government part, but negligent.

From the questionnaire the results show that, the nurses and the practical nurses share the same viewpoint in the fact that despite Finland have the best social benefits for the elderly it is still require some improvements, they work so closely with the elderly, they see the faults that the government can't see or that are so blind to see, More and more elderly persons are being cramp into nursing facilities with adequate amount of staff , because they can't cope anymore at home and that increase the cost of care, because the government is downsizing on cost and staff members, most of the elderly get by with very little, because the benefits are not enough to survive on. Care for the elderly is difficult to get employees.

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8 Appendices

8.1 Appendix 1

Interview Summary

I am Thomas Ramanda from Laura University. I am carrying out a research in the nurses perception on social benefits for the elderly in Finland that exists on the fact that, the nurses are engaged in providing social and care services to the aged, they are better off to give information pertaining to the aged. More objectively for this particular research, the nurses or home care givers are highly encouraged to participate and enable me to get valid information about the social benefits to the aged in the society.

All the information given for this thesis will be treated with complete confidence

THANK YOU FOR YOUR PARTICIPATION

Interview questions 1.

- 1. What kind of challenges the workers find in relation to answering client's needs?**
- 2. Are there any difficulties in carrying out these services?**
- 3. What kind of feedbacks have you received concerning the services?**
- 4. What is missing from the service collection?**

Interview questions 2.

- 1. What are the main goals of the services that are being provided by the nurses?**
- 2. What kind of needs the clients have?**
- 3. Does providing these services for the elderly answers all their needs?**
- 4. What are the positives and negatives in the services according to the clients?**

8.2 Appendix 2: Consent Form

I.....agree to participate in this interview for this research on nurse's perception social benefits to the elderly in Finland. I am of sound mind and understand my contribution to this study. As such, I authorize the use of information I give throughout this interview.

I grant my consent to this study under the condition of remaining anonymous and the information I give shall be treated with utmost confidentiality and trust.

My undertaking in this study is ultimately voluntary and I may withdraw the permission to participate further at any time without explanation and this action will not be met by any consequence.

Participant's Signature

Date