The experiences of the LTC systems in Finland in relation to COVID-19

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Overview of the LTC system in Finland

- Organising: municipalities
  - Health and social services reform
- Providing: municipalities, for-profit and not-for-profit actors
- Universal access, needs-testing
- Tax-funded, high client fees
- Home care emphasised
- 24-hour care mainly in sheltered housing
  - Coverage of decreased among the oldest and people with dementia
- “Care crisis” in 2019
- The Act on care services
  - $\rightarrow$ min number of nurses per client 0.7

<table>
<thead>
<tr>
<th>Service</th>
<th>75+</th>
<th>85+</th>
</tr>
</thead>
<tbody>
<tr>
<td>At home without formal care</td>
<td>75</td>
<td>53</td>
</tr>
<tr>
<td>Support for informal care</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Home care</td>
<td>11</td>
<td>22</td>
</tr>
<tr>
<td>Round-the-clock care</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
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</tbody>
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Source: Noro 2019
Spring 2020 – Winter 2021: brief summary (1)

- Smallest number of infections in relation to population in Europe
- In last 2-3 weeks situation has worsened
  - E.g. municipal election postponed
- Local epidemics have been calmed down
- Not very heavy restrictions compared to other European countries

Measures in general
- March 2020, the actions by Finnish Government:
  - closing most public facilities
  - limiting public gatherings
  - recommendation to avoid unnecessary presence in public places
  - remote work and school
- Social and health care resources were re-allocated

Measures for older people (70+)
- quarantine-like conditions
- no contacts with family members
- residential care homes did not allow any visits
Spring 2020 – Winter 2021: brief summary (2)

In general

• Strong recommendations were relaxed for summer
• There is great variation in how people follow the recommendations
• Problems with face masks: availability and recommendations
  • first care staff prioritized
  • general recommendation to use masks entered into force in August
• Lack of testing capacity (in the beginning)

Older people

• Variation between residential care facilities in
  • recommendations to avoid (unnecessary) visits
  • how the visits are made possible
  • ways to keep contact with close ones
Current situation  
(Source: THL, Situation updates on coronavirus)

• We are moving towards state of emergency again  
  • Lockdown planned for 8th-28th March (closing e.g. restaurants and schools)

• 767 deaths until 5.3.2021 (median age 83 years)

• Health care has overcome the challenges so far, waiting times for non-urgent care has become much longer

• Vaccines:  
  • First injection for 8.6%, second 1.5%
  • Prioritised:  
    1. Staff caring for COVID-19 patients, staff of LTC  
    2. People aged 80+ and with diseases predisposing to severe COVID-19, other health and social care staff  
    3. Rest of the population
How formal LTC changed due to COVID-19?
Formal home care

• THL: A fifth of municipalities estimated that home care visits had to be restricted (May 2020)

• Some areas increased remote visits and limited the number of employees visiting the client to reduce the risk of client exposure

• In spring and summer 2020 there were problems with availability of protective equipment / masks

→ Uncertainty and distrust

• Formal home care services: some clients have experienced greater changes (e.g., schedules), some less
How formal LTC changed due to COVID-19?

Residential care

- 33% of deaths occurred in RC (= place of death)
- Visits by family members and other close ones were not allowed
  → Family members may play an important role in care
  → Strain on care staff
- Residents’ perspective: not being able to meet relatives and other close ones causes emotional discomfort and the possibility of insufficient care
- Deputy ombudsman: some of the restrictions regarding the visits were not legal
How informal care changed due to COVID-19?

• The responsibilities of co-resident informal carers increases
  → increased strain to informal carers

• Other informal carers have difficulties in delivering help and care
  → increased emotional stress of informal carers and possible increased insufficient care of people with care needs

• Support services: activities, day centres etc. were closed
  → After relaxing the strong recommendations, many remained closed

• Regional variation in support services
  → help from volunteers available in some areas
Current challenges and lessons learned

Challenges

• Visits to residential care cannot be totally forbidden → still variation in practices
• Regional practices vary, also differences between care providers
• ”Too many cooks”? Different actors have given different and even contradictory instructions
• Similar instructions for regions in different situations (metropolitan area vs. others)
• Mental, physical and social problems in isolation

Lessons learned

• Clear and feasible guidelines needed
• Support for informal carers needed
• Need for health and social service cumulate
• Information on situation of LTC staff needed
• Care homes are not planned for situations like this, e.g., isolating residents
Thank you!

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