

Supporting family caregivers through educational training and information services from an empowerment perspective

- A literature review

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DEGREE THESIS	
Arcada	
Degree Programme:	Human Ageing and Elderly Services
Identification number:	8260
Author:	Milena Moressi
Title:	Supporting family caregivers through educational trainings and information services from an empowerment perspective - A literature review
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Commissioned by:	SUFACARE-project
Abstract:	
<p>The aim of this thesis is to describe and analyze educational training and information services for family caregivers of older people living at home, from an empowerment perspective. The method chosen was a literature review. Studies used in the literature review of this thesis included older people with non limitation about their illness, such as people with dementia, stroke and other disabilities. This study is related to the SUFACARE- project which aims to implement information and educational courses for caregivers according to their needs. The research questions are: What kind of educational training and information services for family caregivers of older people living at home are offered for the moment in Finland and what is the aim and content of these services? In which ways can educational trainings and information services empower family caregivers of older people? Results showed that there are different ways to empower family carers, but that educational training and information services is a vehicle to empower family carers, by improving their knowledge, self-confidence, coping skills, social network and well-being. In addition, family carers should be encouraged to use information and communication technology (ICT) since it can activate them to search for help and services available in the Internet. To conclude, there are a variety of educational training and information services for family carers in Finland offered by different associations with similar goals, among other things, to increase family carer's coping skills and knowledge. However family carer's needs and resources should be accessed before starting the educational training which should be of a longer duration than 1 day, in order for family carers to have enough time to practice the new skills at home. In addition, a follow up supervision should be done in order to increase family carer's self confidence.</p>	
Keywords:	Educational training, information services, family caregiver, empowerment.
Number of pages:	88
Language:	English
Date of acceptance:	

OPINNÄYTE	
Arcada	
Koulutusohjelma:	Human Ageing and Elderly Services
Tunnistenumero:	8260
Tekijä:	Milena Moressi
Työn nimi:	Omaishoitajien voimaantumisen tukeminen koulutus- ja tietopalvelujen kautta -Kirjallisuustutkimus
Työn ohjaaja (Arcada):	Åsa Rosengren
Toimeksiantaja:	SUFACARE-project
<p>Tiivistelmä:</p> <p>Opinnäytetyön tavoitteena on kuvata ja analysoida voimaantumisen näkökulmasta koulutus- ja tietopalveluja, jotka on suunnattu ikääntyneitä kotona hoitaville omaishoitajille.</p> <p>Valittu metodi oli kirjallisuustutkimus. Tässä opinnäytetyössä käytetty aineisto tarkastelee ikääntyneitä ihmisiä riippumatta heidän sairaudestaan, esimerkiksi dementiasta tai hermotoiminnan häiriöistä. Tutkimus liittyy SUFACARE- projektiin, jonka tavoitteena on toteuttaa uusia tietopalveluja ja koulutusta omaishoitajille heidän henkilökohtaiset tarpeensa huomioon ottaen.</p> <p>Tutkimuskysymykset ovat: minkälaista koulutusta ja minkälaisia tietopalveluja omaishoitajille Suomessa on tällä hetkellä tarjolla ja mitkä ovat näiden palveluiden tavoitteet ja sisältö? Millä tavalla koulutus ja tietopalvelut edistävät omaishoitajien voimaantumista? Tulokset osoittavat, että omaishoitajien voimaantumista voidaan edistää eri tavoin, mutta koulutukset ja tietopalvelut toimivat ikään kuin siltana omaishoitajien voimaantumisessa parantaen heidän tiedon hakua, itseluottamustaan, selviytymistaitojaan, sosiaalista verkostoa ja hyvinvointiaan.</p> <p>Tämän lisäksi omaishoitajia pitäisi rohkaista käyttämään tietopalveluja ja tietotekniikkaa (ICT) sellaisen avun ja palvelujen etsimisessä, joita on saatavilla Internetistä.</p> <p>Loppupäätelmänä voidaan todeta, että Suomessa on paljon erilaisia järjestöjä, jotka tarjoavat koulutusta ja tietopalveluja omaishoitajille samanlaisin tavoittein muun muassa lisätäkseen omaishoitajien selviytymistaitoja ja tietämystä.</p> <p>Omaishoitajien tarpeiden ja resurssien pitäisi kuitenkin olla tiedossa ennen koulutuksen aloittamista ja koulutuksen pitäisi kestää pidempään kuin yhden päivän.</p> <p>Pidempikestoinen koulutus antaa omaishoitajille mahdollisuuden harjoitella opittuja taitoja myös kotonaan. Lisäksi koulutukseen tulisi liittyä ohjausta ja seurantaa, jotta omaishoitajien itseluottamus lisääntyisi.</p>	
Avainsanat:	Koulutus, tietopalveluja, omaishoitaja, voimauttaminen
Sivumäärä:	88
Kieli:	Englanti
Hyväksymispäivämäärä:	

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1 INTRODUCTION

Caring for an older person living at home is an important issue to study since the ageing population is increasing and special attention should be given to the needs of the older person and their family caregivers, in order to increase their well being and enable the older person to live at their homes as longer as possible. Family caregiver's requires practical and psychological skills; therefore it's important to address the family carer's needs seriously.

It is a fact that almost all of us at some point of our lives have been or will be a caregiver. Depending on the family caregiver's circumstances, caring for relatives can be a joy or the care can be a source of anxiety. A person who needs a lot of help and care may cause a negative effect on the caregiver's quality of life, which can also affect the relationship between the caregiver and the caretaker. (Parkatti&Eskola 2004, p.19).

According to a survey of members of the National Family Association promoting mental health in Finland in 2001-2004, 38 % of carers are themselves at risk of becoming depressed. Results that were compared to the general population showed that depression was more common among carers. In addition, that the average life satisfaction among carers was lower compared to the rest of the population (Nyman & Stengård 2001 cited at the Wellbeing of family members by the National Family Association in Finland, p.2). Therefore it is very important to look after the family caregivers needs, provide resources that can empower them to take the journey to became responsible for an older family member and to help the family member to stay at home as long as possible.

Throughout Europe, attitudes toward family care differ not only among the working and middle class people but also in urban and rural areas. It's a fact that without family caregivers, institutions would have a lot more demands. Indications shows that older people in Finland would like to give more responsibilities to their relatives for their care and in fact, the relatives are the ones doing the majority of the tasks needed by the older

family member living at home, such as shopping, laundry and cleaning with or without public support. (Mestheneos&Triantafillou, 2005, p.22). However the care can become very demanding and proper support should be offered according to the family caregiver's needs, to help the family carer to take the new role and better cope with the situation.

This study is related to the SUFACARE- project which aims to implement information and educational courses for caregivers according to their needs in order to support family caregivers and receivers in Estonia and Finland. Therefore this thesis can benefit SUFACARE project with background information about successful interventions used to empower the family caregiver, in addition to provide information about educational trainings contents and aims available in Finland at the moment. More information about the SUFACARE project will be described in the sub chapter 1.2.

The overall aim of this study is to describe and analyze a variety of support services offered in Finland to family members caring for their older relatives living at home, focusing on what kind of educational training and information services are available at the moment from an empowerment perspective.

This thesis will also explore the benefits of the use of new technologies for family carers since new technologies are available in order to serve the increasing ageing population, which is a challenge for the society.

The method chosen to do this thesis is a literature review of educational trainings and information services offered for family caregivers/carers, in different countries, from an empowerment perspective. Furthermore the writer will report support services in terms of educational trainings for family caregivers offered in Finland at the moment and if the provision of these services can empower the family carer.

1.1. Family Caregivers needs of support

Researches show that family caregivers need support and information more than anything. The issues most often mentioned by the family caregiver in their study were: the need for advice in complicated situations (61%), and the need for information about medication and psychiatry (60%) (Stengård 2005 cited at Luodemäki et al, 2009).

This thesis will focus on supporting family carers from an empowering perspective, which can improve the carers' quality of life through education trainings and information services. The writer defines quality of life related to the carer's mental and physical wellbeing, the amount of social support received, financial resources and most importantly the amount of information available for the caregiver in order to improve their skills and to empower the carer.

According to Särvimäki&Stenbock-Hult (2000), quality of life is described in three aspects: "a sense of well-being, of meaning, and of the value of self-worth". The writer supports this concept. A person that feels good, in terms of satisfaction with health, living, economic situation and a sense of self-esteem can give some meaning and purpose to life, therefore have a quality of life. (p. 1027).

The National Family association, promoting mental health in Finland believes that the starting point considering caregivers needs of support is to understand how caregivers problems gradually develops and emphasize on preventative methods for mental health. The goal of preventative mental health work is to acknowledge and decrease factors that put at risk mental health, to prevent depression and exhaustion of a family caregiver, to care for their wellbeing, empowering the caregiver to deal with stressful situations. (The Finnish National Family Association, 2009). Attitudes towards the caring situation differ, and this is exactly why the need for support also differs. The challenge is to provide the right kind of support at the right time, and to make this possible information is needed on the process that the family carers begin to go through when a family member gets sick. This process is called the readjustment process, which has different stages and duration and it is unique for each one, illustrated at figure 1. Starting with the *shock phase*, and the *realizing the situation phase*, when family caregivers have to face the

problems and have feelings of sorrow. At the first stages it is important to provide family caregiver's with emotional support, encourage the family carer to express their feelings and fears. The situation is assessed from a new point of view, during the *coping phase* and strategies are prepared for one's own and the family's wellbeing. Next comes the *supervising phase* which involves learning new approaches and keeping conviction in one's own and the family's capacity to bounce back which is summarized in the figure below. (Nyman& Stengård, 2001 cited in the National Family Association in Finland. Well being of family member's p.6).

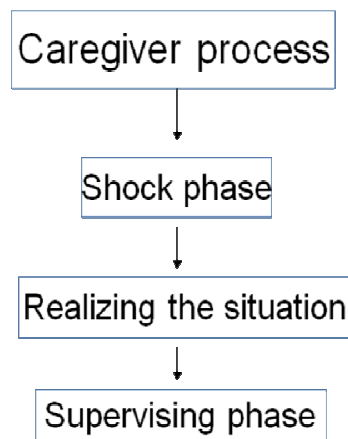


Figure 1. Caregiver readjustment process

However, it's important to consider that there is no "average" family carer, because any caregiver situation is a unique/incomparable one, considering the family carer circumstances, family dynamics, and cultural aspects. In addition, according to Connell and Gibson, 1997; Haley et al., 1995 cited in Montgomery & Koloski, 2008, p. 48, there are cultural rules that impose responsibility of care and even if family carers are doing similar tasks it is not possible to assume that they feel in the same way, everybody has individual needs and reacts to situations in a unique way. Once the family caregivers receive supportive intervention, according to their needs, it will help the family carer to recognize that he/she is doing an appropriate job which can empower the carer. Interventions such as the provision of home care assistance; education program; support

groups can help the family carer to deal with the tasks that were causing distress, promoting a better quality of life not only for the family carer but also to the caretaker.

According to Feinberg (2008) more attention is required to assess the specific needs of the carers at different times in order to provide the right support network, considering the dynamic nature of family caregiving experiences and responsibilities, is essential to identify the cause of distress and how to relief these symptoms. (Montgomery& Kosloski 2008, p. 52).

Studies shows that in order for the family carer to reduce their own distress, it is required to have both skills and knowledge to provide care (Farran et al., 2004; Gallagher Thompson&Coon, 2007; Schumacher et al., 2000 cited in Given, Given, Sherwood.2008, p. 115).

According to Given&Given (1999-2002cited in Given, Given& Sherwood, 2008, p. 115), many family carers say that they do not receive enough guidance from providers on how to assume the carer's role, that they do not have the skills and information necessary to provide care and do not know where to access it and therefore they feel unprepared to care for a person with chronic illness that can lead to a problematic situation since the family carers wellbeing is often strongly connected to their care situation, how it is interpreted, as a burden or not.

1.2. SUFACARE- project: Supporting family caregivers and receivers in Estonia and Finland

The aim of SUFACARE-project is to create a well-organized model for informal and formal care, in order to improve social inclusion of caregivers and care takers, their living and working conditions in Finland and Estonia in both urban and rural areas and to develop information and educational courses for caregivers according to their needs.

Although the home care system differs between Finland and Estonia, the caregivers and caretakers needs and problems can be similar.

Arcada University of Applied Sciences in Finland is the leading partner of this project and other partners are Tallinn University in Estonia, Helsinki University, Turku University of Applied Sciences, the National Institute for Health and Welfare, Age Institute, Caregivers ass. POLLI in Helsinki, Salo's Municipal Health care and Turku. The SUFACARE- project aims to create a useful and well organized model to better serve elderly and handicapped people cared for at home, to support the social inclusion and well-being of family and professional caregivers and caretakers living in both rural and urban areas in Finland and Estonia. The model aims to increase carers' knowledge and skills by organizing education and information to help their daily tasks, with useful and cost efficient solutions taking into consideration accessibility and security in home care and increasing their social and cultural activities with the help of their community (voluntary work, religious events, physical activities, creating hobbies and clubs) (SUFACARE-project 2009).

The project will do a large survey with about 3000 participants from all regions involved with the project and will interview about 200 caregivers and caretakers in Finland and Estonia, investigating their needs for support, economical and social resources. Based on the results, the project team will organize and implement an education programme of 8-10 weeks for caregivers. At the end of the educational programme results will be evaluated and a model providing caregivers with better living conditions will be implemented in the municipalities. (SUFACARE 2009).

Projects such as SUFACARE have a high chance of success because a large survey was carefully planned in order to find out the caregiver's needs and based on these findings elaborate educational programmes, which can support and empower caregivers. The

next step to insure the success of this project is the teaching method, how to approach the caregiver and provide support.

1.3. Aim and research question

The aim of this thesis is to describe and analyze educational trainings and information services for family caregivers of older people living at home, from an empowerment perspective. Studies used in the literature review of this thesis included older people with non limitation about their illness, such as people with dementia, stroke and other disabilities.

The writer clarified the family carer's roles and rights in the Finnish society, including the main Finnish Associations that are providing educational training and other supportive services for the family carer's at the moment.

In addition, the goal of this thesis is to advance a position about the present situation of knowledge on empowerment of family carers that is the writer's research interest, after the writer narrows the topic clarifying the research questions. The result of the literature review will answer the questions which lead to research findings and conclusions.

Research question 1.

What kind of educational training and information services for family caregivers of older people living at home are offered for the moment in Finland and what is the aim and content of these services?

Research question 2.

In which ways can educational trainings and information services empower family caregivers of older people?

On the next chapter the writer will shortly describe Finnish statistics of family carers, in order to give a picture of the family caregiver's role in the social and health care field in Finland, including care policies, the family carers income and gender.

2. FAMILY CARES OF OLDER PEOPLE IN FINLAND

In many cultures the family responsibility is to take care of their elderly relatives and in Finland it was the same, until the 70's when the Finnish law took the children's responsibility away, whereby the children were not responsible to take care of their parents and grandparents. This change of the law meant that the municipalities became responsible to ensure that the elderly people would be taken care of. In 1977 the law removed the spouses' responsibilities to become a carer. During the 80's the support for home care became part of the Finnish social politic. The social law changes made clear the carer position in the social and health care system. (Hyvärinen et al, 1998, pp.3-4).

The Finnish responsibility for social security services and health services is divided among different authorities such as the municipalities, government, the social insurance institution of Finland (Kela), insurance companies and the third sector such as organizations and parishes. The third sector is responsible to support the carer regarding provision of information, organizing courses and so on. The parishes organizes spiritual support, provide guidance and information, peer support such as group activities, recreation days and excursions and the organizations provide information, guidance and education, group activities, rehabilitation, booklets, magazines, monitoring care's rights (Hyvärinen et al , 1998).

It's officially estimated by the Finnish statistics that in 2010 the number of people aged 75 years and older will be 400 000 and by 2030 this number will increase to about 700 000. At the moment 12% of people aged over 75 years manage in their homes, 8%

are in institutional care and 5% are dependent on services. The fundamental issue from the point of view of service system is the rising number of people aged 75 years and older and the number of elderly living alone (Statistics Finland 2009). In addition, it should be considered how well-equipped their homes are, considering central heating, inside toilet and accessibility, however the average Finn lives in good conditions. (Kauppinen et al 2003, 50, Päätaalo et al 2003 cited in Parkatti&Eskola 2004, p.11).

According to Parkatti&Eskola (2004, p.10), Finnish society is based on a welfare state model, where the government sets the financial structure, but at the moment the municipalities can decide the variety of services that they offer for the informal care and how much funds they can distribute for support and this can cause variation between municipalities. Therefore a caregiver living in Vantaa does not have access to the same services offered for caregivers registered in Helsinki. However a proposal given by the Ministry of Social Affairs and Health will hopefully improve the carer status and how the funds will be distributed for caregiver's support services. These changes will be progressively initiated and fulfilled by 2012. (See part 2.4.1 the proposal for developments on the family carers matters).

The goal in the Finnish society is that elderly people may live in their home as long as possible and families are expected to take more responsibility for their elderly family members in need of care (Heikkilä 2003 cited in Parkatti& Eskola 2004, p11). They have an important role in decreasing the costs of social and health care, keeping in mind that the aim is for the elderly to stay at their home as long as possible and only the clients with the most demanding need of care can stay in the institutions, with the number of clients beds been reduced, the demands toward family caring is rising. (Parkatti &Eskola, 2004 p.13).

A new development programme for Social Welfare and Health Care in Finland called The Kaste programme was created in 2008 and aims to reduce social exclusion, to increase wellbeing and health and to make services more accessible and efficient, reduc-

ing service inequalities. These developments are very important to the Finnish society in order to diminish regional inequalities, revise service structures, promote more cooperation between primary healthcare and specialized medical care as well more collaboration between social and health care and universities and other educational institutions. (Ministry of Social Affairs and Health, 2009).

2.1. Defining family carer

First of all the writer would like to define the central concept of a carer, and according to Miller-Keane (1992), a carer is an individual that takes responsibility for the emotional and physical needs of another person, who are unable to take care of themselves.

A caretaker is a dependent person, there is no legal definition of dependency, but the term dependent is used to describe a person that is disabled and needs another person's help for daily activities. (Vaarama et al 2003 cited in Parkatti&Eskola 2004 p.22)

Rosalynn Carter says that there are 4 kinds of people in this world: The ones that have been caregivers; the ones that are caregivers; the ones that will become caregivers and the ones that need caregivers. (Cited at Association of Care Giving Relatives and Friends in Finland. Manual for caregiver's instructor, part 1 p.1, 1998)

According to the Family Carer Act (312/1992) as is referred to in section 1 and the Social Welfare Act (710/1982) section 25, a family carer is a person who has made an agreement with the municipality or joint municipal board responsible for organizing care and is caring for a person at their private home other than their own. Family care is offered for people that do not need institutional care but require help with daily tasks. The goal is that the person being cared for can remain at home. However family carers should have experience, suitable education and training or personal qualities that make them fit to give family care.(Ministry of Social Affairs and Health, 2005).

2.2. Characteristics of family carers of older people in Finland

In order to get some kind of information about the situation of the family carer in Finland, one should estimate by the number of older people in need of help, since there are not all-inclusive statistics of family carers in Finland. (Vaarama et al 2003 cited in Parkatti& Eskola 2004, p. 15).

According to Vaarama et al 2003 cited in Parkatti&Eskola 2004, p.12, about 10% of people over 60 years of age, living at home are in need of informal care. However, about 2% of the people aged over 65 years were receiving governmental support for informal care. Most of the people in need of informal care were over 65 years old and the most frequent reasons causing need for care were long-term physical illness or injury and a decrease in functional capacity related to age.

The support for informal care is planned for all family carers no matter of the person's age in need of care. It's defined on the social welfare declaration that a family carer is entitled to apply for support for informal care. (Parkatti&Eskola 2004, p.16).

According to the Family Carer Act (312/1992) family carers have the right to get proper training and as well for a job supervision that can assure that family carers are doing an adequate job and the municipality should arrange such services for the family carer. (Ministry of Social Affairs and Health, Finland, 2005).

Although the social welfare declaration entitles the family carer to apply for support, the problem is that many carers do not see themselves as carers and do not seek help until they are exhausted, or ill themselves, simply for not knowing their rights or where to look for help. Therefore it's very important to better promote the Associations for caregivers, so the information will be more accessible and social and health care staff can work more with prevention in general.

2.2.1. Gender and age of family carers

When it comes to the family caregiver's gender, the majority are women of working age. According to the report on support for informal care, the proportion of male informal carers has increased and the main carers in all age groups, are mostly family members spouses (43%), children (22%) or parents (22%). (Vaarama et al 2003 cited in Parkatti&Eskola 2004, p16).

According to The Ministry of Social Affairs and Health and its administrative sector (MSAH), 75% of carers are women, 53% of them are of working age and 22% over 75 years old (Ministry of Social Affairs and Health, 2007). Nowadays there are a great number of males applying for social and health care education and the proportion of male informal care is increasing as well as carers in all age groups. This phenomenon can be seen at Universities in Helsinki as well as in the hospitals in Finland from the writer's point of view.

2.2.2. Income of family carers

The support for informal care is taxable and has been financed since 1982. This support is paid to the carer when taking care of a person living at home because of disabilities, illness and reduced functional ability (Social Welfare Act 710 / 1982 cited in Parkatti& Eskola 2004, p.11).

The amount of support for the carer is decided by the municipalities; however a reform of the Finnish family care legislation, 2006 aimed to improve the support services offered by the municipalities to the carers, which involves among other services, carers pay and leave, also that the carer's income should be not taxable (See chapter 2.4.1).

The National Research and Development Centre for Welfare and Health (THL) and the Ministry of Social Affairs and Health and its administrative sector (MSAH) are doing a follow-up research, that looks at the budgets reserved by municipalities for paying carers, this follow up the law implementation, which involves 362 municipalities. (Parkatti&Eskola 2004, p16).

In 2006, there were nationwide, about 29,500 caregivers taking care of about 22,000 mostly elderly people. The new system of carers support is preventing 11,600 elderly from being cared for in institutions, according to the follow up research. Family carers are entitled to remuneration for the care they are providing. The carer's monthly average pay is EUR 416, an increase of EUR 128, 13 of what was paid in 2002. (The Ministry of Social Affairs and Health in Finland, 2009).

According to the Family Carer Act (312/1992) the amount of the remuneration for care depends on how demanding the caring task is and the amount of time spent on care. The minimum is at least EUR 234. If the carer is taking care of the person on full-time basis the salary is EUR 701 and if the family carer cares for the person on half-time basis, the salary is EUR 351. (Ministry of Social Affairs and Health, Finland, 2005).

However there is a new development proposal from the Ministry of Social Affairs and Health in Finland that proposes a raise in the family carer salary to EUR 650 per client. (Ministry of Social Affairs and Health in Finland, 2010).

Family carer's are also entitled to reimbursement of expenses, that occur throughout the care, such as special expenses related to individual needs of the person cared for, unless otherwise agreed in the commission agreement.

Once again it proves the fact that the Finnish policy makers are taking the caregivers seriously, although there is always a need for development.

2.3. Care policies and services for family carers in Finland

There are several laws in Finland, which describe the social and health services and the rights and treatment of clients. Finnish policy makers have recognized the importance of family carers and different associations are fighting for their rights and developing a variety of projects to empower the caregivers according to their needs. A few projects and educational trainings will be described at chapter 5.

Every Finnish citizen has the right for basic health care and family carers are not offered any special services apart from the right to have an early diagnosis and treatment of illness, rehabilitation and the promotion of health in order to prevent health problems.. (Hujanen 2003 cited in Parkatti&Eskola 2004, p.29).

In this chapter the writer will describe few care policies and services offered for family carers, considering the future role for a family carer in the Finnish society. In addition the writer will describe the sixteen development proposals for family carers matters.

2.3.1. Care policies

The elderly policies general target is to support the independent living and good care of the elderly people. The main principals are equality, autonomy, financial independency, social safety and social integration (Old age policy 1999).

Finnish society is constantly improving policies and services for the elderly and their carer's and according to Finland's national ageing policy, elderly people should be motivated in maintaining their functional capacity and health through rehabilitation, exercise, provision of nutritional advice and access to other social and health services needed in order to stay active in the society. The goal continues the same, that elderly people will be able to live safely in their own homes as long as possible, therefore they

should live in a barrier free environment and the necessary adjustments and helping devices should be provided for the elderly. The implementation of this policy is done through different projects, programmes and with the help of legislation. (The Ministry of Social Affairs and Health in Finland, 2010).

In the Social Welfare Act, the support for informal care is guaranteed and it is described e.g. the agreement of family carer, defined in the client's care and service plan, which includes the carer fee, duration of care, their rights for free time, and since 2002 the carer has the right for two days off per month and the municipality is responsible to organize that the caretaker will be cared for. The municipalities also assure that the family carers are covered against injuries (The Ministry of Social Affairs and Health in Finland, 2010).

However, according to the dependent's need which is estimated by his/her functional assessment, the municipalities may decide the criteria for support. (Parkatti&Eskola 2004, p.22). According to the Ministry of Social Affairs and Health, municipalities are responsible for organizing social and healthcare services and the legislation forces them to arrange these services for residents, but does not control the amount of services, their content and so on. (Ministry of Social Affairs and Health, 2006, pp 5-6).

There are no regulations in Finland concerning the employed family carer, but there are exceptions. The employee that has been working more than ten-years in Finland can agree with the employer to take up to one year leave from work. During this work leave, the employee has the rights to receive 70% of the unemployment money the person would receive if he/she became unemployed. This agreement is called job alternation leave and this can be applied to family caring. (Parkatti&Eskola 2004, p. 24).

The Government has a new Health Care Act that is planned to start on 1 May 2011 aiming at improving the quality of services and care, patient safety and also to improve the status of the client, by giving the clients free will to choose where he/she wants to be

cared for, assuring equal access to services. This new Act can benefit the family carer with the provision of better quality services and care which can improve the family carer wellbeing. (Ministry of Social Affairs and Health in Finland. The Health Care Act improves the status of clients, 2010).

2.3.2. Services offered for older people and their family carers

There are different service providers offering services for older people and their family carers in Finland. Usually the providers are from the third sector, public sector and as well the private market. The writer will describe the support services that they offer.

According to Parkatti&Eskola (2004, p.9) there are several different projects supporting caregivers, mostly organized by different associations and funded by the Finnish Slot Machine Association, although the municipalities also organize and fund their own projects. There are four main associations for elderly in Finland: The Association of Care Giving Relatives and Friends; The Central Union for the Welfare of the Aged; The Association for Old Age and Neighbor Service and The Association of Alzheimer's disease. However The Association of Care Giving Relatives and Friends is the only association focused on caregivers, while the focus of the other associations is on the elderly in general.

The Association of Care Giving Relatives and Friends has been operating nationwide for twelve years, offering services both in Finnish and Swedish. Their aims are to improve caregivers and caretakers situations. However the main difficulty is to get the older spouses working as carers to participate in the association's activities, because even though they may care for very disabled persons, they may not classify themselves as carers. (Parkatti&Eskola 2004, p.9). The writer summarized the services offered for carers by the Association of Care Giving Relatives and Friends in the figure 2.

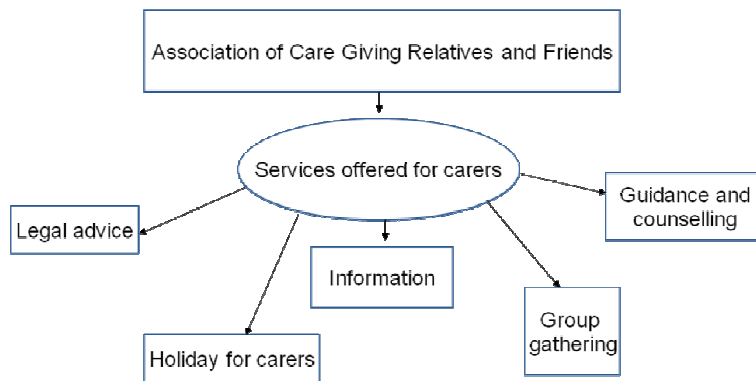


Figure 2. Services offered from the Association of Care Giving Relatives and Friends

The Central Union for the Welfare of the Aged has been very active, developing services for the aged with pilot projects. The Union provides guidance and counseling in order to develop the activities of the member organizations, focused on improving the social security and welfare of the aged. It also offers information on present issues regarding the welfare of the aged at a local level. (Parkatti&Eskola 2004, p.9). The Union has carried out several researches which involved family carer’s everyday life, their experiences; quality of services; support programmes; rehabilitation groups to prevent loneliness and more. (The Central Union for the Welfare of the Aged, 2010).

The Association for Old Age and Neighbor Service aim to make it easier to live at home, with the majority of services provided directly to homes. The association offer funds for development and promotes the benefits of its member associations. In addition, the Association of Alzheimer’s disease is an international association, which defends the rights of demented people and their families.(Parkatti&Eskola 2004, p.9).

The Red Cross organizes different training for the volunteers and offers courses especially for the caregivers. More details will come in chapter 7 (Red Cross in Finland 2009).

The church also organizes supportive activities for the elderly, such as discussion groups, trips, and making house calls, however the most part of the informal care is provided by the spouse and children. (Parkatti&Eskola 2004, p.12).

The most common services for the elderly people are health services, rehabilitation, supporting equipment, meals on wheels, cleaning help, home-help service and support for informal care. (Kauppinen et.al. 2003 cited in Parkatti, Eskola 2004 p.36). All these services help to empower the caregivers by giving them, for example time off.

The municipalities' responsibilities are based on law, to provide a variety of services for the elderly. The services mostly include home nursing, home help, day centers, meals on wheels, transportation for the disabled people and financial support (Parkatti&Eskola 2004, p.9) as the writer illustrated at figure 3.

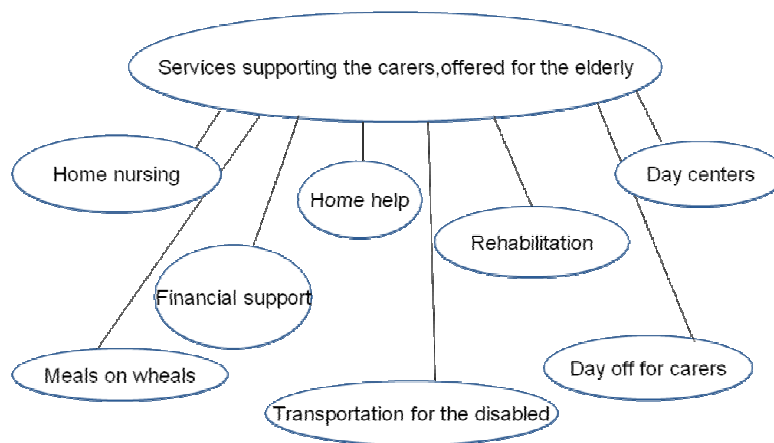


Figure 3. Services offered to the elderly that also supports the carers

Another important focus in Finland is on the carers wellbeing, provision of days-off and possibilities for relaxation and rehabilitation. Since 2002 according to the Finnish law the carer has the right to get 2 days a month free from the care (Hyvärinen et al, 1998). However, because of the imbalance between demand and how much they can provide,

the municipalities may need to buy services from the private sector and collaboration between municipalities is of great significance. (Parkatti&Eskola 2004, p.12).

Before listing the services provided for carers it is important to notice that because of the economical variations between municipalities not all the services might be totally available, but in principle the services provided for all carers are listed below according to Parkatti&Eskola (2004, p.25).

- Assessment of the carer situation (formal – standardized assessment). Every client in home service and home nursing will have their own personal care and service plan made. This plan is assured by legislation and will decide the amount of financial support that the client will receive, based on how much help is needed.
- Counseling and advice (e.g. help to fill forms). Counseling services for the carers are available in several different projects organized for the family cares. In the big cities such as in Helsinki there is an information center called Senior Info that provides counseling and gives information to the elderly about housing, cultural activities, social and health services among other things. Counseling services are also available by the private sector. Filling in forms is not part of the home help and home nursing work, although sometimes it can be done.
- Self-help support groups. These services are organized by the municipalities, different kind of projects for the family carers and Associations for family carers, which are mainly financed by RAY (Finland's Slot Machine Association).
- "Granny-sitting" is a temporary help service offered by the Associations of family carers and may also be offered by the municipalities.
- Practical training in caring, relaxation, caring for their own physical and mental health, etc. These are services offered by voluntary institutions and partially offered by the municipalities.
- Weekend free
- Interval care services is a regular and well planned care, where the caretaker e.g. can stay two weeks at home and two weeks being cared for at an older people' care

- institution, offering a break for the family caregiver. This service is also provided by private services.
- Financial transfers are a service part privately funded.
 - A service to help caregivers to manage crises.
 - A service that enables the caregiver to participate in the planning of care for elderly and families (in hospital or at home)
 - Special services for family caregivers of different ethnic groups are offered by voluntary institutions and partially offered by the municipalities.
 - Others.

See summary of the services offered for caregivers by different service providers at figure 4.



Figure 4. Summary of the services offered for family caregivers by different service providers.

In the end of 2002, 13, 4% of people over 65 years old (106 800 persons) were receiving social and health services on a regular basis in Finland (Kauppinen et al. 2003, cited in Parkatti, Eskola, 2004, p.27).

Elderly people's needs for care services can be put into two categories such as institutional care and open care services. The most important services among open care are supportive services, home help, and home nursing. Based on the individual care and service plan, which is made if a family caregiver needs more help with the caring duties, home help service which includes bathing the elderly (Luoma et al. 2003 cited in Parkatti, Eskola 2004, and p.28).

The day care for the elderly people is a community service, usually collaborating with service housing. The day care is organized during working days, with recreational purposes for the elderly, a place that they can go to sauna, have a balanced meal, interact with others, participate in different activities and it is also a service that provides a break for the caregiver. Private associations also provide day care centers with the possibility for physical rehabilitation and leisure time for the elderly. (Räty et al 2003, cited in Parkatti, Eskola 2004, p.38). All services provided for the elderly help to empower family carers, providing free time and enabling carers to have their own lives.

2.4. The caregiver's future role in the social and health care system in Finland

The Finnish health care system aims to have 90 % of people aged 75 year and older living independently in their homes or with support and help from relatives or social and health care services. (Kauppinen et al. 2003 cited in Parkatti&Eskola 2004, p.31). Considering the usage of public services between ages 75 to 80 years, the probability for the use of public services is more than 20 percent higher (Räty et al. 2003, cited in Parkatti, Eskola 2004, p.37).

In order for the Finnish society to successfully reach their goals it is essential to pay special attention to the carer's living condition and well-being. The National Family Association in Finland, says that the carer's own wellbeing depends on their life situation

and if their own needs for support are seen and recognized by the social and health care system, which address family members as a care resource, as helpful partners and their goal is to maximize the amount of family care and minimize official care. As an outcome of this the exhaustion of family members as carers has become more common. Family carers are treated as customers by the social and health care system, where services are planned in order to help the family carers workload.

The main concern in future development is how the treatment, care and support work offered by the social and health care system will be efficient, and if the family carers will get their own place as both family carers and as independent persons in their own right. The proposal given from the Ministry of Social Affairs and Health includes developing the carer status explained in chapter 2.4.1. The carers feeling of being in charge of their lives and own empowerment is not facilitated if the social and health care system recognizes them only as a helper and care resource. (The National Family Association in Finland. Promoting mental health in Finland, 2010).

Family carers are also able to work outside home, thanks to the development of day care for older people. According to Vaarama et al 2003 cited in Parkatti& Eskola 2004, p. 19, 55% of carers are retired, 18% of carers work in full-time jobs, 6% of carers work in part-time jobs and 8% of carers are unemployed. Only 1% had leave of absence from their normal work. This data include people caring for persons of all ages.

It is predicted that 130,000 persons will retire in municipalities by 2010 which 49,000-55,000 of them are working in social- and health care, causing apprehension among policy makers. It is estimated the need of 18,300 workers and 6,300 more workers to balance the existing lack of workers (Luoma et al. 2003, cited in Parkatti& Eskola 2004, p.40).

As explained before, family carer's voices are more often heard also with the help of associations such as The Association of Care Giving Relatives and Friends. Family caregivers have accomplished a more important role in the health care system with the new proposal developed by the Ministry of Social Affairs and Health 2004 aiming to include family carers as part of the community service system. The proposal consists of

sixteen developments on the family caregivers matters, including changes in the legislation (Aaltonen 2004 cited Parkatti&Eskola 2004, p.51).

2.4.1. The proposal for developments on the family carers matters

The developments proposal on the family carers matter by Parkatti, 2004 is quite old to be included in this thesis; however the writer decided to mention a few matters that it is consider still very important such as that the support for the carers should be based on how devoted and skillful the caregiver is and how much care is needed; that the support funding responsibility will be slowly taking it away from the municipalities and transferred to the state to assure equal care and treatment for all the family carers.

Renovations and equipment need at home to support the carer's work should be financed and the amount of day care, home care, and open-centre rehabilitation, provision of recreation, rehabilitation, emotional and physical support, information, self-help and discussion groups should be increased. In addition the proposal suggest that the collaboration among associations, municipalities, and different kinds of private service enterprises should increase and more judicial support should be provided for the carer and caretaker. Furthermore that a professional group of social and health care worker should be responsible to put in practice, evaluate and monitor caregiving in all municipalities. (Aaltonen 2004 cited Parkatti&Eskola 2004, p.51).

If these measures will be taken into action, the wellbeing of carers will be more assured by getting better working benefits; having more available services for the caretaker decreasing the working load and increasing carer's free time, encourage the carers to take care of their health and social life, having their work supervised will increase the carers self confidence and carers will be better equipped to help the increasing need of elderly services. However on this proposal it was not mentioned provision of more education training, since there is an increasing need to protect and empower the carer, by providing knowledge and skills according to their needs.

On the other hand there is a new reform concerning legislation on family care commissioned by the Finnish Ministry of Social Affairs and Health. Within the reform it is stated qualifications requirement from a person providing family care, such as the duty for family carers to take part in training. The working group also proposes that the support offered for family carer should be more efficient and the provision of staff assisting family care should be increased. In addition, the family carer agreement should be extended beyond the local government and municipality board but also to the services providers.

The National Supervisory Authority for Welfare and Health (Valvira) is the one authorizing the service providers and by extending the family carer agreement with the service providers it can be a way to ensure standardized licensing practices. The working group proposes that the license matters on family care should be centralized to Valvira. However the duty to organize and supervise family care would still remain to the local government or the municipality board.

Additionally the working group proposes that the basic salary for family carers should be raised to EUR 650/month per client and the family carer's loss of income and compensation of expenses. Furthermore that family carer's should have the opportunity for annual continuing education (1–2 days). (Ministry of Social Affairs and Health in Finland, 2010).

3. THEORETICAL FRAMEWORK

The writer chooses to use theories of empowerment as the theoretical framework of this thesis because it is related to the research questions. Therefore the writer analyzes different ways to empower the family carer with the goal to answer the research questions and to find out if the educational trainings and information services available for the family carer of older people in Finland at the moment have the general aim to empower the family carer.

3.1. Defining empowerment

The philosophical concepts of empowerment can be traced from Latin America and Paulo Freire and his 'Pedagogy of the Oppressed' to others philosophers such as Sartre.

The idea behind the empowerment concept is that it is possible to help people to cope and feel better through dialogue and reflection between the professional and the client in need, or between the family carer and the caretaker. According to Freire, within an empowerment strategy, the professional should encourage the person to expose their own weakness and resources when facing illness and other limitations in order to reflect together on the meaning of the illness and to promote the client's choice to act and cope. Although Freire's theory on consciousness-raising among underprivileged groups (Roberts, 1999; Kuokkanen & Leino-Kilpi, 2000; Hvas & Thesen, 2002; Nyatanga & Dann, 2002; Askheim, 2003; Shearer & Reed, 2004 cited in Hage&Lorenson, 2005, p.237) was not in relation to illness, the idea is to say that by encouraging the clients to think about their situations is a way to make the power to come from the clients and for changes to happen, that empowerment highlights client's competences, and that there are many different solutions to one problem.(Hage&Lorenson, 2005, pp.235-237).

According to Adams (2008) empowerment is the ability of individuals or groups to be in charge of the situation and accomplish their own goals. It is the process by which individually or collectively are able to increase the quality of their lives and help themselves. The provision of education, resources and self awareness is seeing as an empowerment process, giving great power to the clients. (Thompson, 1993 cited in Adams, 2008 p.21).

One important association with empowerment is democracy, where individual's choice and freedom are vital. However, empowerment can mean different thing for different people; it can be a feeling of being valued and recognized; to get feedback that there are doing a significant job; to have the necessary resources; feeling of freedom; to have the

proper caring skills and so on. Empowerment accurately means “become powerful” in the Dictionary of Social Work and empowerment is linked with self help that is defined as ways that people help themselves. (Parsloe 1996, cited in Adams, 2008, p 23).

Research shows, that in order to empower a person is necessary to have a holistic approach to it, to consider all aspects of the person’s needs, such as social, spiritual, emotional and physical. By simply inviting a person to participate, will not cause empowerment, therefore it is important to have the person’s private experiences and thoughts to be in harmony with what they do. The empowerment process is a continuous interaction involving empowering practice and critical reflections. However, practitioners need to become empowered themselves first, before empowering others, since a person needs competence and motivation in order to empower others (Adams, 2008, pp. 74, 82).

3.2. Empowerment and family care

An important question is how people come to feel powerful and according to Roberts (1999) one answer to this question is through an educational programme that empowers clients to change their behavior in some positive way, to help clients to find resources within and outside the client, helping with the adjustment into the caring situation. (Hage&Lorensen, 2005, p.239).

Research shows that by understanding the client’s personality, social context, and potential for development the professional can help the client to be empowered. (Shearer & Reed 2004 cited in Hage&Lorensen, 2005, p.244). In order to facilitate client’s empowerment, the person in charge of an educational training should be willing and competent to listen to the client’s interests, experiences in life and values, in addition to the client’s goals of treatment and rehabilitation. It’s believed that there are small chances that the client will really change and adapt his behavior if for example the professional

applies what Freire called bank-education, meaning that the professional decides what is to be learned about the client's situation and coping skills. (Hage&Lorensen, 2005, p.245).

Empowerment of family carers can be achieved in many ways and it is based on the family members' situations and experiences that it is possible to define their own needs. One way to empower a person is by preventing exhaustion and diminishing stressful factors. Another form of empowerment is through counseling, to empower the carer to discover their own needs, to evaluate the cause of their problems for themselves and find their own strategies. (Mayo, 2000 cited in Adams, 2008, p. 156).

Carr, (2004 in Adams 2008, p.28) says that the levels of participation and empowerment of people who use services, continue fairly low highlighted by the fact that the lives of family carers and people who use services are frequently so pressured that they are reluctant and/or not capable to participate.

Empowerment of family carers can be achieved in different ways because there are a number of issues to consider that can decrease the family carer's load and it can promote empowerment, such as provision of enough information about care; helping the family carers to recognize their own needs, provide time for family carers' recreation, to encourage family carers to keep in touch with friends and others with similar experiences and finally to provide financial support. (The National Family Association promoting Mental Health in Finland. Empowering family member, pg.7).

There are different factors that are part of the caregiver's life and that affect their well-being and empowerment represented at the caregiver's wheel of life in the figure 5.

The family carer should analyze each aspect and conclude which one is taking them down, where do they need help and actively start the changes. (Caregiver's wheel of life. Borg, 2008 cited in Heine& Heino, 2008, p.17).

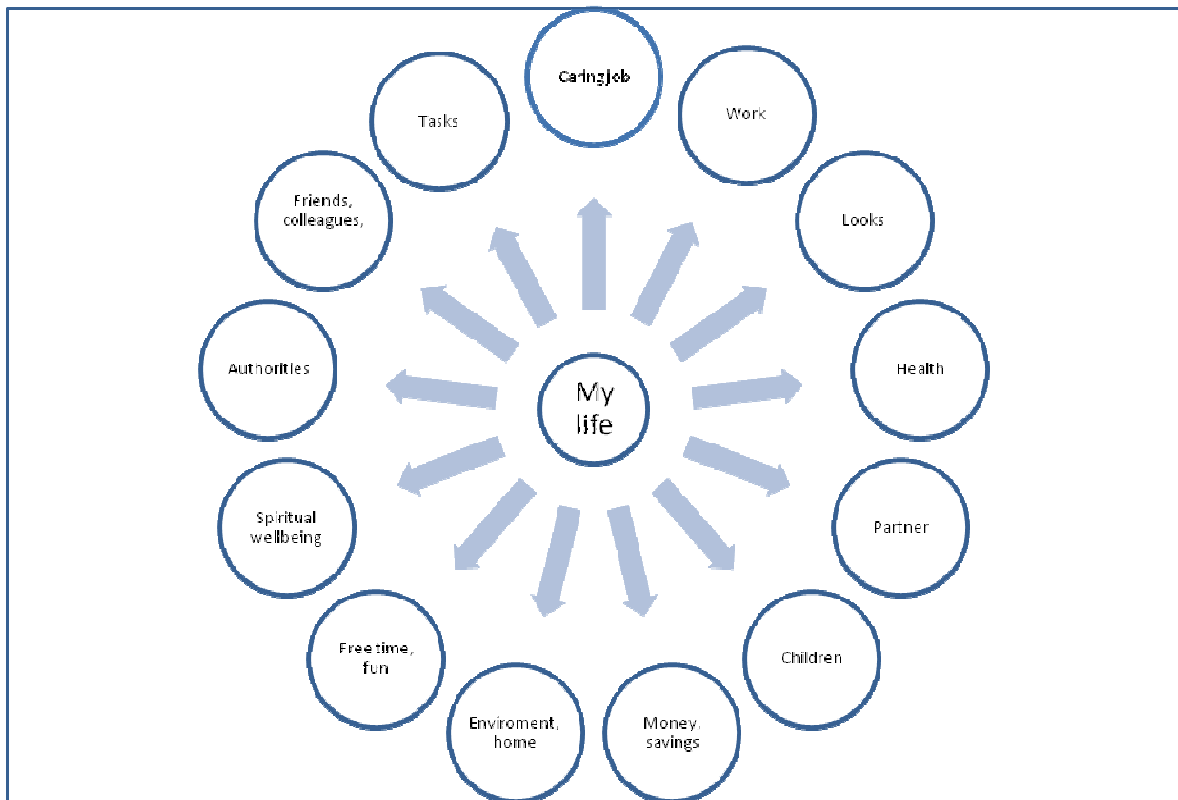


Figure 5. Caregiver's wheel of life (Borg, 2008 cited in Heine & Heino, 2008, p.17).

The family carer empowerment can be jeopardized after a family member's health deteriorates, because such a large part of the family carer's days is devoted to the care, consuming a lot of the family carer's energy and often the situation starts to dominate one's self and identity. (National Family Association in Finland, 2010).

In situations whereby the caregiving context changes, the carer role identity in relation to the cared person also changes and this can cause distress for some. For example when the family carer realizes that his/her duties are extending from the initial role such as paying bills, shopping to more personal needs such as personal grooming, at this point, can cause for some family carers a lot of discomfort which can lead the family carer to leave his/her role and place the cared person in a nursing home for example. It's important to notice that not every family caregiver goes through the same process and distress and burden are not linear. (Montgomery & Kosloski, 2008, p. 49, 50).

There are ways to decrease the family carers feeling of burden and helping family carers to keep a role that he/she would like to have, therefore it is very important to provide

enough information and education training to prevent burn out and promote empowerment. Family carers have to recognize their own needs and emotions and set limitations in order to support their own wellbeing by keeping a separate identity. It is particularly important to create and offer the family carers support services and their own peer support forums where family carers can exchange experiences and get comfort. (Montgomery & Kosloski, 2008).

Often when asking a family carer, “How are you doing?” they respond with reference to the condition of the caretaker. It is usually difficult for the family carer to think that while supporting the caretaker does not have to mean neglecting their own feelings and needs.

Sometimes it takes a long time before the family carer starts to see their real self again, without feeling guilt and the main issue in order to empower the family carer is to recreate the one's self and set the limitations for how much one is able to do. After that the family carer can set goals and recognize their needs. (Luodemäki et al, 2009).

There are different ways in order to empower the family carer and help the person to overcome difficulties; however an overview of this person life is needed. Research shows that seldom the family carer thinks of themselves first however the quality of life of the family carer is strongly related to the family carer's coping skills and wellbeing. (Hyvärinen et al, 1998, pp.22-25).

When developing an education training in order to empower the family carer, it is first needed an analyses of the family carer's coping skills, an overview of the family carer's daily routine, interests, sleep routines and so on (Hyvärinen et al, 1998 p.22-25).

4. METHODS AND MATERIAL

4.1. Literature review as method

The material for this thesis was not gathered through questionnaire or interviews, because of limited resources. The method chosen is a literature review which is a good way to get an overview of educational trainings and information services offered for family caregivers in Finland at the moment and in which ways can educational trainings and information services empower family caregivers of older people. The writer wanted to first analyze what was concluded by others on the chosen topic.

A literature review has a model to guide the reader step by step. The writer selected the topic, a literature search was made that determined what information would be in the review; next the writer developed an argument; analyzed the literature; followed by critique of the literature which interprets the existent understanding of the topic and finally wrote the review. The literature review was summarized and evaluated with the purpose to create a position on the state of that knowledge. Therefore a literature review is a written argument that supports a thesis position by creating a case from reasonable evidence based on earlier research. It presents the background about the existing information of the topic and lays out a coherent case to defend the thesis position taken. (Machi et al, 2009, pp1-8).

A literature review is a description of the literature relevant to a particular field or topic; it covers everything relevant that is written on the topic. In the writers case it cover family caregivers educational training and information services in Finland and in which ways educational training and information services can empower family caregivers o older people.

4.2. Literature search and choice of material

The majority of the literature used for this thesis was written in English, however a lot of information about the family carer's educational training and information services available in Finland was written in Finnish language. Furthermore one organization provided information in Swedish and the writer carefully translated the material.

The writer limited the search for training and information services for family carers offered in Finland to the Helsinki metropolitan area, Turku and Salo municipalities for the reason that these cities are integrating in the development of the SUFACARE- project and Tampere and Oulu municipalities as these cities are part of the Prospect project which is a project developed by the European Federation of Associations of Families of People with Mental Illness (EUFAMI). More about this project will be explained in chapter 5.1.1. The writer also limited the research based on projects supporting the caregivers going on at the moment.

In the literature review the chosen articles are 2001-2008 written in English and articles from UK (5), Sweden (3), Norway (1), Scotland (1) and Greece (1).

Sources of literature were found through ESBCO. The following searching words were used: family carer and training and education resulting in 10 hits where 1 article was chosen; family carer and need resulting in 135 hits where 2 articles were chosen; family carer and information and health promotion resulting in 2 hits where 2 articles were chosen; carers and empowerment resulting in 36 hits where 3 articles were chosen; family carer and support and information resulting in 44 hits where 1 article was chosen; training and family caregiver resulting in 38 hits where 1 article was chosen and finally Larson (author) and support and education resulting in 25 hits where 1 article was chosen. Additional relevant literature was searched through the Internet and publications from the Finnish Ministry of Social Affairs and Health, National Institute for Health and Welfare in Finland and Statistic Finland.

It was challenging for the writer to find articles related to educational trainings and empowerment of family caregivers of older people.

In order to find out what services were offered for family carers in Finland, in terms of the provision educational trainings and information services, the writer visit a few associations of family carers in Helsinki with the aim to collect written material for this thesis. The writer decided not to do interviews or questionnaire but to research through the internet and outlets the existing material offered, facing difficulties to find information in English and more specifications about educational trainings for family caregivers of older people.

4.3. Content analysis

The analysis of documents and texts in order to find out their content in terms of predetermined categories and in a systematic and replicable way is a method called content analysis. (Bryman, 2008, p.275).

The use of content analysis as a research method is not necessarily easier than performing an interview or other type of study. The researcher should follow a systematic and objective scientific method and decide how to limit the content analysis of the study. Content analysis is a research technique that is objective and summarizes rather than describes in details a message (Neuendorf, 2002, pp 1-15).

According to Krippendorff (2004) one of the main researches techniques in the social field is content analysis which can be defined as research techniques that are estimated to be trustworthy for the reason that results of the findings should be replicable.

The writer used the content analysis method by going through the material selected and choosing the relevant articles and findings related to educational training and information services for family carers in Finland. The findings were divided in two categories according to the research questions, such as: family carer's educational training and information services in Finland and in which ways educational trainings and information services can empower family caregivers of older people.

The results of the educational training and information services available for the family carers were divided according to their content and aim. The writer made a table summarizing the provider of the service; the type of the education; the target group; the content of the service; the aim of the service and duration of the service at table 2 (See appendix 2).

The articles chosen to be part of the literature review were summarized and placed on a table 3 (see appendix 3). The writer look at the similarities and differences among the results of the study and conclusions will be presented in the results and analysis chapter.

4.4. Ethical considerations

There are several ethical considerations to keep in mind while doing a literature research and reporting the results. The writer would like to clarify that the articles chosen to be part of the study was unlimited regarding medical diagnosis of the caretaker, however the inclusion criteria is that the person being cared for is an older person living at home except for one article chosen that included people with intellectual disabilities and not necessary an older person.

In addition the results of the articles included in the thesis should be about empowering the family caregiver through education and information, and finally that the articles were written in Europe.

Studies using qualitative and quantitative analysis of data were both qualified for inclusion. Non limitation regarding publication date was actively used during the date base search, although the writer limited the search by selecting only full text searches.

The final search resulted of 84 articles which 40 were selected and 11 remained. The articles that felt beyond the scope did not feet into the inclusion criteria. In addition the excluded articles were lacking the research methods; were not scientifically written, had low quality, did not present enough evidences and/or good results, were dated over 10

years ago. The original articles used for the thesis are numbered and summarized at the table 3 that can be found at the appendix 3. The findings of these studies will be presented in the chapter 5.

The writer decided to use the article including people with intellectual disabilities because of the article's aim was to include family carers in the development of a user friendly guide with information about mental health problems and the results were very positive, enhancing the family carer's empowerment.

A few articles such as Montgomery & Koloski, 2008 and Given & Sherwood, 2008 were used in the Introduction of the thesis, however these articles are not included in the literature review and are not placed in table 2 because although the aims and results were very positive, following the writer's line of thinking, the articles were not scientifically written.

The writer also included studies that dated over 10 years ago because of the important content such as the work of Hyvärinen et al 1998, a good practice from the Association of Care Giving and Friends in Finland that explained best ways to approach, engage and motivate a family carer and important things to consider when developing training courses for family carers, which was very useful, relevant and well structure.

One research used at this thesis was based on the family careers needs where an information guide was created in order to empower the family careers. The method used was cooperative inquiry that can help to diminish the gap between the family and professional culture. It's an effective method to ensure participants to be involved and reflect upon different themes, where the goals during the research process are participation and change.

The ethical considerations in this article were well planned and all participants received a letter that explained the study, the researcher's background and that family carers had the final word in the formulation of the information pack. Since the method chosen was

cooperative inquiry, the researcher should become part of the process and it was decided not to use tape recorder to avoid barrier between the people involved. A return visit to the group was made in order to have a reflective dialogue with the participants, to guarantee that family carers confirmed the themes that come forward and this was found very good to clarify the family carers' needs and ideas. However the conclusion of this study was limited because of the small amount of participants, although this project has provided an example in how to get the right information from the family carers by involving them in the process. (Lloyd&Carson, 2005 pp.187.189)

Another study included in the thesis is a case study methodology, including five families as part of bigger project investigating the impact of a technology-based service known as ACTION (Assisting Carers using Telematics Interventions to meet Older Person's Needs) a service that empowers older people and their family caregivers by providing information that can help them to make decisions concerning their caring situations. The ethical considerations involved in order to validate the data was that all the results were confirmed by the five families participating, validating the project benefits to the family carers and to the older person being cared for.(Magnusson&Hanson, 2005).

Another ethical consideration pointed out by the Gratsa's research was the need to be very flexible when including family caregivers in the process of creating a guide, because family caregiver's circumstances can change drastically according to the caretaker situation leading them to drop out of study. It's advisable to compensate family caregivers financially if possible, to be part of the research and that it is crucial to involve family caregivers' experiences and thoughts in order to develop such a guide. (Gratsa et al, 2007).

All the articles chosen for this thesis were of a good quality and results, although it should have included more participants at the researches in order to give a bigger picture of the situation, since the small number of participants limited the studies.

5. RESULTS AND ANALYSIS

In this chapter the writer will describe the findings related to the literature review in order to answer the research questions.

The findings of the literature review are related to the theoretical frame work of this thesis which is the empowerment of family carer. The research questions are what kind of educational trainings and information services for family caregivers of older people living at home are offered for the moment in Finland and what is the aim and content of these services? In which ways can education trainings and information services empower family caregivers of older people?

5.1. Educational trainings and information services for family carers in Finland

In this chapter the writer will report the findings related to educational trainings and information services, offered as support services for family carers provided by different associations in Finland at the moment. However not all the services are free of charge. The findings were placed in two different categories according to their content, the first category is focused on different educational training; the second category is about provision of information and peer support.

5.1.1. Training

At this point the findings related to education training offered for family carers in Finland will be listed. The writer limited the research to Helsinki, Turku and Salo municipalities for the reason that these cities are integrated in the development of the SUFA-

CARE-project and Oulu and Tampere municipalities as these cities are part of the Prospect project which will be described with more details at this chapter.

The National Association of Care Giving Relatives and Friends have started a follow-up to the project called Good quality and service package to support family care that ended in 2008, called Good practices and Care Management in supporting Family carers (2007-2010). The aim is to describe and disseminate best practices and quality recommendations to support family caring. In addition, the aim is to provide training for professionals and volunteers and to publish guides concerning these issues. Furthermore, the project will improve opportunities for caregivers to get the right kind of information services. The project tries to support family carers daily life and strengthen their coping skills. The starting point is to support the whole family into the new situation and to increase understanding of treatments. (The National Association of Care Giving Relatives and Friends, 2010).

The Rheumatism Association in Finland is organizing at the moment an education training that is using the caregivers as resource of information and experience, providing a mutual ways of learning. It's called Experience Training (kokemuskoulutus). Experience Training aims to provide opportunity for the future professionals to learn about chronically ill, disabled people and their caregivers from the caregiver's perspective that uses their own life experience as a base for the training. These trainings can be very beneficial for the caregivers in general, improving their self confidence. (The Rheumatism Association in Finland, 2010).

A project called Vertaisvoima, a group empowerment project, aims to support specifically family caregivers who experienced the death of the caretaker or if the situation resulted to this persons institutionalization. As a part of the project, courses for family caregivers operating in the Oulu region are held twice a year. These empowerment courses divided into three different sections are organized for no more than six persons and comprise of open discussions, support and self treatment. The duration of the course is eight days, in addition to an introduction and feedback event. The course environment is meant to be safe and joyful to help the participants to overcome the past experiences and embrace future. Topics such as past caregiver experience, crisis, mourning, dealing with emotions, acknowledging and accepting the present situation in life are discussed.

Furthermore, during the course participants are encouraged to establish new social connections, maintain their physical and mental health, and their overall wellbeing. This course costs EUR 130 and includes accommodation, food, spa and transportation. (Association of Care giving Relatives and Friends in Oulu, 2010).

The caregiver association in Turku developed a project called TUKISUKKA-project (2008 - 2010). The project aims to increase and develop the Turku Region and Nearby Caregivers Association's domain. The association is trying to recruit, support and provide training for volunteers to help at the caregiver center. These actions will hopefully increase the number of trained volunteers which will contribute to strengthening the role of caregivers and support families to cope with caring at home for longer time. (Association of Care Giving Relatives and Friends, Turku, 2010).

The Association of Care Giving Relatives and Friends developed a project called OVET. The purpose of the OVET program is to develop a systematic training model which will work as a tool for local associations to use in their caregivers training. This model is meant to function as a part of the overall national caregivers' support operations. OVET is expected to increase and strengthen the communication and interactions between local associations and individual caregivers as it provides consistent information and support. This training is specially designed for caregivers without any additional support and in early stages of the caregiver process. The training model aims to support the caregivers throughout their personal development and the caregiving process. In addition, the training model aims to help caregivers to gain a caregiver identity and to reinforce their level of preparedness. The local associations will also have OVET trained personnel to take care of the practicalities during the caregivers' trainings. The training model will also be intranet-based to further support caregivers' participation. The model is complementary to the social health care systems, providing information concerning the illness or disability, treatment and rehabilitation. OVET training adds into the process, the caregiver's perspective, the person's level of participation and needs, taking also into consideration the importance of social and emotional support for caregivers. OVET training program contains factors such as: facing change and crisis, caring, care giving as part of family life, guidance and supervision, physical and mental

wellbeing and maintaining them, networking with local service centers, positive thinking and action models, discovering one's own resources and needs and how to act upon them. (The Association of Care Giving Relatives and Friends, Helsinki, 2010).

The Finnish Red Cross offers empowerment trainings for the caregivers with the aim to help them to cope, covering practical skills and information necessary to better provide home care, such as health promotion. In addition The Red Cross provides information about different diseases and their care, how to prevent and react with accidents that can happen at home, emergency first aid and information about health and social services that are available for the caregivers with the goal to provide emotional/spiritual support for caregivers taking care of disable, chronically ill and elderly people. In addition courses are organized according to the caregiver's needs and wishes, provided by the Red Cross health care professionals, furthermore they prepare the caregivers for doctors and other health professionals' visits, what is important to discuss and so on. (Finnish Red Cross, 2010).

Other forms of training offered in Finland is called Kinaesthetics which is a different approach that systematically describes and analyzes the movement and of the importance of human communication, ability for action, self- learning and management. Kinaesthetics aim is to support the basic human activities carried out so that he/she finds meaningful work and are able to actively participate in its operations, despite their illness or disability. Kinaesthetics basic courses, seminars and other form of training are offered in Finland by a PH Kinaesthetics ® trainer for professionals in the health care sector and any other person interested in this area, including family caregivers. (Koponen, 2009). Kinaesthetics benefits the physical and psychological aspects of the person involved, decreasing stress, increasing strength, creativity, learning capacity and providing better coping skills. Therefore Kinaesthetics can be a good way to promote caregiver's wellbeing and empowerment. (Koponen, 2009).

Further findings showed that service providers can offer training about memory disorders, family dynamics and their problems, information about ethics and to organize educational training according to the client's needs for an affordable price. These support

services are offered to the elderly and their caregivers. (Support services for the elderly and their caregivers - Senioriluuri, 2010).

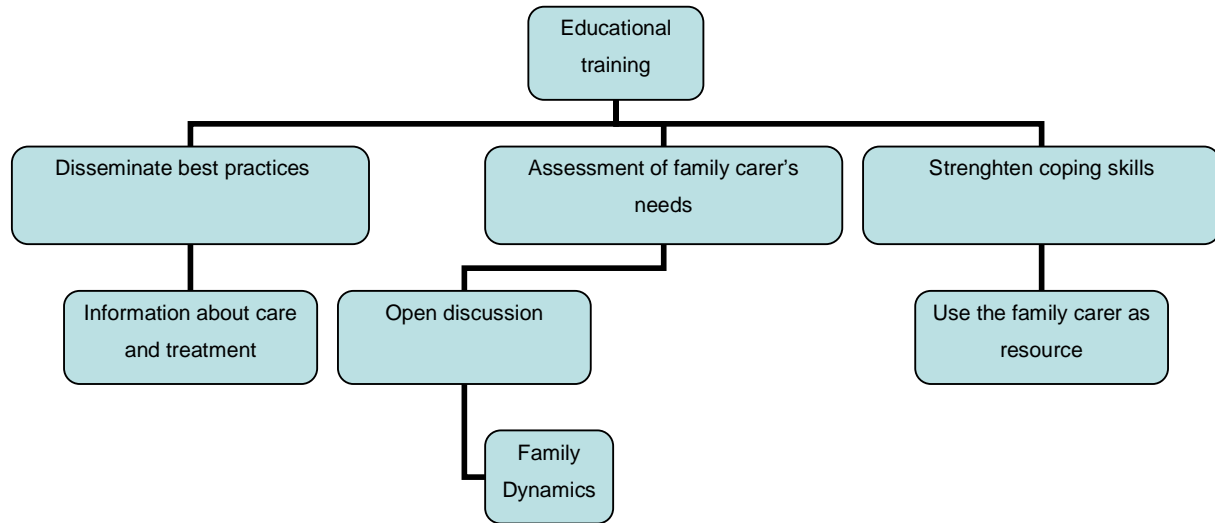


Figure 6. Successful educational training example

5.1.2. Information and peer support

The writer will report the results concerning provision of information for the family carers by means of internet, telephone and personal contact. In addition, the writer will describe ways to support family carers by means of peer support offered at the moment for family carers in Finland, which included Helsinki, Turku, Salo, Oulu and Tampere.

The Finnish network of informal care is a webpage that have information about family carers, health care services support, law, publications related to care and a national and international network of informal care. The aim of this network is to increase cooperation between different parts and to promote the development of informal care by providing information of meetings, seminars, trainings and events taking place in different networks offered for family caregivers around Finland. The content of the trainings are

not provided on the webpage, however their annual programme is available. (The Finnish Network for Organizations Supporting Family carers, 2010).

The Alzheimer society of Finland developed a project called First hand information and support for the early stage of memory illness that is organized in collaboration with Turku and Salo Memory Associations 2009-2011. The project aims to provide accurate and important information about the illness for the person suffering from it and also to their relatives. Additionally the project offers the opportunity for the family members and for the clients to share their experiences in groups or individually, motivating them to live as normal as possible and to prepare for the future, improving their coping skills. The project is the first intensive information course for the clients and their family carers, providing personal advice and support. Furthermore there is the possibility for the client and their family carer to participate in follow-up groups. (Southwest Finland memory association, 2010).

Additionally there is another project called Paletti, which provides information, support and guidance free of charge for caregivers by means of e-mail, phone and home visits. Paletti project aims to discover new possibilities to support caregivers through technology in their daily activities with the family member. Furthermore different courses can be organized according to the client's needs. (National Association of care giving relatives and friends in Oulu, 2010)

Furthermore, the National Association of care giving relatives and friends in Oulu developed another program called, family member support (OMAISTUKI) program that consists of guidance through telephone, training programs, group works and leisure activities for caregivers. Telephone services are provided for instance to support the family caregiver's wellbeing and give advices in their daily activities. Family caregiver's participation is also important in developing and operating this program. In addition, trainings, seminar, events and group activities are organized regularly for the family carers. Furthermore volunteers can also get trainings in order to support the family carers. (Southwest Finland memory association, 2010).

The Association of Care Giving Relatives and Friends ry-POLLI has two projects that are focus on providing support for caregivers at the moment. The UMO project (2003-2011) offers new opportunities for family caregivers, to support and empower the family carer, to increase their well-being. The project goal is to prevent family carers exclusion and to prolong the caretaker possibilities to stay at home and possibly avoid institutionalization. Furthermore, the OMATUKI project (2006-2011) offering physical and psychological support to family caregivers, OmaTuki project aims to develop and implement various forms of support for family carers to help the family carer to deal with difficult times in life. However these projects are not providing special training for the caregivers, but a possibility to join a peer support group where valuable information can be gained and shared among others family caregivers and help them to understand that they are not alone, promoting family caregiver empowerment, increasing their coping capacity and well-being. The peer support group can offer "Information, support and friendship" for the family caregivers. (POLLI, 2010).

The National Family Association in Finland organized a program called prospect group leader training for family carers. The aim is that family caregivers lead the training providing to the group valuable information about how their lives are affected by their relative illness. The idea is that people will share experiences in the group and get strength and support to carry on with their task. The duration of the training is five days, carried out on the weekends, divided in three sections. The idea is that two caregivers will get trained by one member of the National Family Association promoting Mental Health in Finland. (The National Family Association in Finland, Helsinki, 2010).

Prospect is a form of peer support, developed by the European Union Caregiver Association EUFAMI. There are members from all over Europe and in Finland, the Finnish Central Association for Mental Health (MTKL Mielenterveyden keskusliitto ry) and the National Family Association Promoting Mental Health in Finland (FINFAMI Omaiset Mielenterveystyön Tukena Keskusliitto Ry) are member of the association, however partners in this project representing Finland are also located in Oulu (Hyvän mielen talo ry) and in Tampere (Omaiset mielenterbeystyön tukena Tampere ry).

Prospect Training Package includes three different target groups: it includes sections for mental health clients' relatives, mental training, and social and health care professionals working with mental health clients and their families. The Prospect Family and Friends Training Programme deal with the needs of carers, their own rights, helping them to increase their confidence, coping skills and to regain control improving their quality of life. It trains and educates participants to develop their skills and competencies to create new opportunities for social integration. The duration of the project is of 10 weeks.

(Eufami, 2010; The National Family Association promoting Mental Health in Finland, 2010).

Family carers are also supported in Turku by means of peer support group, especially for family caregivers taking care of their spouses or other close relative at home. The peer support group meets every second week for two hours at the time. It is a great opportunity for family carers to meet others in similar situations and get empowered by talking about their situations and looking for solutions in group. (The Association of Care Giving Relatives and Friends, Turku, 2010)

Finally, there is another organization providing information and support for the family carers called, Folkhälsan, a Swedish-speaking NGO (non-governmental organization). Folkhälsan provides social welfare and health care services, carries out scientific research and provision of information and counseling in order to promote health and quality of life for older people, relatives, professional carers and family carers. Folkhälsan organizes a variety of support services such as group exercises, self help groups, recreation and courses. The activities of Folkhälsan are based on a holistic perspective of health issues. Family carers can get in touch with Folkhälsan and participate in their activities regardless of whether the family carer receives municipal support for informal care or not. (Folkhälsan, 2010)

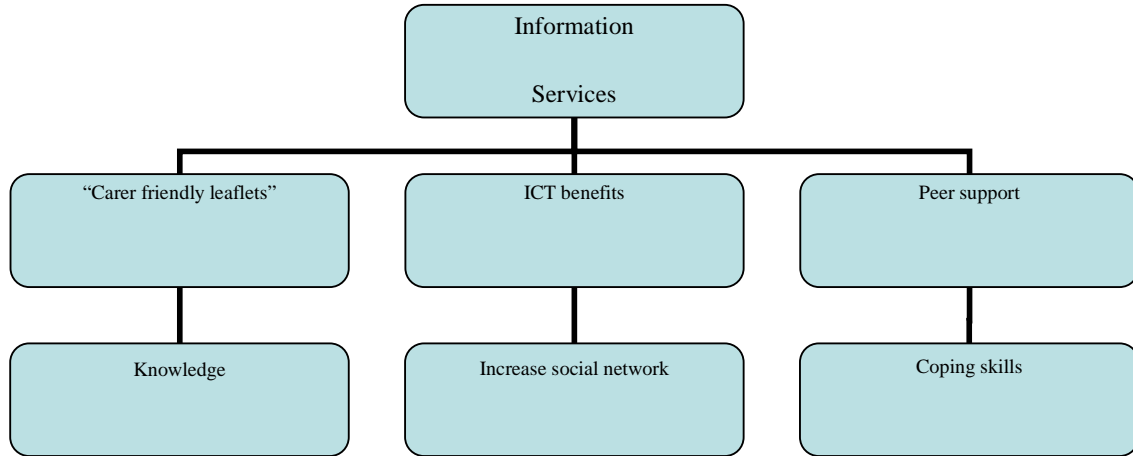


Figure 7. Summary of Information services benefits

5.1.3. Analysis of the caregivers training and information services

The writer divided the findings of training and information services for family caregivers in Finland in two different categories, such as, in terms of educational training and provision of information and peer support. According to the writer’s research the content of the educational training varies from provision of information related to chronically illness, memory disorder, different diseases and disabilities to teaching the family carers ways to decrease stress and increase strength, coping skills, creativity and learning capacity; informative sections about family dynamics; provision of basic skills and how to manage the daily tasks; ways to maintain and increase physical and mental health; increase and strength the communication and interaction between the family carer and local associations, provision of guidance and supervision, including information about treatment and rehabilitation. Most importantly the educational trainings can be planned according to the client’s needs.

Overall the results of the educational trainings offered for family carers aims to empower the carer, to support caregivers throughout their personal development and caregiving

process, to increase carers' network and to create situations whereby carers can acknowledge and accept the present situation and embrace the future.

The second category is related to provision of important information for family carers by means of webpage, e-mail, phone, group meetings and home visit. In addition, this category includes the provision of peer support.

There is a webpage for the Finnish network of informal care providing information about publications related to care, information about meetings, events, seminars and trainings offered to family carers, in addition information about health care services support.

There are different projects such as OMATUKI-project that provide opportunities for carers and relatives to meet and share their experiences and learn more about their relative's illness, providing advices, possibilities of leisure activities and so on. The overall aims of these projects and webpage's are to increase the care's knowledge about services available and ways to improve their wellbeing.

Researches shows that peer support is a valuable way to empower the carer, however there are only a few peer support groups running at the moment in Helsinki, Turku, Tampere and Oulu all with the same aims, to offer possibilities for family carers to meet with others in the same situation and to share their experiences in groups or individually, where family carers can gain valuable information and feel that they are not alone, providing psychological support for family carers and increasing family care's social and professional network. In addition results showed that peer support is a very effect way to empower the carers, since it encourage them to share their experiences and to realize that they are not alone and give s a chance for the family carers to analyze their situations and find solutions for their problems, increasing their coping skills and de-

creasing feelings of isolation. (The National Family Association in Finland, 2010; Eufami, 2010; Southwest Finland memory association, 2010).

To conclude there are a big amount of services supporting family carers in Finland, however more peer support groups should be developed since it is a strong source of empowerment for the carers that can direct affect their well-being, reduce isolation and increase quality of life.

See figure 8 with the summary of the support services offered to family caregivers in terms of trainings, courses and seminars. The figure is emphasizing the aim of different support services offered by different Associations in Finland.

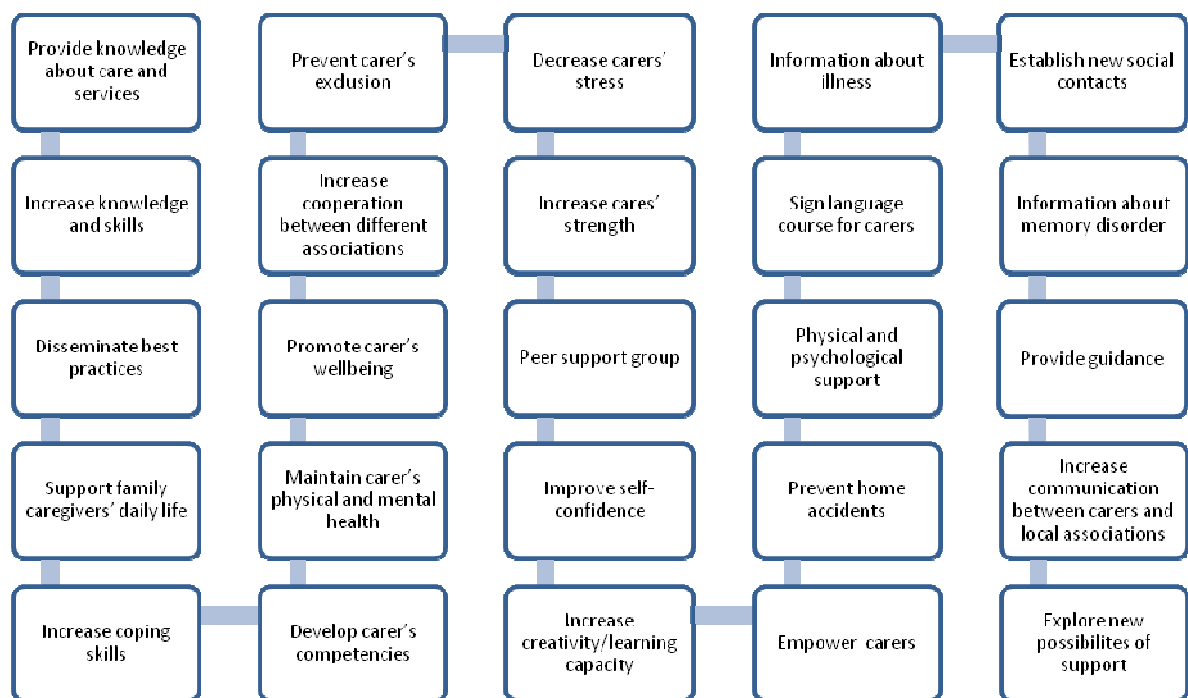


Figure 8. Aim of the support services offered for family carers.

5.2. In which ways educational training and information services can empower family caregivers of older people

The writer will describe the main points of the selected articles and in which ways educational training and information services can empower family caregivers of older people. The highlights of the outcomes of an educational training and information services as vehicles to empower the family carers of older people can be visualized at figure 9.

5.2.1 Educational trainings and information services to increase family caregivers self efficacy and competence

The overall analyses of the articles showed that educational training programmes are a vehicle to empower the family carer; improving family carer's burden and depression; increasing family carer's capacity to better control emotional experiences when facing problematic situations; enhancing skills for effective problem solving; increasing family care's knowledge about different diseases and treatment ; providing guidance and psychological support; increasing family carer's knowledge about their rights and support services offered for family carers. (Clarke, 2001; Stolz et al., 2004; Campbell, 2004).

However, an analyses of how and if an educational training programme has been able to empower family carers by providing information, showed that the training increased family carer's knowledge about their rights and support services available to the family carers but did not increase family carer's self-esteem, perceived control and competence.

Result showed that the short duration of the training which was one day workshop, affected the outcomes, therefore the course should be of longer duration, providing opportunity for family carers to practice their skills at home and a follow up should occur over a longer period than 2 weeks. (Clarke, 2001 p.79).

Empowerment is a constant process that can be achieved by external interference whereby family carers became able to express their needs, cause of problems and the service provider should meet those needs by not only including the family carer in the decision making related to the care and by increasing family carer's knowledge but by enhancing individual self-efficacy and competence, meeting the family carers's psychological needs with the provision of a several weeks course including learning activities in order for family carers to put in practice their new skills. (Clarke 2001, pp.84-85).

A longitudinal study analyzing the impact of a nurse-led support and educational programme for spouses, caring for a family member that had a stroke aimed to provided opportunity for spouses to ask questions and exchange experiences with others family carers in similar situation, with the goal to improve the family carers knowledge about stroke. Results showed that participants that attended the programme for 5-6 times during six months had an increase of well-being and quality of life. However it might also be important to include in the programme coping strategies with an empowerment approach. (Larson J. et al 2005 pp.999, 1002).

According to a systematic literature review on support for family carers, caring for an elderly person living at home and focuses only on the family carer's point of view, it was found that depending on the medical diagnosis of the person being cared it can influence family carers's need for support.

The findings of the systematic literature review were divided in different categories, including the need of support; supportive interventions, experiences of family caregiving and ethnicity.

Results showed that family carers, dealing with the caregiving demand, with more problem solving approach, rather than emotional focused coping skills, were less burdened. In addition, results showed that family carers express needs to learn about medication; depression; to share their experiences in peer groups and family carers expressed their wish to have more social contacts, learn ways to cope with their feelings, information and education. In addition family carers expressed fear of isolation and fear for the care-taker safety. (Stotz P. et al, 2004, p.113-117).

A study about family carer empowerment resulted in the development of a variety of leaflets based on the family carer's needs and the family carers were involved in the leaflet's development process. Results of the research showed that family carers recognized that one of the causes for their stress is feeling of anger, guilt and loss that their caretakers are suffering from their condition. Therefore it is important that family carers can get assistance in how to support the caretaker as well. The leaflets were 'carer friendly', easy to access and to understand. The leaflets included agencies offering support to the family caregivers; mental health services; the most used terminologies by professionals; early warning signs of diseases and treatments; what to do in emergency situations; about the law; how to recognize stress signs and how to cope. (Llyod & Carson, 2005, p.187, 190-191)

Another study that have similar finding is according to Sinnakaruppan et al (2005), that ways to empower the family carer can be done with the use of hand outs with basic information about memory problems; ways to cope; memory aids; how to encourage the patient and the family carer.

Another approach of educational/support training for family carers is thought behavioral family therapy (BFT). Families selected to participate had at least one family member suffering from a mental illness. Results of the qualitative study, evaluating experiences of families that received BFT, showed that family carers felt empowered to ask for help. A qualitative research describes or explores the experience of a certain phenomenon rather than generalize conclusion to a large population. (Campbell, 2004, p 263). In addition, result showed empowerment of the families involved .The majority of families reported that BFT increased communication among family members, since BFT encourage participants to communicate in an effective way; decreasing stress and feeling of isolation, and new coping skills were acquired. (Campbell A., 2004, p.265).

Another important aspects researched was the impact that mental health problems can cause in terms of quality of life for both the family carer and the caretaker with intellec-

tual disabilities. A guide was developed to support family carers. The developing and design process of the guide, involved family carers caring for a relative with intellectual disabilities and mental health problems. Result showed that by increasing family carer's consciousness of the related issues it can be a way to promote mental health and increase family carers wellbeing since it is likewise important for the family carer to know how to keep their own mental health. Information and knowledge about treatments, illness and services and presenting this information in an easy way can be helpful for the family carer's and caretaker's empowerment. (Gratsa, 2007, p. 77).

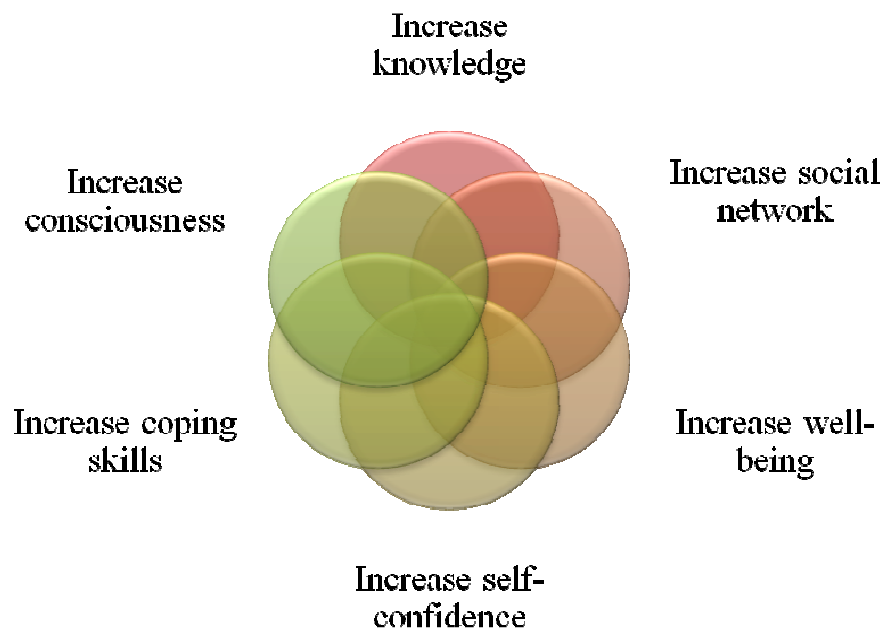


Figure 9. Outcomes of educational trainings and information services for family carers from an empowerment perspective.

The overall analysis of the literature review concerning supporting services in terms of educational training and information services for family carers are very beneficial, improving the family carers' well-being and promoting the family carer empowerment.

There are different ways to empower family caregivers through educational trainings and information services. However these services should provide opportunity for family carers to express their needs, it should include ways to help the carer to better control their emotions and to increase coping/problem solving skills. In addition knowledge about family caregiver's rights and different support services offered to the family carer should be provided.

It's very important that educational trainings and information services are well planned in order to increase the family carers self confidence by providing the right kind of skills and knowledge for example about medication and depression.

Family carers will be empowered by enhancing their competence and self-esteem, meeting the family carer's psychological needs. Result shows that family carers can get empowered by sharing their experiences with others in similar situations, therefore open communication among participants in an educational training should be encouraged which will decrease stress and feelings of isolation among family carers. Furthermore result showed that coping strategies with an empowerment approach should be included in the programmes.

Additionally, result showed that educational trainings should be of a longer duration than one day, that better outcomes were achieved with courses that last for 5-6 times since longer courses provide more opportunities for family carers to practice their new skills at home and that a follow up should occur over longer period than two weeks.

The analysis of the literature review related to the support services in terms of provision of information showed that family carers can be empowered with the use of hand outs with basic information about memory problems, knowledge about treatments, illness and services available for the family carer. However that the information should be easy to access and to interpret being very helpful for the family carer's and caretaker's empowerment. Therefore educational training should be combined with the provision of hand outs and leaflets specially developed for family caregivers.

5.2.3. Ways to approach the family carer during educational training

One way to assure that the educational training will empower the family carer is to carefully develop the training and think about ways to approach the family carer; how to encourage the family carer to open up; share experiences and through an open dialogue find out the best solutions, therefore the writer decide to use this material written by Hyvärinen et al. 1998 which is not scientifically written material but it is used as best practices from the Association of Care Giving Relatives and Friends in Finland.

The Association of Care Giving Relatives and Friends in Finland developed a manual to help instructors to provide educational training for family caregivers. The goal is to help the family carer to know their rights by law and the municipalities' services offered for family caregivers, to increase the family care's knowledge about what service and support would be the most appropriate at that point of their lives. This manual have important information and tips on how to motivate family caregiver's to participate and better understand themselves, the caring process and how they can feel empowered in different ways. The goal is to highlight the family caregiver's value not only inside of the family but also in the society. (Hyvärinen et al, 1998).

Staff members of the Association of Care Giving Relatives and Friends in Finland, developed this manual for the family carer's instructors with one of the aims to improve the family carer's status. As explained earlier, the writer decided to use this material, although is dated over 10 years ago since the information is relevant and updated, the manual provide good guidance for the instructor in order to encourage the family carers to open up and according to the group's need develop a course. According to their researches it was found that for the family carers is not only a matter of learning but also to have peer support and recreation. The manual was developed as a helping tool for the instructor organizing a course for family caregivers and it's advisable to go through the parts that are more useful for the group, not necessarily going through all the 4 educational sections. The first part is about the family caregiver, to help the family carer to find out what support is most needed and where to get help. The second part is about the

family caregiver's roles and how the changes affect the family carers's life. The third part is about housing, how to make more accessible and the fourth and final part is about the care's own resources. Every section should take 1 ½ hour. It is a basic course meant for family caregivers caring for a older and/or disabled person with a long term illness living at home. The course aim to guide the family carer , provide basic knowledge about care, how to deal with relationships, also with the person being cared for, coping methods, to help family carers to have control over their lives, to find their resources. The idea of the course is to offer enough and proper support, to increase awareness of available services for family caregivers, helping tools that can be used at home to increase accessibility and also to promote the family carer's wellbeing and how important it is for the family caregiver to take care of themselves. The course is divided in different parts that deals with the life changes, about the many faces of the family carer as a person, as husband, as wife, as mother, as father ; the family carer's sexuality; sensibility; loneliness and how the closest people can help the family carer; how can they ask for help and so on. The course will help the family carer to go through different aspect of life and how the caring process, the changes affects the whole family dynamic. (Hyvärinen et al, 1998). It is recommended in the manual that when starting a course, participants should get the chance to meet each other. The instructor should listen to their wishes and map their expectations, to analyze what kind of information is needed, to encourage the group to openly discuss and share experiences. (Hyvärinen et al, 1998).

When making a course like this is very important to encourage the family carers to examine their lives and it can help if the instructor reads about other family carers's experiences and comments. During the course it's recommended to ask the family carers to write down their needs, as represented at figure 10. The family carers should think about where they need most help. In other world, to write down what kind of support is needed in order to better cope with the daily challenges. In addition the instructor should ask questions such as if the family carer get help from friends and relatives and if they find it hard to ask for help. (Hyvärinen et al, 1998).

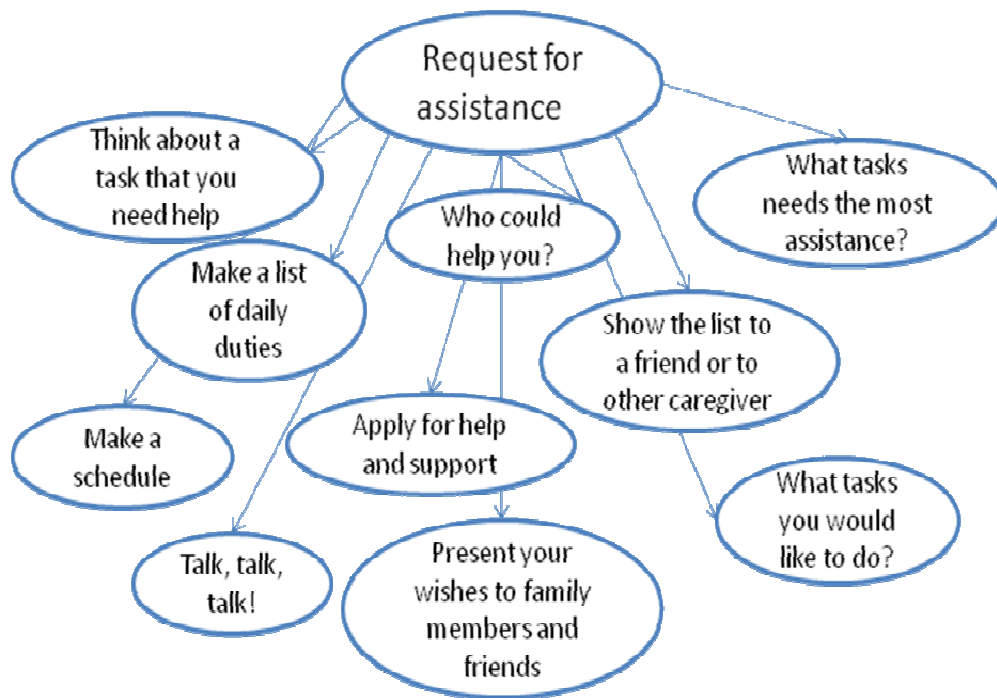


Figure 10. Family care’s request for assistance

After every class the instructor should make questions that encourage the family carer to reflect on the matter that was discussed in class. During group discussions it’s important to encourage the topic about becoming and being a family carer as described at figure 11. In addition the instructor should ask how the person usually reacts in time of crises. Based on all this questions and notes that the instructor advices the family caregiver to write, it will be possible to come up with a training focuses on specific and important issues that will be very beneficent in order to empower the family carer. It is also recommended that the courses should be formed by small groups. The starting point to provide support is to listen to the family carer’s experiences and wishes. (Hyvärinen et al, 1998).

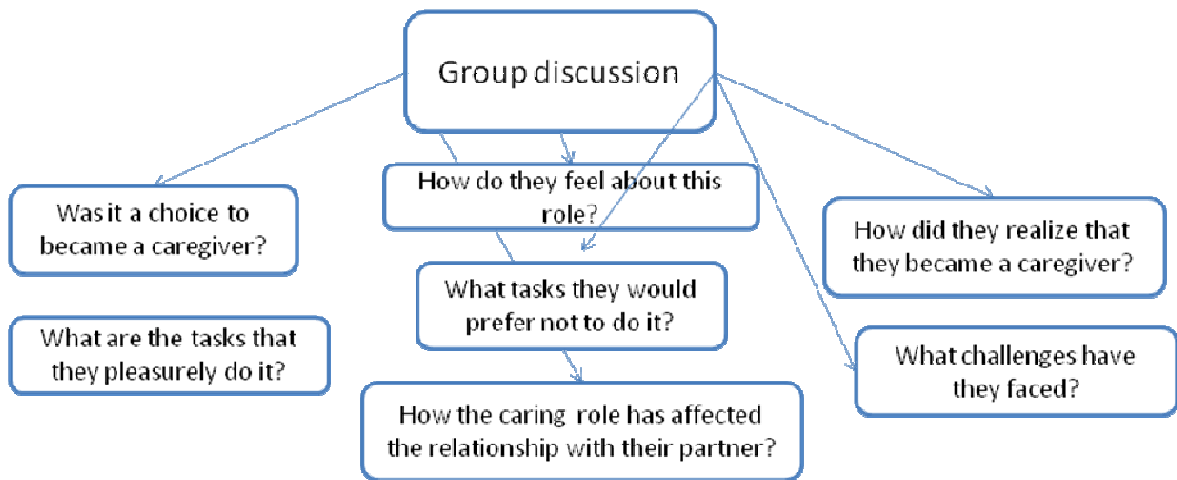


Figure 11. Becoming and being a family carer. Group discussion.

The final section of the course deals with housing and there are a number of questions that the instructor should do to encourage the family carer to reflect on their environment and how to make it more functional and safer not only for the caretakers but also for the family caregivers.

For the family caregivers that have no idea what could be done in order to improve their working ergonomics for example, it will help to participate at such group discussion as represented at figure 12.

It is important to provide information about all the helping devices existent, about possible renovations that can be done at their homes to improve the environment and prevent accidents. Housing modifications such as increasing lights, taking away mats, small and bigger changes that will empower the family caregiver in some way, by increasing their level of security when making a transfer from bed to the chair, during the shower, feeding, recreation time.

These helping devices can make the family carer's work more efficient and provide extra free time to the family carer, which can increase the family caregivers wellbeing. (Hyvärinen et al., 1998).

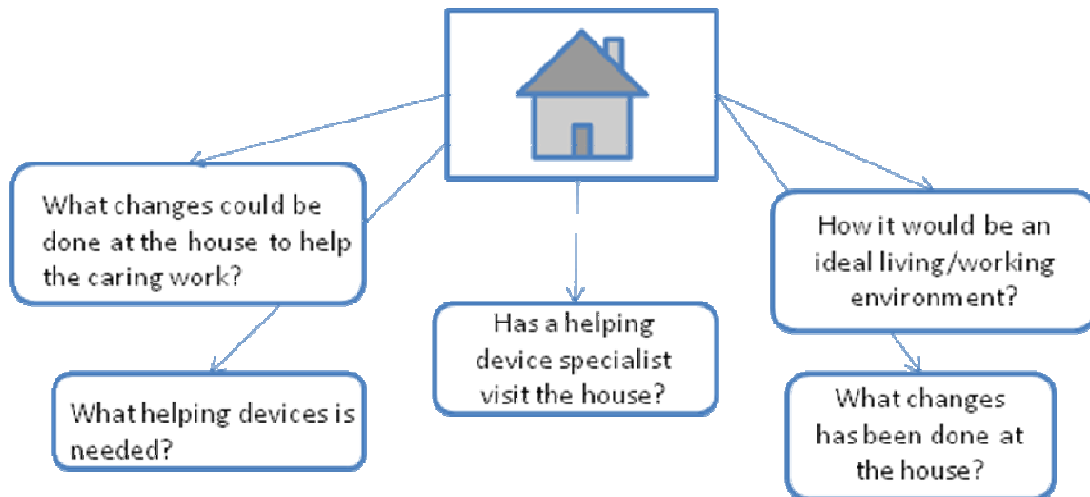


Figure 12. Housing accessibility

There are a number of seminars often organized by the Association of Care Giving Relatives and Friends that are mostly free of charge meant for family caregivers consisting of general information about family caregiver, emotional confrontation, how to take care of difficult clients, how to cope, information about the family caregiver holiday, how does it work, what to be expected, social activities for family caregiver and so on.

Other seminars are for the ones with specific need such as for people with hearing impairment and for sign language-using family caregivers or others interested on the topic. The seminar topics include aspects of sign languages for the family caregivers, how to take care of themselves, and the skills necessary for the family caregiver to be the best that they can be. Details information can be found at the Association’s home pages. (The Association of Care Giving Relatives and Friends, 2010).

5.2.4. The use of new technologies to empower the family care

The writer will briefly describe the meaning of gerontechnology and how it can help to empower the family carer. In addition, the researches findings related to the use of information and communication technology (ICT) supporting family carers will be presented.

There are many countries in Europe, including Finland that are investing in gerontechnology, developing assistive devices that benefit the daily tasks of the family carers, including the provision of a diverse number of different security devices, such as night alarms, security telephone, locomotion detection and so on. In addition to assistive devices, new technologies are used in order to provide education training and information for family carers by telematics. (Mestheneos&Triantafillou, 2005 P.37).

Telematics can be defined as the application of information and communications technologies and services; a telematics application is a system or a service meeting user needs (European Commission 2000 cited in Chambers&Connor, 2002).

Gerontechnology according to Boyma& Graafmas (1992) cited in Graafmas (1993) describes that the main purpose of gerontechnology is to support the elderly in 5 different ways: compensation, prevention, enhancement, care support and research. This definition says that gerontechnology can support the family carers in a variety of ways, enhancing their quality of life providing more time and less physical effort for the family carers, automatically reducing the stress and enhancing life satisfaction.

Graafmas says that the research and development of technological products and techniques, are based on the research of the human ageing and the aim is to create a better working and living environment, doing the needed adjustments in order to provide better quality of life for the older person. (Boyma& Graafmas 1992 cited in Graafmas 1993).

There are a lot of new innovations considering gerontechnology at the moment and the numbers are increasing all the time. Technological innovations are of a great help for the older person and their family caregivers, enabling the older persons to stay at their homes in a safer environments. There are a number of devices that can help with daily and instrumental activities, such as eating device, locomotion devices, security devices such as, cooker, watch informing the person when the food is ready, security carpets and floors that detect movements, night alarms that are developed to wake the family caregiver when the caretaker moves from the bed and so on. (Mäki et al. 2000 cited in Parkatti, Eskola, 2004, p.53).

The use of technology has numerous benefits it can be used to educate and engage family caregivers, can provide regular monitoring, such as alerting the client when it's time to take his/her medication, can increase client's safety with the assistance of remote motions that can be placed around the home detecting unusual movements and also has the potential to decrease the number of hours of personal assistance a cared person needs, it can help people that lives in rural area to reach health care providers, it can improve or maintain disable individuals functional capacities and increase safety on ADLs (Activities of Daily Living) and IADLs (Instrumental Activity of Daily Living) tasks and so on.

Assistance device can be very helpful for family caregivers and for the caretaker, improving outcomes and preventing increasing levels of stress faced by the family caregiver, as long as it is easy to learn how to use it, however necessary training should be offered to the family caregivers to master the new technology not causing more stress. The problem is that technology can have a high cost, although it may significantly improve the clients' outcomes (Raphael and Cornwell, 2008, p. 101).

Researchers studied the benefits of provision of information and communication technology for older people and their family caregivers in Sweden as a support service for fragile elderly people and their family caregivers. This study is part of bigger project

investigating the impact of a technology-based service known as ACTION (Assisting Carers using Telematics Interventions to meet Older Person's Needs) a service that empowers older people and their family caregivers by providing information that can help them to make decisions concerning their caring situations. The Swedish ACTION services increased work satisfaction among professional staff and the municipalities involved in the project decided to implement ACTION as a continuous support services for family caregivers. The conclusion was that this kind of support service is cost effective, diminishing demand on staff and benefiting the users. (Magnusson&Hanson, 2005).

Considering the different services purposes, it's hard to compare the benefits of ACTION with other services such as nursing home or home help. ACTION services can be increased in the future for example by virtual home visit by doctors, alarm systems can be installed and monitor health status at a good price as the families using ACTION already have the necessary equipments such as Internet access, broadband, computer and videophone. Overall this study result showed that the family carers felts more independent and secure to carry their caring tasks and felt less isolated. (Magnusson&Hanson, 2005).

Furthermore other researches investigate how useful it is a multimedia software application, consisted of an information package planned to offer family members caring for the elderly or disabled with information, guidance, psychological support, including relaxation and other ways of coping. The multimedia software was evaluated in order to find out if the family carer coping capacity could increase by providing family carers with coping methods, advice, and promotion of psychological health. An evaluation questionnaire was used to improve and develop the content and usability of the multimedia software application. Results showed that a way to empower the family carer is by increasing family carer's coping skills, that family carer's need emotional support, to better cope with the new role. In addition result showed that the most of the users found the software to be educational and practical, therefore the author concluded that those

who are caring for a older person and disabled at home can get support and information through the software application. (Chambers&Coonor, 2002, p.568).

A pilot study of how information and communication technology (ICT) may contribute to health promotion among elderly spousal carers in Norway showed that the use of ICT by providing information about caring, coping skills, illness was beneficial to the family carers. Results showed that family carer's stress level reduced and their social network increased, family carers reported to be better prepared to deal with their spouses' illness, which automatically affect positively their mood and self confidence, resulting in empowerment. The use of information and communication technology (ICT) resulting in the family carer empowerment, increased family care's confidence and well-being, however this study also had limitations such as that it was not randomized controlled study and the intervention group was small. Result indicates that the use of ICT can benefit family carers providing care for a spouse with dementia or stroke. However it was difficult to interpret the contradictory result related to stress level and mental well-being but the reason for this could be related to the care taker health deterioration and the need of more help, in addition to the family carer health status. Overall the analyzed focus group data showed that family carers were better prepares to deal with their spouse's illness by getting ICT information, education and support. This pilot study services was included as part of the regular healthcare service in the participating municipalities because of the positive results. Therefore ICT has the potential to help with health promotion among family carers by providing information, education and support. (Torp S. et al, 2007, p. 75)

Therefore technology development is an important vehicle to increase or maintain the ability of older people to remain more independent at home, which can automatically facilitate the family carer's life in many ways, promoting their well-being and increasing quality of life.

The results of the analysis of the literature review related to the use of ICT (information and communication technology) were very positive, that those who are caring for the older people and disabled at home can get support and information through software applications. Furthermore, most of the users found the software to be educational and practical. Family carers reported an increase in their coping skills, reduction in their stress level and an increase of their social network, family carers reported to be better prepared to deal with their caretaker illness, among other things. The writer concluded that the use of ICT by providing information, education and support has potential to help with the empowerment of family carers. The figure 13 illustrated how the use of ICT has increased family carers sense of security, independency and so on.

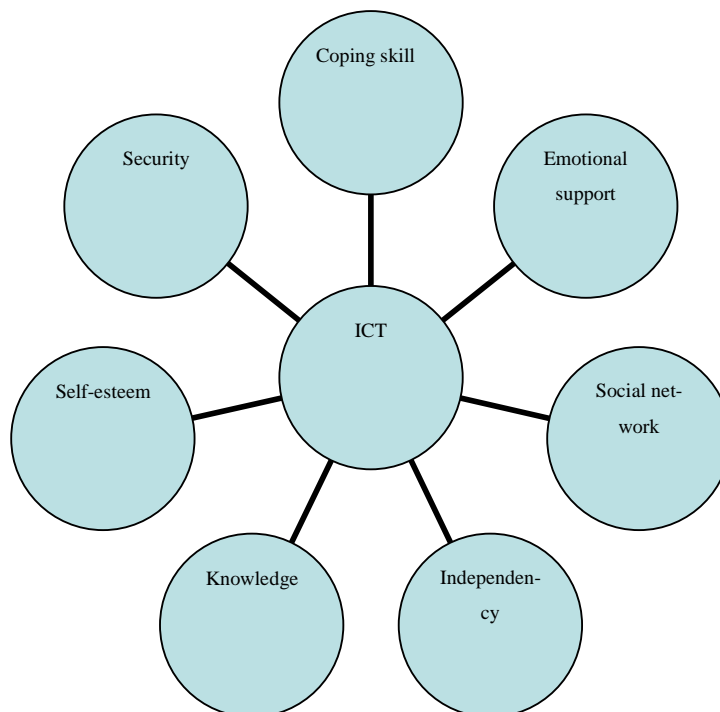


Figure 13. The use of ICT increasing support for family carers.

6. CONCLUSION AND RECOMMENDATIONS

In the next decades, the Finnish population demographic will radically change, not only because people are living longer, but because of the baby boom cohort born after the war and that are now into the old age. In 2030 the number of people aged 75 and over will rise 7%, doubling the amount at the moment. However, after that it is expected to stabilize. (Räty et al 2003 cited in Parkatti&Eskola 2004, p.54). Therefore, it is very important to investigate the family caregivers' situation, to know what kind of educational trainings and information services are available in Finland at the moment and in which ways family caregivers can be empowered through these trainings. To understand family carers' needs and problems in order to organize supportive intervention.

It is a fact that the lives of relatives change in many ways when a family member gets mentally or physically ill and the caring situation can happen in different ways, sometimes starts unnoticed by the sponsor helping the husband with something that is needed or the grown up children helping their parents with shopping and cleaning and slowly increase to more demanding tasks.

It is also important to notice that there are different emotional stages that relatives go through during the caring process, such as grief, fear and guilt; family everyday tasks have to be reviewed, considering the demands of the dependent family member which can make it harder for the relatives to work, leading to economic and psychological problems. Therefore it is crucial to address the family carer's needs in order to reduce anxiety, prevent depression, to empower the family carer by improving family caregiver's coping skills and wellbeing. (National Family Association promoting mental health in Finland, 2009).

However the person need to first recognize that he or she is a caregiver and identify the risk factors in the caregiver's life, what is causing stress and insecurity and after that the right kind of support can be provided, strengthening the caregivers own resources, skills and self confidence.

The life of a family carer can be seen as a puzzle, consisting of many different roles and the caring role can feel like a piece of the puzzle that is hard to fit with the rest of their lives, however by receiving the proper support it is possible to empower the family carer. Often a family carer can feel like losing control over their lives, therefore there are Associations for the family caregivers to count with, a place to meet others in the same situation and exchange experiences, get educational training, guidance and the needed support. (Hyvärinen et al., 1998).

Information and education plays a very important role on the empowerment of carers since it can increase the carers' self confidence, insuring that the carer is doing a good job, in addition to help the carer to learn how to treat the care taker, how to react, where to look for help, set their own limitations and take care of themselves. Social workers are constantly seeking ways to empower the carer, however the empowerment is successful only when the carer develops an understanding of themselves and has the power and motivation to change main aspects of their environment to work towards change (Lord and Hutchison, 1993 cited in Adams, 2008, p.17).

It is also important to recognize that the care taker condition, expressing feeling of anger, pain or loss can cause stress to the family carer and services should be offered to family carers in order for him/her to be able to support the care taker, helping the person to manage all these feelings.

The caring process awakes different feelings such as joy, sadness, anger, guilt, frustration therefore it is very important that one can recognize these feelings, which ones are taking you down and which ones make you move forwards, as well as being able to express the feelings (Hyvärinen et al., 1998). It is crucial for people to understand how different feelings can affect their quality of life and how the body reflects the person's emotion. That suppressing certain negative feelings can cause for example insomnia, raise of pulse, and changes in the mood affecting the carer's and care taker's wellbeing.

When developing an educational training for family caregivers, staff should research about best practices such as Hyvärinen et al. (1998) and get more family carers involved

in the project, for example family carers that can participate in the seminars and talk about their successful experiences, the logic is that the listener, by witnessing others succeed, can begin to believe that he or she can also accomplish something. (Bandura, 1977 cited in Bickman et al 1998).

Finland has a variety of support services offered for family caregivers and it is in constant development, involving multi professionals groups. This study showed a number of projects and services developed in order to attend the family caregiver's needs; however the caregiver is the one that should be able to recognize their role and to know their limits, taking the first step to ask for help. Therefore the writer recommends more advertisements of such support services in order to encourage/empower family caregivers.

A trained professional should be out on the streets approaching people and telling about the services offered for family carers in Finland, to place more posters around the city inside the post office, banks, pharmacies, supermarkets to encourage family carers and to help family care's to assume their role and increase understanding of the caring processing, to help prevent physical and psychological distress, automatically increasing the caregiver's life wellbeing.

Another way to promote the services is by providing opportunities for family carers to get support through the use of information and communication technology (ICT). Research showed that family carers should be encourage to use ICT since it can activate family carers to search for help and services available in the Internet , furthermore to increase contact with younger family members, such as with grandchildren and friends. Social contacts can increase the family carer's wellbeing, automatically decreasing feelings of isolation and motivating the family carer to share experiences online, with people in similar situation which can also increase social activities, enabling family carers to get more control over their lives and to get empowered. (Torp et al 2007; Chambers&Coonor, 2002 and Magnusson&Hanson, 2005).

According to the literature research of this thesis, as explained before, there are a variety of ways to empower family caregivers through educational trainings and information services but these services should provide opportunity for family carers to express their needs, to interact with others in similar situations and to get enough emotional support that will increase family care's coping skills and self confidence. In addition the educational training should be of a longer duration than 1 day and a follow up supervision should occur in order to assure that the family carers are in control over the caring situation and their lives.

Furthermore, results of the educational training and information services offered in Finland had similar aims compared to the articles analyzed for this thesis such as to increase family carers coping skills and self confidence; to increase communication among others in similar situations, to decrease family carer's stress levels; to prevent family carers exclusion; to increase their social network; to provide knowledge about care, their rights and services available for family carers.

The overall results of the educational trainings offered for family carers in Finland aims to empower the family carer and provide opportunities for family carers to express their needs and resources. However, the weakness of this study is related to the fact that the writer limited the search for training and information services for family carers offered in Finland to the Helsinki metropolitan area, Turku, Salo, Tampere and Oulu municipalities as explained at the subchapter 4.2. Therefore it is not possible to give a bigger picture of these services in the whole Finland. In addition, the material gathered by the writer lacked information about the duration of the educational trainings and information services, because this information was not always provided by different associations.

Furthermore, the writer suggests that in the future, educational trainings and information services should focus more in increase communication not only among different associations and family caregivers, but also increase communication among family members and help family carers to recognize signs of stress, to reduce depression and improve family dynamics.

Studies shows that there is a vast amount of research done in Finland concerning especially the family caregiver burden however not a lot is know about how the caregivers

actually copes with their daily lives and less is know about husbands as family carers (Brewer 2001 cited in Parkkila&Eskola 2004, p.53). It would be interesting to investigate family dynamics in Finland and to know more about family caregiver coping strategies which could give an insight of the family caregiver daily life and social connections.

When developing a guide, seminar or a training course to empower family cares, it is important to involve a variety of participants, a multi professional group, voluntary organizations and have a real role model as family carer in order to provide advices and different perspectives, for example how to better approach family carers and encourage them to participate. Even if it can be difficult to recruit participants it is important to get the service user's view. Therefore the SUFACARE-project can benefit from the gathered information in this study, since it approaches the family care in a holistic way. It is possible to empower family carers through educational trainings however it is not enough only the provision of information, family carers should be carefully analyzed before starting the training; family carers should be able to discuss openly with the service provider about their needs, problems and resources and most importantly family carers should have enough time to practice the new skills at home and to get a follow up supervision.

Once a course is developed, the instructor should be very active and sensitive, keep small groups and advice the family carers to write their tasks, their fear, their wishes, to map their lives, making it clear for themselves where is needed more attention, in this way it is possible to organize several educational training and increase the carer's social network.

The educational training should be very interactive; it should contain real models of health and balanced family carers that can motivate the others. It is recommended to include recreation activities into the programme in order for the participants to get to know each other and feel more comfortable to share their experiences, in other words, the writer believes that the educational trainings should not be limited to a classroom, but that participants can take together a group activity that can be at the same time very educational such as playing a role with real life problems or simply going for a walk

together. The services providers should promote opportunities for the family carers to interact with the others in an informal way.

Trainings and support group interventions are needed to better prepare family caregivers to make decisions, to feel confident to be part of the health care plan of their dependent relative, to know their rights and services provider should encourage the family carers to take care of their physical and psychological needs as well.

Family carers are all unique and have individual needs, strengths and weakness; therefore family carer can be empowered in different ways as explained earlier depending on their needs and what is the situation of the caretaker. According to Adams (2008) and the writer agrees is that the empowerment process is a continuous interaction involving empowering practice and critical reflections.

Asking for help might not be easy, but should be seeing as a sign of strength, that the person is able to recognize their limits. Some of us may have many social contacts and still feel lonely others can run away from their anxiety and hide behind the caretaker, distancing themselves from the outside world. However the writer's line of thinking is that one of the most important resources a person can have in order to feel empowered is family and friends support, to have a person to talk to, to go for walks and a shoulder to cry on. Next comes educational trainings and information services provided according to the family carers' needs, because it is essential for the family carer to first recognize themselves as family carers, then to recognize their needs for help and most important their limits, therefore the first step to ask for help is to have an open dialogue with family members, friends or professionals, to share responsibilities with the municipalities and associations and get the right support at the right time. Knowledge alone should have little affect if family carers do not recognize themselves as able of using it.

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APPENDICES

Appendix 1: Table 1. Results of data base research

Data base	Keyword	Number of hits	Number of articles chosen
EBSCO	Family carer AND training AND education	10	1
EBSCO	Family carer AND need	135	2
EBSCO	Family carer AND information AND health promotion	2	2
EBSCO	Carers AND empowerment	36	3
EBSCO	Family carer AND support AND information	44	1
EBSCO	Training AND family caregiver	38	1
EBSCO	Larson (author) AND support AND education	25	1

Appendix 2. Table 2: Educational training and information

Organization	Type of education	Target group	Content	Aim	Duration
National Association of care giving relatives and friends	Instructors guide-manual	Family caregivers caring for an elderly person.	Support sources Caregiver role and life changes Accessibility at home Carer's own resources.	Knowledge about care and services Coping methods.	4 educational sections (1½hours/section)
National Association of care giving relatives and friends	Seminars	Specific target groups.	Sign language.	Increase skills.	
National Association of Care Giving Relatives and Friends	Good practices and Care Management in supporting Family carers-project.	Family carers.	Provide training for professionals and volunteers and to publish guides concerning these issues. To improve opportunities for caregivers to get the right kind of information services.	Describe and disseminate best practices and quality recommendations to support family caring daily life and strengthen their coping skills.	
National Family Association promoting Mental Health in Finland	Prospect training programme for Family and Friends.	Family carers and friends.	Addresses the needs of family members and friends in their own right, enables them to gain confidence, improves their coping skills, supports regaining control and improves their quality of life.	It trains and educates participants to develop their skills and competencies to create new opportunities for social integration.	5 weeks
Alzheimer society of Finland.	Vertaisvoima-Empowerment project.	Family carers experienced the death of the carer receiver or if the situation resulted to this persons institutionalization.	Open discussions about past caregiver experience, crisis, mourning, dealing with emotions, acknowledging and accepting the present situation in life	Coping skills. Establish new social connections, maintain their physical and mental health, and their overall wellbeing.	8 days, in addition to an introduction and feedback event.

Organization	Type of education	Target group	.Content	Aim	Duration
Alzheimer society of Finland	First hand information and support course.	Older people, their family carers and relatives.	Information about the illness, peer support and follow up group.	Increase Coping skills and knowledge about illness, provision of peer support	
Finnish Red Cross	Training courses for family carers.	Family caregivers.	Different diseases and their care, how to prevent and react with accidents that can happen at home, emergency first aid and information about health and social services that are available for the caregivers.	To promote health and wellbeing of the family carers and their families. To prevent home accident and provide physical and psychological support.	
Finnish Network For Organizations Supporting Family Caring	Web-page Providing.	Different network and family carers.	Information of meetings, seminars, trainings and events taking place in different networks offered for caregivers around Finland.	Increase cooperation between different associations, promote the development of family care and to establish new social contacts.	
Association of Care Giving Relatives and Friends in Turku	TUKISUKKA-training project.	Volunteers that are supporting the family carers.	Empowerment training.	Strengthening the role of family caregivers and coping skills.	

Organization	Type of education	Target group	Content	Aims	Duration
National Association of care giving relatives and friends in Turku	Peer support group.	Family carers and their relatives.	Provide opportunity for family carers to meet others in similar situation.	Empower the caregiver.	Meetings every second week for 2hours at the time.
Senioriluuri- Support services for the elderly and their caregivers	Support services. Training.	Older people and their family caregivers.	Memory disorders, family dynamics and their problems, information about ethics and educational training according to the client's needs.	Support the older people and their family caregivers. Provide information about memory disorders.	
Rheumatism association	Experience training (kokemuskoulutus).	Professionals and students in social and health care.	To learn about chronically ill, disabled people and their caregivers from the caregiver's perspective.	To improve self confidence of the caregivers.	2-3 days
National Association of care giving relatives and friends in Oulu	Paletti- project. Information, support and guidance by e-mail, phone and home visits.	Family carers.	The use of new technologies to support family carers.	To provide information, support and guidance for family caregivers and explore new possibilities to support the family caregivers.	

Organization	Type of education	Target group	Content	Aim	Duration
National Association of care giving relatives and friends in Oulu	OMAISTUKI program. Guidance, training, group work.	Family carers	Guidance through telephone, training programs, group works and leisure activities	Support the caregiver's wellbeing and give advices in their daily activities through technology.	
Association of Care Giving Relatives and Friends ry-POLLI	The UMO project, a support program.	Family carers.	Provision of support person for the caregiver.	To prevent family carers exclusion and to prolong the caretaker possibility to stay at home.	
Association of Care Giving Relatives and Friends ry-POLLI	OMATUKI project.	Family carers.	Peer support, physical and psychological support and information.	To develop and implement various forms of support to empower the family carer and increase their coping skills.	
Suomen Kinesettiikka yhdistys Ry	Basic courses, seminars and other form of training.	Health care sector and any other person interested, including family carers.	Describes and analyzes the movement and of the importance of human communication, ability for action, self-learning and management.	Decreasing stress, increasing strength, creativity, learning capacity and providing better coping skills.	

Organization	Type of education	Target Group	Content	Aim	Duration
Folkhälsan NGO (non- governmental organization)	Support services such as self help groups, recreation and courses.	Older people, relatives, professional carers and family carers	To provide information and counseling.	To promote health and quality of life for people	
National Association of care giving relatives and Friends	OVET- systematic training model Guidance and supervision	Local associations and for family carers without any additional support and in early stages of the care giver process.	To provide information concerning the illness or disability, treatment and rehabilitation. Factors such as: facing change and crisis, caring, physical and mental wellbeing.	Increase and strengthen the communication and interactions between local associations and family caregivers, provide support, discover one's own resources and needs and how to act upon them	

Appendix 3. Table 3: Literature review

Author	Source	Title	Aim	Methods	Results	Article number
Llyod M.& Carson A.	Journal of Psychiatric & Mental Health Nursing. Uk, 2005	Culture Shift: carer empowerment and cooperative inquiry	Development of an information pack based on carer's needs, where a variety of leaflets with the aim to empower the caregivers were designed	Cooperative inquiry	A variety of leaflets were developed, including leaflets about mental health services; carer's rights and law; professionals terminologies; different diseases and treatments; how to recognize signs of stress and how to cope. Carers need relevant information, that is easy to access and to understand.	1
Gratsa A. et al	Journal of Applied Research in Intellectual Disabilities. Uk, 2007	Developing a Mental Health Guide for Families and Carers of People with Intellectual Disabilities	To involve carers in the development of a user-friendly guide with information about mental health problems.	Interviews and questionnaire	The empowerment of carers can be enhanced with the provision of information and knowledge about the services offered for family carers; law and ethical issues; mental illness; medication; different illness' symptoms and therapeutic interventions. The carers found the guide useful and easy to read.	2

Author	Source	Title	Aim	Methods	Results	Article number
Chambers M.&Connor .	Journal of Advanced Nursing. Uk, 2002	User-friendly technology to help family carers cope	To evaluate a multimedia software application with an information package to carers of elderly and disabled.	User trial and questionnaire	The author concluded that those caring for the elderly and disabled at home can get support and information through the software applications which includes advice and promotion of psychological health and coping strategies.	3
Stoltz P. et al	Nordic College of Caring Science. Sweden, 2004	Support for family carers who care for an elderly person at home- a systematic literature review	To identify support models, with scientific evidence for family carers, of elderly persons.	Systematic literature review	Educational programme for caregivers are very beneficial and an efficient way to support them. It should increase care's social participation and include supportive interventions such as communication techniques, relaxation ways and psychological support.	4
Papastavrou E.et al	The Authors. Journal compilation. Greece 2007	Caring for a relative with dementia: family caregiver burden	To analyze the family caregiver burden, coping skills and how caring for a relative with dementia at home affect the caregiver	Questionnaires and interviews	Caregivers need specific training about dementia and ways of coping with their own feelings.	5
Campbell A.	Journal of Psychiatric & Mental Health Nursing. UK, 2004	How was it for you? Families' experiences of receiving Behavioral Family Therapy	To analyze families perceptions that were receiving a behavioral therapy (BFT).	Phenomenological enquiry. Semi struc-	The majority of the families reported that BFT was a helpful intervention enhancing family communication; decreasing problems; getting new coping-	6

Author	Source	Title	Aim	Methods	Results	Article number
				tures inter-view&open interview	skill and more information about the illness were acquired, empowering the families..	6
Torp S. et al	Health and Social Care in the Community. Norway, 2008	A pilot study of how information and communication technology may contribute to health promotion among elderly spousal carers in Norway	To analyze how health promotion among elderly family members caring for a relative with stroke or dementia, living at home can be affected with the use of information and communication technology (ICT).	Multi method evaluation model: questionnaires, interviews& variety of scales	Carer's social network and use of ICT services increases as well as family contact. Carers confidence and wellbeing increased, empowering the carer.	7
Sinnakaruppan I. et al	Department of Psychology. Scotland, 2005	Head injury and family carers: A pilot study to investigate an innovative community-bases educational programme for family carers and patients	To evaluate an education programme that could help to reduce carers and patients psychological distress and improve their coping skills.	Control an experimental group. Use of questionnaire	Patients cognitive abilities and self-esteem increased, also affecting the carers feelings in a positive way. The programme therefore was beneficial to both parts.	8

Author	Source	Title	Aim	Methods	Results	Article number
Clarke N.	Health&Social Care in the Community. Uk, 2001	Training as a vehicle to empower carers in the community: more than a questions of information sharing	To analyze how and if a training programme has been able to empower carers by providing more information, including the carer in the service	Questionnaire and interview	The programme increased carers knowledge, but did not increase carers self-esteem; perceived control and competence. The programme should be of a longer duration.	10
Hepburn K. et al	The American Geriatric Society. Vol.49: 450-457. USA, 2001	Dementia Family Caregiver Training: Affecting Beliefs About Caregiving and Caregiver Outcomes	To test a role training for caregiver as a way to help them to understand the caring aspects and take a more clinical idea about caregiving.	Data collection from every family; self administered questionnaires and a variety of scales	Results suggested that providing information; role instructions and connections to the caregivers are beneficial, improving caregiver burden, reaction to the care receiver behaviors also improving depression.	11