DESCRIPTION OF THE PRACTICE	
1. Title of the practice	
- 'RIISTAVUORI: ALL-AROUND SERVICE CENTRE FOR OLDER PEOPLE' -	
2. Organisation responsible for the practice	
City of Helsinki, Finland	
3. Contact person(s)	
E-mail	policy@esn-eu.org
4. National/regional/local context of the practice	
In Finland, municipalities are responsible for the provision and funding of health care (by the municipal – or joint municipal – health care centres) and social care. The municipalities can decide how social and health care services are provided: by the municipality itself (alone or in cooperation with other municipalities), contracted from service providers or by service vouchers. Social and healthcare services are financed by municipalities that receive money from tax and state subsidies. The state pays a general, not earmarked, subsidy to the municipalities, which averages 25 % of costs. The subsidy depends mainly on the age structure and morbidity in a certain municipality. Additional subsidies are given to some remote municipalities. Service users pay co-payments depending on the service. Social care is provided as benefits-in-kind (institutional care, home help services, daycare, sheltered housing and family care) except for support for informal carers, which is a cash benefit. The 'Care Allowance for Pensioners', a cash benefit paid out by the 'Social Security Institution (KELA)', is intended to allow pension recipients with an illness or disability to live at home. The average allowance is around 100 Euros per month. The Act 'Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons' 2012 regulates that municipalities cooperate with other public bodies, companies, and non-profit communities to support the well-being, health, functional capacity and independent living of the older population (section 4). It also regulates that services are managed client-oriented, promotes a rehabilitative approach and cooperate with different professional groups (section 21). The 'Health Care Act 2010 aims to strengthen cooperation between health care providers, local authorities, and other parties (section 2) and to have quality management in healthcare units in cooperation with social services. Section 32 enhances the cooperation between health care, social services, and child day care services; section	

34 the development of health care provision plans that determine procedures for cooperation.

The government is working on the reform of social welfare and health care service structure.

5. Summary of the practice

The Riistavuori Service Centre for older people in the City of Helsinki is an all-around service centre for older people that includes support, advice and individual guidance provided by social advisors, home care (domestic services and home nursing) by social and health care professionals and daytime activities for people who live at home. Its services consist of preventive services for those who live in their own homes, day activities, support groups, support for family carers, rehabilitation after the hospital, 24-hour care, group homes for residents with dementia (28 residents), a group home for residents with geropsychiatric diseases (28 residents + 1 for crisis cases), sheltered housing, a unit for assessment and rehabilitation (28 clients) and an intermediate Care Unit (15 clients + 2 for crisis cases).

The service centre aims to support people living longer in their own homes. If they have to move to any other housing facility, it allows them to keep the continuity of their care.

Lessons learnt:

- A strong local/national government commitment is also required to overcome structural and regulatory barriers, and strategies for organisational change regarding data assimilation are required.

6. Staff involved

Health and social care professionals, city administrators, voluntary workers, private businesspeople, politicians

7. Target group

Older people at home and their informal carers

8. Aims of the practice

Better use of resources/cost reduction: The proportion of institutional care and care home places for older people in the City of Helsinki was too high, so there was a need to change the service structure and offer more home care and support the functional ability of older people at their home. The aims were also to improve health for service users and informal carers, coordination and continuity of health and social care, access to information and services and independence for service users. The Service Centre does this by offering comprehensive, preventive, and rehabilitative services, housing for very frail

old people, community events, physical activity courses**,** advice, and guidance for informal carers.

9. Issues for social services

Service Integration/ Cooperation across services	X	**Service Planning**		**Contracting**	

Technology		**Skills development (of the workforce)**		**Quality of services**	

ANALYSIS OF THE PRACTICE	
10. Status	
Pilot project (ongoing)	
Pilot project (terminated)	
Project (ongoing)	
Project (terminated)	
Implemented practice (restricted areas)	
Widely spread practice/rolled out	X

11. Scope of the practice

Describe the setting of the practice, considering the following criteria:

- *Micro-level practice: a* practice that involves individuals at the local level
- *Meso-level practice: a* practice that involves organisations or communities
- *Macro level practice: a* practice that involves large population groups

Meso level integration

12. Leadership and management of the practice

Describe the leadership of the practice, considering the following criteria:

- *Collaborative management*: shared between large partnerships, often of central, regional, and local representation
- *Organisational management*: by one organisation
- *Professional management*: managed by a single person
- *Shared management*: shared with no defined leadership

Organisational management: The initiative is led by the Riistavuori Service Centre.

13. Engaging stakeholders in the practice

Describe the engagement of stakeholders, considering the following criteria:

- *Individual practice*: individuals have sought practice change
- *Network approach*: one or more organisations develop a network
- *Collaborative approach*: large collaboration with relevant stakeholders

Network approach: the Riistavuori Service Centre cooperates with other actors, such as hospitals and volunteer groups. Professionals are trained to change attitudes in order to enable older people to self-help. Students and professionals are interested in the project, which makes the recruitment process easier.

14. Involvement of service users and their families

Describe the involvement of service users, considering the following criteria:

- *Team involvement: service users and carers were part of the practice team*
- *Consultative: a consultative body of users was set up for on-going dialogue and feedback*
- *Involvement in care: person-centred approaches to care/support*

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15. Costs and resources needed for implementation

Describe how the practice is financed, considering the following criteria:

- *Within existing resources:* staff time and other resources are provided 'in-house'
- *Staffing costs:* costs for staff investment
- *Joint/Pooled budgets:* two or more agencies pool budgets to fund services • *Funded project:* external investment

Within existing resources: staff time and other resources are provided 'in-house'.

16. Evaluation approaches

Describe the evaluation method of the practice, considering the following criteria:

- *Multi-method:* use of both a qualitative and a quantitative approach
- *Single method: a* qualitative or quantitative approach
- *Audit:* looks at data sources such as existing medical records and/or other routinely collected service data.
- *Informal:* refers to in-house service evaluation using locally designed tools and/or collecting opportunistic feedback
- *No evaluation*
- *An evaluation is planned*

This practice is evaluated by a multi-method that is ongoing. It is a formal evaluation using RAI. There are also ongoing survey evaluations of client satisfaction, nutritional status, and care plans. There is an informal survey of job satisfaction among professionals.

17. Measurable effects of the practice and what it has achieved

Service users	Service users got services quicker, and their opinions were taken into account. More people stayed in their own homes.
Formal care givers	Increase in job satisfaction
Informal carers	
Organisations	Increase in multi-professional rehab

18. Anticipated or 'aspirational effects of the practice and what it has achieved

This category can include outcomes which are not documented, quantified, or properly evaluated. They can include such elements as improved knowledge, quality, workforce, etc.

Service users	
Formal care givers	
Informal carers	
Organisations	

19. How has the practice changed the way the service is provided

It led to more interdisciplinary ways of working is Riistavuori Service Centre.

20. Sustainability of the practice *Describe if the practice is sustainable, considering the following criteria:* • *Potential for sustainability:* practice was newly started or is ongoing/not yet mainstreamed. How could the practice be sustained (in terms of resources)? • *Organic sustainability:* service users have been empowered to take the practice forward • *Established:* the project has been operational for several years
Established
21. Transferability of the practice *Describe if the practice has been transferred, considering the following criteria:* • *Transferred:* transfer to other regions, countries, service user groups, etc. • *Potential for transferability:* there is interest from the outside; elements of the practice have been taken up and used elsewhere; material for transferability (for ex. training material) has been developed
This example has been transferred to other service centres in Helsinki. There is also the potential for transferability as the initiative accumulated interest from professionals in other EU countries who visited the centre.