



The Centre of Excellence  
in Research on  
Ageing and Care

# Interim report 2018–2021



CENTRES OF EXCELLENCE  
IN RESEARCH

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**The Centre of Excellence in Research on Ageing and Care** examines ageing and care from multiple perspectives: policies, care models, housing, technology, health, migrancy, disability, and inequality. Our team combines scholarship from social policy, sociology, and gerontology, analysing older people’s care needs, agency, and equality in addition to the changing character of care work. We build up new empirical knowledge by conducting research through numerous national and international collaborations. By renewing the agendas for research on ageing and care, our expectation is to reshape its conceptual landscape.

**CoE AgeCare** set out to develop a research agenda that acknowledges key transformative societal forces that are transforming society: a growing number of older adults and longevity, increasing migration-related population diversity and all-encompassing digitalisation. Regarding long-term care, we examine both the diversification of arrangements and structural pressures.



ageing	care	caregraphy	care policy	well-being
health	agency	migration	technology	digitalisation

# The Team

**Three universities, four research groups, approximately 60 researchers, and 60 international collaborators**

RG1 Ageing and comparative care policy	RG3 Migration, care and ageing
RG2 Agency in health, well-being and care in old age	RG4 New technologies, ageing and care

Principal investigators who lead the research groups (RG)

RG 1: Professor **Teppo Kröger**, University of Jyväskylä (CoE leader)

RG 2: Professor **Marja Jylhä** and Dr. **Outi Jolanki**, Tampere University

RG 3: Professor **Sirpa Wrede**, University of Helsinki (CoE vice-leader)

RG 4: Associate Professor **Sakari Taipale**, University of Jyväskylä

Project Coordinator, Dr. **Emilia Leinonen**, University of Jyväskylä

CoE AgeCare has emerged as the leading unit in its field in Finland and as a high-level collaboration partner in international networks. The high quality of its research is recognised within ageing and care studies as well as in the fields of migration and technology studies.

We actively contribute to many key international research networks. We are a founding member of the Unmet Needs, Inequalities, and Care Poverty (UNICAP) research network.

Meet the rest of the team:

<https://www.jyu.fi/hytk/fi/laitokset/yfi/en/research/projects/agecare/people>



# The Research Programme

## Main Results

Our research opens up new avenues for research through conceptual innovation and new perspectives, e.g. by introducing the concept of care poverty, investigating inequality in longevity and healthy life expectancy, analysing older adults' digital repertoires and barriers to sustaining transnational family ties, and developing a theoretical model for multi-focal integration and marginalisation. CoE AgeCare poses in its **Action and Research Plan** two general research questions (RQ) related to key societal transformations, growing numbers of older adults and longevity, increasing migration-related diversity, and society's digitalisation. As examples, we present a few findings and publications for these research questions.

### RQ1 How do societal transformations shape ageing and care at the policymaking level and in older people's everyday lives?

#### *Fragmented care arrangements result in care poverty and restricted agency for older people and their families*

Our analyses focus on the first-person experience of ageing and care. We investigate inequality in longevity and healthy life expectancy. We draw attention to increasing, but partly neglected, needs of the oldest old people. The concept of care poverty opens up new avenues for the analysis of unmet care needs in the context of increasingly inadequate welfare systems. Current models of care develop primarily from an efficiency perspective, while new policy innovations tend to emphasise non-professional approaches. Many home-dwelling older adults face new social service and welfare barriers that result from the ongoing digitalisation of services.

Lehto-Niskala V, Jolanki O & Jylhä M (2021) Family's role in long-term care: a qualitative study of Finnish family members' experiences on supporting the functional ability of an older relative. Health and Social Care in the Community. DOI: 10.1111/hsc.13700.

Kouvonen A et al (2021) Digital information technology use, self-rated health, and depression: population-based analysis of a survey study on older migrants. J of Medical Internet Research 23 (6), e20988. DOI: 10.2196/20988.

Wrede S, Näre L, Olakivi A & Nordberg C (2021) Neoliberal 'flexibility' and the discursive incorporation of migrant labour in public eldercare in Finland. In Mora C & Piper N (eds) The Palgrave Handbook of Gender and Migration. Palgrave Macmillan, pp 253-268. DOI: 10.1007/978-3-030-63347-9\_16.

Kröger T (2022) Care Poverty: When Older People's Needs Remain Unmet. Palgrave Macmillan.

## RQ2 How do societal transformations reconfigure inequalities in the ageing population?

*The ageing population is increasingly becoming more socially and culturally diverse and segmented, according to intersecting axes of discrimination, such as age, gender, ethnicity, and social class. Many societal institutions neglect inequalities related to needs and access to resources, adding to the variation in older age outcomes.*

Our analyses of older adults' engagements show the transformative power of society's digitalisation. Studies of older adults' digital repertoires demonstrate the neglected diversity in abilities and available resources for support, both in non-migrant and migrant populations. Our analysis of the increasing migration-related diversity in the population highlights the dual character of migrating as a life event and as a life circumstance. We have theorised that integration and marginalisation are multi-focal phenomena. In this vein, we have analysed transnational life strategies, tensions of belonging, and the complexities of transnational family life.

[Asikainen A \(2021\) The role of atmosphere in negotiations of groupness: a study of a meeting place for older Russian-speaking migrants. J of Intercultural Stud 42\(4\), 478-493. DOI: 10.1080/07256868.2021.1939276.](#)

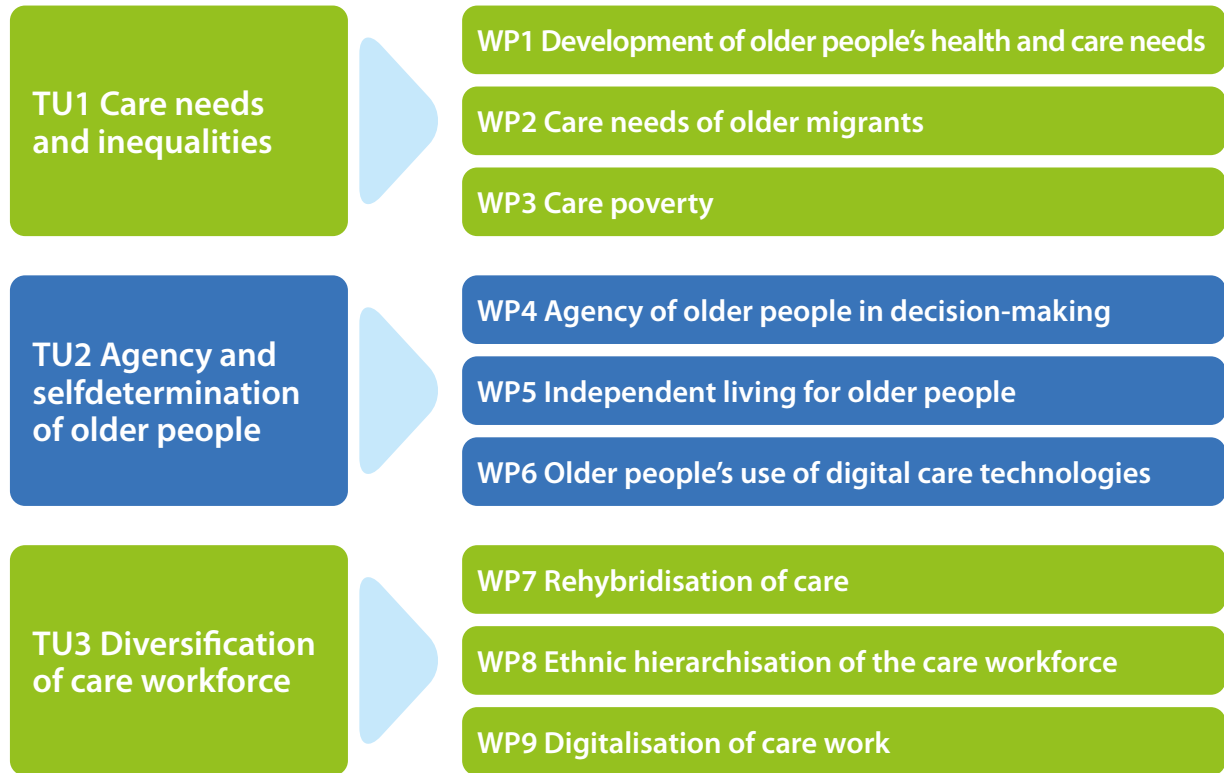
[Hänninen R et al \(2021\) Individual and shared digital repertoires: older adults managing digital services. Information Communication and Society DOI: 10.1080/1369118x.2021.1954976.](#)

[Kara H & Wrede S \(2021\) Love's labour's lost? Separation as a constraint on displays of transnational daughterhood. Sociology. DOI: 10.1177/00380385211043671.](#)

[Kemppainen T, Kemppainen L et al \(2020\) Multifocal integration and marginalisation: a theoretical model and an empirical study on three immigrant groups. Sociology 54 \(4\), 782-805. DOI: 10.1177/0038038520904715.](#)

## Result Highlights

CoE AgeCare's empirical research progresses through three **Thematic Units** that include nine **Work Packages**, all of which gather and analyse original data.



[Click here for full list of publications.](#)

## Care Needs and Inequalities

### Thematic Unit 1 and Work Packages 1, 2 and 3

*TU1 Inequalities in older people's access to social and health care are intensifying due to the neglect of unmet care needs, welfare service digitalisation, and migration-related diversity*

The three work packages of the first Thematic Unit of the CoE demonstrate misrecognition of older people's needs for health and social care. Health inequalities or other social inequalities between age groups and among the oldest individuals are not adequately taken into consideration when planning the service structure. Care poverty results from deficiencies in the quality of care and from the problematic exclusion of older people and their various needs of service provision. Access barriers related to digitalisation and the lack of administrative and digital literacy among various population groups result in problematic inequalities among older people in ways that burden their informal networks. The resulting older-adult 'careographies', that is, evolving configurations of formal, informal and hybrid forms of care that connect individual life courses, family relationships, public policy and societal, are fragmented and uncertainty-stricken.

Kröger T, Mathew Puthenparambil J & Van Aerschot L (2019) Care poverty: unmet care needs in a Nordic welfare state. *Int J of Care and Caring* 3(4), 485–500. DOI: [10.1332/239788219X15641291564296](https://doi.org/10.1332/239788219X15641291564296).

Buchert U & Wrede S (2021) 'Bridging' and 'fixing' endangered social rights in the digitalizing welfare state. In Hirvonen et al (eds) *Digital Transformations in Care for Older People: Critical Perspectives*. Routledge, pp 54-71. DOI: [10.4324/9781003155317](https://doi.org/10.4324/9781003155317).

Enroth L & Fors S (2021) Trends in the social class inequalities in disability and self-rated health: repeated cross-sectional surveys from Finland and Sweden 2001–2018. *Int J of Public Health* 66. DOI: [10.3389/ijph.2021.645513](https://doi.org/10.3389/ijph.2021.645513).

## WP1 Development of older people's health and care needs

*Life expectancy, but also care needs and social inequality, increase in later life*

With increasing longevity, the crucial questions are whether the years gained are years with good or poor health, and whether longer lives come with growing or decreasing social inequality. Our findings show that, among people aged 90, disability-free life expectancy (LE) increased in both sexes, but LE with morbidity grew in men between 2001 and 2018. In both Finland and Sweden, the oldest individuals in lower social classes had greater disability and worse self-rated health than those in the higher social classes. Unfortunately, the inequalities increased over time. A study using national register data from Denmark, Finland, Norway, and Sweden showed growing LE in all educational groups, but also growing inequality between them from 2001 to 2015. In all, our findings imply growing LE at old age, but also growing social inequality and an increasing number of individuals needing care.

Jylhä M (2020) New ages of life: emergence of the oldest-old. In Rattan S (ed) *Encyclopedia of Biomedical Gerontology*. Elsevier, pp 479-488. DOI: [10.1016/B978-0-12-801238-3.11395-9](https://doi.org/10.1016/B978-0-12-801238-3.11395-9).

Enroth L et al (2021) Trends of physical functioning, morbidity and disability-free life expectancy among the oldest old: six repeated cross-sectional surveys between 2001 and 2018 in the Vitality 90+ Study. *J Gerontol A Biol Sci Med Sci* 76 (7), 1227-1233 DOI: [10.1093/gerona/glaa144](https://doi.org/10.1093/gerona/glaa144).



[Enroth L & Fors S \(2021\) Trends in the social class inequalities in disability and self-rated health: repeated cross-sectional surveys from Finland and Sweden 2001–2018. Int J of Public Health 66. DOI: 10.3389/ijph.2021.645513.](#)

[Enroth L et al \(2022\) Changes in socioeconomic differentials in old age life expectancy in four Nordic countries: the impact of educational expansion and education-specific mortality. European J of Ageing.](#)

### *Self-rated health is a feasible indicator of morbidity and mortality among older people, but the concept of health changes with age*

Self-rated health is a widely used measure and strong predictor of adverse health events and service use in old age. Continuing our long-time line of research, we studied the content validity of self-rated health using two approaches- Firstly, we examined the associations of self-rated health with biomarkers measured in blood and urine. Secondly, we analysed the meanings that people aged 90 and older associated with health. Analyses in three European population samples (N approx. 15,000) showed that self-rated health closely reflects biomarkers measuring several important functions of the human organism. This is also true in individuals without chronic diseases. Analysis of the Vitality 90+ dataset indicated that, as the basis of self-rated health, for the oldest old, disability, symptoms such as fatigue and depression, and sensory problems are more important than diagnosed diseases.

[Kananen L et al \(2021\) Self-rated health in individuals with and without disease is associated with multiple biomarkers representing multiple biological domains. Scientific Reports 11, 6139. DOI: 10.1038/s41598-021-85668-7](#)

[Lisko I, Törmäkangas T & Jylhä M \(2020\) Structure of self-rated health among the oldest old: analyses in the total population and those living with dementia. SSM Population Health 11, 100567. DOI: 10.1016/j.ssmph.2020.100567.](#)

### *Comorbidities with dementia and their time trends*

In populations aged 90+ in the Vitality 90+ Study, the prevalence of dementia decreased from 47% to 41% and the mean number of its comorbidities increased from 1.95 to 2.27. Stroke, depression, Parkinson's disease, and hip fracture were more common among people with dementia compared to those without dementia. Among those who have the same number of other conditions, those who also had dementia had more activities of daily living (ADL) and mobility disability. There was a tendency towards larger differences in disability between the dementia and non-dementia groups between 2001 and 2018. In a nationwide register study in people aged 70+, neurological and musculoskeletal, thyroid, and psychiatric disorders were associated with dementia.

[Halonen P, Raitanen J, Jämsen E, Enroth L & Jylhä M \(2019\) Chronic conditions and multimorbidity in population aged 90 years and over: associations with mortality and long-term care. Age & Ageing 48 \(4\), 564-570. DOI: 10.1093/ageing/afz019.](#)

[Vargese SS, Halonen P, Raitanen J, Forma L, Jylhä M & Aaltonen M \(2021\) Comorbidities in dementia during the last years of life: a register study of patterns and time differences in Finland. Aging Clinical and Experimental Research 33 \(12\), 3285-3292. DOI: 10.1007/s40520-021-01867-2.](#)

## WP2 Care needs of older migrants

### *Socio-economic and digital barriers of access to health and social care services are intersecting*

Our research on inequalities and misrecognition related to 50+ migrants' access to, and encounters with, a broad range of health and social care services highlight a vicious circle, i.e. complex intersections of social and digital exclusion as a service barrier. Our research has identified the complexity of skills needed when using the services. Instead of focusing on lacking local language skills, poverty, ill-health, and isolation as distinct factors, sociological approaches treat widespread social exclusion as well as public service exclusion as dynamic circumstances. They also account for older migrants' struggle with feeling undeserving in a society where they experience discrimination.

[Kouvonen A et al \(2021\) Digital information technology use, self-rated health, and depression: population-based analysis of a survey study on older migrants. J of Medical Internet Research 23 \(6\), e20988. DOI: 10.2196/20988.](#)

[Safarov N \(2021\) Personal experiences of digital public services access and use: older migrants' digital choices. Technology in Society 66, 101627. DOI: 10.1016/j.techsoc.2021.101627.](#)

[Shin Y K et al \(2022\) Digital information technology use and transnational healthcare: a population-based study on older Russian-speaking migrants. J of Immigrant and Minority Health 24, 125–135. DOI: 10.1007/s10903-021-01301-9.](#)

[Kouvonen A et al \(2022\) Health and self-perceived barriers to internet use among older migrants: a population-based study. BMC Public Health.](#)

### *Services targeting older migrants have vague mandates, burdening voluntary associations that make valuable contributions to integration*

Our analyses show that public social welfare and health care services misrecognise the increase in migration-based diversity, approaching it primarily as an isolated issue to be accounted for through special solutions that target migrant populations. The social services tailored for older migrants tend to be based on voluntary organisations, with an unclear boundary vis-à-vis public services. This 'shadow state' is typically project-based and the mission of the services is vague. People working in such services are over-burdened, forcing them to tackle unclear expectations without formal support for their expertise. No formal skill requirements exist. However, these organisations have developed complex and nuanced skills in offering older migrants meaningful social exchanges and an arena for building belonging.

[Asikainen A \(2021\) The role of atmosphere in negotiations of groupness: a study of a meeting place for older Russian-speaking migrants. J of Intercultural Stud 42\(4\), 478-493. DOI: 10.1080/07256868.2021.1939276.](#)

[Buchert U & Wrede S \(2021\) 'Bridging' and 'fixing' endangered social rights in the digitalizing welfare state. In Hirvonen H et al \(eds\) Digital Transformations in Care for Older People: Critical Perspectives. Routledge, pp 54-71. DOI: 10.4324/9781003155317.](#)

## WP3 Care poverty

### *Unmet long-term care needs depend on societal factors, which is captured by the novel concept and framework of care poverty*

Unmet care needs have regularly been considered a phenomenon at the individual level. However, they are also largely affected by their societal contexts, including the design of the long-term care system. The novel concept of care poverty captures this and connects the study on unmet needs to inequality research and social policy analysis. Unmet personal care needs (personal care poverty) and unmet practical care needs (practical care poverty) prove to be largely separate issues and associated with different factors. In the care poverty framework, these two domains are accompanied by socio-emotional care poverty. The concept is already used by researchers in Australia, Canada, Norway, and the UK as well as in the new international UNICAP (Unmet Needs, Inequalities, and Care Poverty) research network that the CoE launched in collaboration with the LSE.

[Kröger T \(2022\): Care Poverty: When Older People's Needs Remain Unmet, London: Palgrave Macmillan.](#)

[Sihto T & Van Aerschot L \(2021\) Care poverty within the home space: exploring the emotional experiences of unmet care needs. \*Frontiers in Sociology\* 6, 637799. <https://doi.org/10.3389/fsoc.2021.637799>.](#)

[Kröger T, Mathew Puthenparambil J & Van Aerschot L \(2019\) Care poverty: unmet care needs in a Nordic welfare state. \*Int J of Care and Caring\* 3 \(4\), 485–500. DOI:10.1332/239788219X15641291564296.](#)

[Kröger T, Van Aerschot L & Mathew Puthenparambil J \(2019\) Ikäntyneiden hoivaköyhyys \[Care poverty among older people\]. \*Yhteiskuntapolitiikka\* 84 \(2\), 124–134. \[urn.fi/URN:NBN:fi-fe2019041011854\]\(https://urn.fi/URN:NBN:fi-fe2019041011854\).](#)

### *Care poverty is marked among persons with memory disorders*

Memory disorders and dementia increase steeply with increased age, and with increasing longevity, more people suffer from these problems in the final years of life. Our earlier nationwide register study showed that access to residential care has declined, particularly for people aged 90+ who suffer from dementia. More recent analyses found that delayed discharge and remaining in acute care longer than medically necessary has increased among people with dementia in British Columbia, Canada. Home-dwelling individuals suffering from dementia have unmet care needs in the Netherlands and Finland. A qualitative analysis showed that people with memory disorders and their family carers are often in a disadvantaged position as, during the illness, they lack power over health and social care decision-making, which are often guided by structural factors. Our findings imply marked care poverty among older individuals with dementia.

[Aaltonen M & Van Aerschot L \(2021\) Unmet care needs are common among community-dwelling older people with memory problems in Finland. \*Scand J Public Health\* 49 \(4\), 423-432. DOI: \[doi.org/10.1177/1403494819890800\]\(https://doi.org/10.1177/1403494819890800\).](#)

[Aaltonen M et al \(2021\) Dementia and poor continuity of primary care delay hospital discharge in older adults. \*JAMDA\* 22 \(7\), 1484-1492. DOI: \[10.1016/j.jamda.2020.11.030\]\(https://doi.org/10.1016/j.jamda.2020.11.030\).](#)

[Aaltonen M et al \(2021\) Experiences of people with memory disorders and their spouse carers on influencing formal care. \*Dementia Int J of Social Research and Practice\* 20 \(7\), 2307-2322. DOI: \[10.1177/1471301221994300\]\(https://doi.org/10.1177/1471301221994300\).](#)

[Aaltonen M et al \(2020\) Trends in the use of care among people aged 65-85 with cognitive impairment in the Netherlands. \*Ageing & Society\* 40 \(1\), 43-72. DOI: \[10.1017/S0144686X18000752\]\(https://doi.org/10.1017/S0144686X18000752\).](#)

[Aaltonen M et al \(2019\) The joint impact of age at death and dementia on LTC use in the last years of life. \*Gerontology and Geriatric Medicine\* 5. DOI: \[10.1177/2333721419870629\]\(https://doi.org/10.1177/2333721419870629\).](#)

## Agency and Self-determination of Older People Thematic Unit 2 and Work Packages 4, 5 and 6

### *TU2 The right to self-determination is a key issue for older people but often constrained by institutional practices and policies*

Our studies show the importance of older people's autonomy in making decisions linked to care, housing, service use, and other key aspects of their everyday lives. Older people are agents who contribute to family and community life by acting in various positions in their social networks. Unequal access to resources and the fragmentation of services restrict autonomy. Life circumstances such as disability, ill-health, or adverse life events make people vulnerable to losing their self-determination. An increasing number of disabled people reaching old age and increasing functional limitations among the older population make old age an area of disability rights. Social inclusion presupposes quality care and services that build on equal access and recognition of social and cultural needs, but these are currently curtailed in the Finnish care system.

Kröger T & Chou Y-C (Forthcoming) Disability politics and social care. In Ranci C & Rostgaard T (eds) *Research Handbook of Social Care Policy*. Edward Elgar.

Chou Y-C & Kröger T (2022) Ageing in place together: older parents and ageing offspring with intellectual disability. *Ageing & Society* 42 (2), 480–494. DOI: 10.1017/S0144686X20001038.

Era S (2021) Equality according to whom? Debating an age-related restriction in the upcoming disability legislation reform in Finland. *Journal of Aging Studies* 58, 100953.

Jolanki O (2021) Senior housing as a living environment that supports well-being in old age. *Frontiers in Public Health* 8. DOI: 10.3389/fpubh.2020.589371.

Safarov N (2021) Personal experiences of digital public services access and use: older migrants' digital choices. *Technology in Society* 66, 101627. DOI: 10.1016/j.techsoc.2021.101627.

## WP4 Agency of older people in decision-making

### *The COVID-19 pandemic increased loneliness among older individuals, but overall, many of them coped rather well, showing resilience*

The impact of the COVID-19 pandemic and the restrictions of social interaction differed greatly between different groups of older individuals. Home-dwelling people with dementia and their family caregivers suffered from lack of other people's help and support, and had difficulty with digital interaction. Active older people had to stop their social life which, for example, increased their feelings of loneliness. Yet, in a nationwide survey, 85% of 65—84-year-old respondents considered the age-specific restrictions in social interaction appropriate. Our qualitative interview analyses implied that, largely, older individuals have socially coped with the pandemic rather well, showing resilience and flexibility. Our ongoing analyses continue to examine the pandemic's impact and its related restrictions on functional status, care use, and mortality.

[Kulmala J et al \(2021\) Personal social networks of community-dwelling oldest old during the Covid-19 Pandemic. \*Frontiers in Public Health\*. DOI: 10.3389/fpubh.2021.770965.](#)

[Forma L, Aaltonen M & Pulkki J \(2020\) COVID-19 and clients of long-term care in Finland. \*International Long-Term Care Policy Network, LSE, CPEC, Itccovid.org\*](#)

[Aaltonen M et al \(2021\) Ikääntyneiden kokemukset hoivan ja avun saamisesta koronapandemian aikana \[Older people's experiences on the receipt of care and help during the Covid-19 pandemic\]. \*Gerontologia\* 35 \(4\), 326–341. DOI:10.23989/gerontologia.107721.](#)

[Ahosola P et al \(2021\) Mikä muuttui vai muuttuiko mikään? Yli 65-vuotiaiden arki korona-aikana \[What changed or did anything change? Everyday life of people aged 65 or older during the Covid-19 pandemic\]. \*Gerontologia\* 35 \(4\), 342–355. DOI: 10.23989/gerontologia.103376.](#)

[Tiainen K, Nousiainen K, Tuominen K, Ahosola P, Jylhä M, Jolanki O. Uutta tutkimustietoa iäkkäiden sosiaalisesta hyvinvoinnista SoWell -tutkimuksen laaja kyselyaineisto valmistunut. \*Gerontologia\* 35 \(4\):406-410, 2021 \( Novel information on social-well-being of older individuals – the major SoWell survey is completed](#)

### *Combining socio-spatial perspective and theories of agency provide important new approaches for studying older people's well-being, support, and care needs*

Accessibility and qualities of the built environment, social relationships, and availability of services in the community all contribute to older people's social well-being and health. They also support older persons' autonomy, mutual support, and access to care. Autonomy does not exclude care needs or mutual support, but complement one another. Spaces and places offer different kinds of possibilities to enact older people's wishes and aims. At the same time, spaces and places are malleable to older people's choices and actions.

[Jolanki O \(2021\) Senior housing as a living environment that supports well-being in old age. \*Frontiers in Public Health\*. DOI: 10.3389/fpubh.2020.589371.](#)

[Luoma-Halkola H & Jolanki O \(2021\) Aging well in the community: understanding the complexities of older people's dial-a-ride bus journeys. \*J of Aging Studies\* 59, 100957. DOI: 10.1016/j.jaging.2021.100957.](#)

[Jolanki O, Rappe E & Suhonen R \(2020\) Hyvinvointia ja osallisuutta asuinympäristöjä kehittämällä \[Wellbeing and inclusion by developing living environments\]. \*Gerontologia\* 34 \(4\), 349-353.](#)

## WP5 Independent Living for older people

### *Ageing with disability and ageing into disability force a redefinition of conceptual and organisational boundaries between long-term care and disability services*

Ageing with disability (increasing number of disabled people reaching old age) and ageing into disability (increasing functional limitations as people get older) are two simultaneous trends that together challenge the current conceptual and organisational separation between disability services and care for older people. Boundaries between these two fields are opened up and renegotiated, for example, in ongoing legislative processes. Consequently, we argue that both research and policy need to recognise old age as an area of disability rights. In groups that include people with intellectual and developmental disabilities, a new phenomenon emerges: two generations of family members (disabled people and their family carers) ageing at the same time. Also in research, many lessons can be drawn from disability studies to long-term care research and vice versa.

Kröger T & Chou Y-C (Forthcoming) Disability politics and social care. In Ranci C & Rostgaard T (eds) *Research Handbook of Social Care Policy*. Edward Elgar.

Chou Y-C & Kröger T (2022) *Ageing in place together: older parents and ageing offspring with intellectual disability*. *Ageing & Society* 42 (2), 480–494. DOI: [10.1017/S0144686X20001038](https://doi.org/10.1017/S0144686X20001038).

Era S (2021) *Equality according to whom? Debating an age-related restriction in the upcoming disability legislation reform in Finland*. *J of Aging Studies* 58, 100953. DOI: [10.1016/j.jaging.2021.100953](https://doi.org/10.1016/j.jaging.2021.100953)

## WP6 Older people's use of digital care technologies

### *Digitalisation benefits some older people while also deepening a divide between technology-savvy users and those with no previous experience in digital technologies*

Older people are a heterogeneous group of users of digital devices and online services. Some use various devices, services, and social media applications fluently to run errands, find information, and maintain contacts with family and friends, while others are simply left behind. During the COVID-19 pandemic, some older adults benefited from digital technology and social media by maintaining their routines of daily life and social relations, while those unfamiliar with digital devices were unable to compensate for the lack of physical contacts, resulting in a deeper isolation and sense of loneliness. Digital technology can offer a tool for alleviating social exclusion and loneliness of older people, but it cannot serve as the sole answer or replace physical contact and other social activities.

Site A et al (2022) *Managing perceived loneliness and social-isolation levels for older adults: a survey with focus on wearables-based solutions*. *Sensors* 22 (3), 1108. DOI: [10.3390/s22031108](https://doi.org/10.3390/s22031108).

Ahosola P et al (2021) *Mikä muuttui vai muuttuiko mikään? Yli 65-vuotiaiden arki korona-aikana [What changed or did anything change? Everyday life of people aged 65 or older during the COVID-19 pandemic]*. *Gerontologia* 35 (4), 342–355. DOI: [10.23989/gerontologia.103376](https://doi.org/10.23989/gerontologia.103376).

Uotila H & Jolanki O (Accepted) *Kotona asuvien 60 vuotta täyttäneiden ihmisten yksinäisyys koronapandemian aikana [Loneliness of home dwelling people aged 60+ during COVID-19 pandemic]*.

## *Digital repertoires clarify the heterogeneity of digital technology use and its implications on familial care relations*

In our research, we found that basic communication technologies, especially mobile phones, shape older adults' familial care relations in highly individual ways. The actual role of 'warm and cold experts' is dependent on their availability and the degree of 'warmness'/'coldness'. In collaboration with WP2 on older migrants, it was further specified that even excellent digital skills do not guarantee access to the required services and care if the older person is unfamiliar with the digital service system. To highlight these complex interdependencies between technology access, personal skills, ICT support, and needs and motivations, we introduced the concept of digital repertoire to the field of ageing studies. Digital repertoire describes the multiplicity of strategies that older adults adopt in order to engage with digital technologies and services to meet their daily needs.

Kuoppamäki S, Hänninen R & Taipale S (in press) Enhancing older adults' digital inclusion through social support. In Tsatsou (ed) Vulnerable People & Digital Inclusion. Palgrave Macmillan.

Hänninen R et al (2021) Individual and shared digital repertoires: older adults managing digital services. Information Communication & Society. DOI: 10.1080/1369118X.2021.1954976.

Hänninen R et al (2021) Exploring heterogeneous ICT use among older adults. New Media & Society. DOI:10.1177/1461444820917353.

Taipale, S., Oinas, T., & Karhinen, J. (2021) Heterogeneity of traditional and digital media use among older adults : A six-country comparison. Technology in Society, 66, Article 101642. <https://doi.org/10.1016/j.techsoc.2021.101642>

## **Diversification of the Care Workforce Thematic Unit 3 and Work Packages 7, 8 and 9**

### *TU3 The diversification and de-professionalisation of care work continues in a context of policies that emphasise efficiency over quality of care*

Our studies have observed that recent care policy innovations further fragment careographies, being largely based on non-professional care. Family members increasingly face the need to accept carer roles with insufficient support from public care services, often leading to exhaustion. Migration-related diversity is increasing in the context of efficiency-oriented care work policies. The policy approach underpins so-called coping management that emphasises care worker responsibility for the quality of care and presupposes flexibility in terms of deployability according to the organisation's needs. Digitalisation comprehensively affects care work, giving workers little leverage. Digital support was clearly lower in long-term care work in comparison to other similar occupations.

Hirvonen H, Tammelin M, Hänninen R & Wouters E JM (eds) (2022) Digital Transformations in Care for Older People. Critical Perspectives. Routledge. DOI: 10.4324/9781003155317

Aaltonen M et al (2021) Experiences of people with memory disorders and their spouse carers on influencing formal care. Dementia 20 (7), 2307-2322. DOI: 10.1177/1471301221994300.

Leinonen E (2021) Caring in space: the boundaries between public and private spaces in Finnish adult foster care homes. Ageing & Society 41 (5), 1184-1201. DOI: 10.1017/S0144686X19001831.

[Wrede S et al \(2021\) Neoliberal 'flexibility' and the discursive incorporation of migrant labour in public eldercare in Finland. In Mora C & Piper N \(eds\) The Palgrave Handbook of Gender and Migration. Palgrave Macmillan, pp 253-268.](#)

[Van Aerschoot L et al \(2021\) Psychophysical burden and lack of support. Int J of Social Welfare. DOI: 10.1111/ijsw.12520.](#)

[Olakivi A \(2020\) The problematic recruitment of migrant labor. Current Sociology 68 \(3\), 333-352. DOI: 10.1177/0011392119837319.](#)

## WP7 Rehybridisation of care

### *Retention of long-term care personnel is currently at risk due to shortcomings in the management of care work and problems in working conditions and work content*

Based on our analysis, quitting intentions have rapidly increased among long-term care staff, seriously threatening the future recruitment and retention of care workers in a situation where population ageing leads to growing needs, which then leads to a continuously growing demand for care workers. Psychophysical workload is a key predictor of intent to leave, but shortcomings in the managing care work and negative changes in the content of work also increase care workers' intentions to quit. Younger workers, those employed by for-profit providers, part-time workers, and workers with more training are most likely to intend to leave.

[Van Aerschoot L et al \(2021\) Psychophysical burden and lack of support: reasons for care workers' intentions to leave their work in the Nordic countries. Int J of Social Welfare. DOI: 10.1111/ijsw.12520.](#)

[Olakivi A \(2018\) The Relational Construction of Occupational Agency: Performing Professional and Enterprising Selves in Diversifying Care Work. University of Helsinki.](#)

[Olakivi A et al \(2021\) Ylikuormitusta, lähijohtajan tuen puutetta vai vääränlaisia tehtäviä? \[Psychophysical overload, inadequate supervisor support or inappropriate tasks?\] Yhteiskuntapolitiikka 86 \(2\), 141–154.](#)

[Kröger T, Van Aerschoot L & Mathew Puthenparambil J \(2018\) Hoivatyö muutoksessa \[Care work under change\]. Jyväskylän yliopisto.](#)

## WP8 Ethnic hierarchisation of the care workforce

### *New forms of managerialism aggravate the exploitation of migrant care workers*

Our studies show how a novel management style, conceptualised as 'coping management' (CM), has engendered a vicious cycle of detrimental consequences in the Finnish care system. Coping management responds to the severe and constant under-resourcing of old age care by expecting care workers to be increasingly 'flexible'. It also expects floor-level care managers to 'activate' their staff-members' flexibility and recruit migrant workers who have less abilities to confront CM. Activation concerns non-migrant workers, too, but those with migrant backgrounds are more severely concerned due to their labour market situation. Coping management also engenders novel frictions between care workers and their managers, thereby aggravating labour shortages and recruitment difficulties in the care sector. As a sign of exploitation and compliance, our register-based observations indicate high levels of 'sickness presenteeism' among migrant care workers, meaning coming to work even when sick in fear of negative consequences that might be associated with taking sick leave.



Wrede S, Näre L, Olakivi A & Nordberg C (2021) Neoliberal 'flexibility' and the discursive incorporation of migrant labour in public eldercare in Finland. In Mora C & Piper N (eds) The Palgrave Handbook of Gender and Migration. Palgrave Macmillan, pp 253-268. DOI: 10.1007/978-3-030-63347-9\_16.

Van Aerschot L et al (2021) Psychophysical burden and lack of support: reasons for care workers' intentions to leave their work in the Nordic countries. Int J of Social Welfare. DOI: 10.1111/ijsw.12520.

Olakivi A (2020) The problematic recruitment of migrant labor: a relational perspective on the agency of care work managers. Current Sociology 68 (3), 333-352. DOI: 10.1177/0011392119837319.

## WP9 Digitalisation of care work

### *Digitalisation of care work calls for supportive organisational culture*

Our research shows that digitalisation affects care work comprehensively but gives workers little leverage. Based on our analysis, we observed considerable increases in the use of digital technology in just a two-year time period (2019-2021)—especially of devices and applications related to mobile work—likely boosted by the COVID-19 pandemic. The digital skills of Finnish care workers were similar to other occupations with the same education level. Organisational culture supportive of digital technology added to care workers' interest in technology and improved their digital skills, translating into higher technology use. However, digital support was clearly lower in care work when compared to other similar occupations. Our interviews showed that residential care workers used many digital tools actively and skilfully, but they also had to work around recurrent technological problems.

Hirvonen H et al (eds) (2022) Digital Transformations in Care for Older People: Critical Perspectives. Routledge. DOI: 10.4324/9781003155317.

Hirvonen H et al (2021) Group-based instant messaging in Finnish residential elder care work: taming the technology or vice versa? New Technology Work and Employment. DOI: 10.1111/ntwe.12221.

Hämäläinen A & Hirvonen H (2020) Electronic health records reshaping the socio-technical practices in long-term care of older persons. Technology in Society 62, 101316. DOI: 0.1016/j.techsoc.2020.101316.

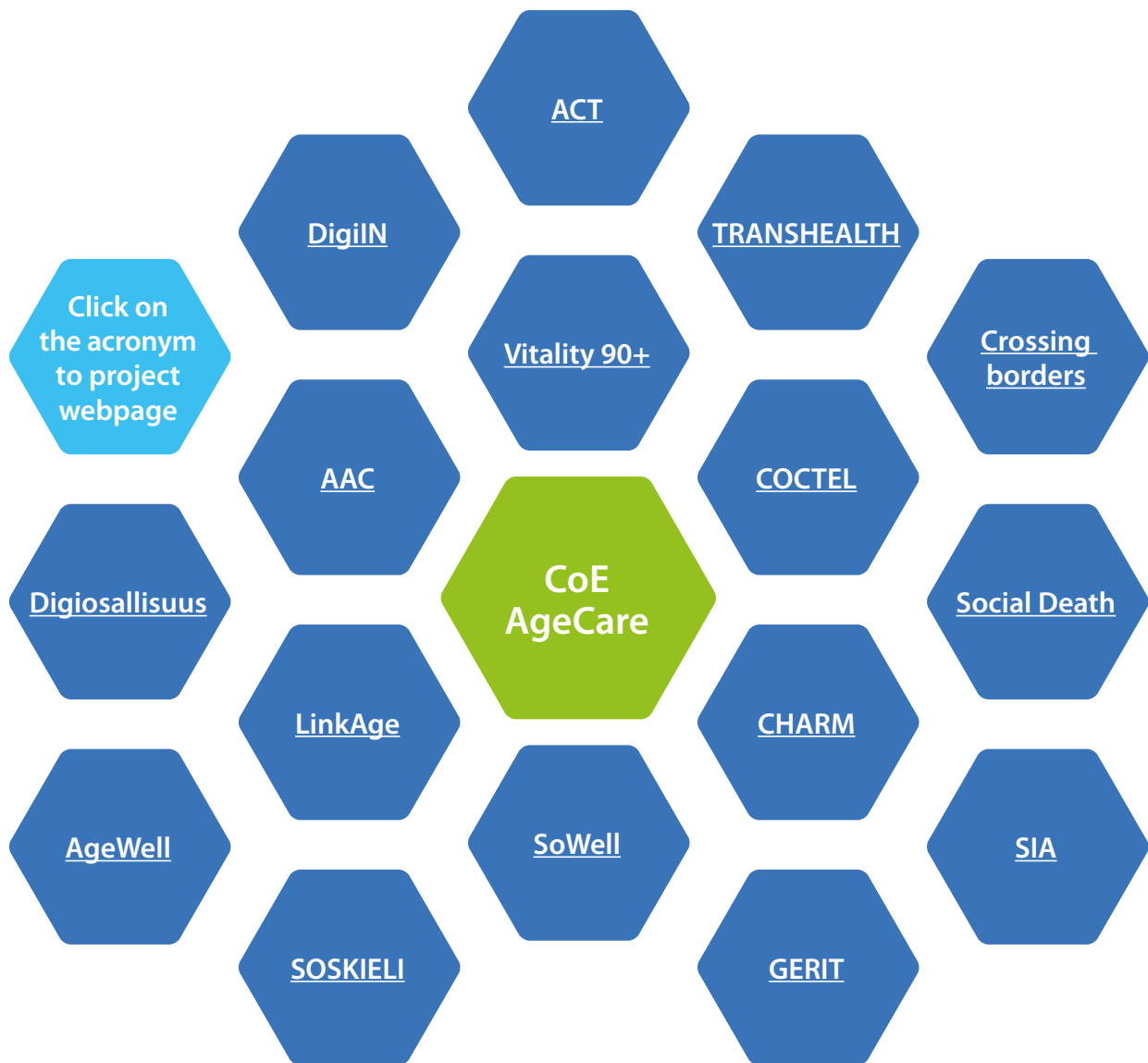
Oinas T et al (2021) Teknologisten laitteiden ja sovellusten käyttö vanhustyössä: työn piirteiden ja yksilötekijöiden vaikutusten tarkastelua [Technology use in eldercare work: the effects of work context and individual characteristics]. Yhteiskuntapolitiikka 86 (2), 166-179.

## Projects and Funding

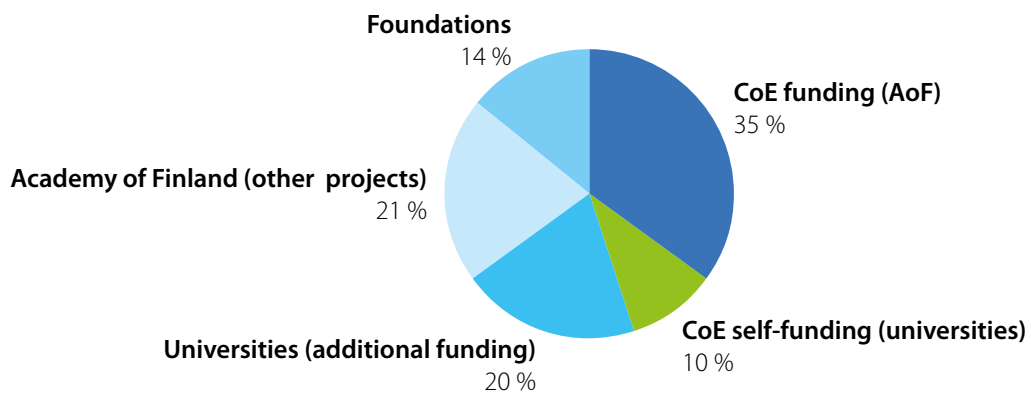
During its first four-year-period, the CoE has been successful in applying additional funding and generating new lines of research that contribute to the CoE's work. All new projects are closely linked to the implementation of the thematical units (TUs) of the CoE. New projects also highlight the synergies in being a CoE, as they are joint efforts of researchers from different RG's and complement the interrelation between the TUs. In addition, new projects are part of the CoE's strategy of widening and deepening the collaboration with national and international partners. They also enable new recruitments, thus creating new openings and ideas.

The CoE researchers have received additional funding from various sources such as the Strategic Research Council, the Academy of Finland Profiling Action, the Prime Minister's Office, the Kone Foundation, the Päivikki and Sakari Sohlberg Foundation, the Foundation for Municipal Development, and the Finnish Cultural Foundation. In addition, CoE researchers have received personal grants from the Academy of Finland and their own universities.

- **Active Ageing and Care (AAC)** / Academy of Finland / Profiling Action (Profi4) / 2018–2022
- **Older audiences in the digital media environment (ACT)** ACT-SSHRC
- **Care, Health and Ageing of Russian-speaking Minority in Finland (CHARM)**
- **Ageing and social well-being (SoWell)** / Päivikki and Sakari Sohlberg Foundation / 2018–2021
- **COCTEL—The longevity revolution – implications for the need and costs of health and social services**
- **Crossing Borders for Health and Well-being** / Kone Foundation / 2017–2020
- **Digital participation in Finland** / Prime Minister's Office / 2020–2021
- **DigiIN – Towards socially inclusive digital society** / Strategic Research Council / AoF / 2019–2025
- **GERIT – Gerontological social work and complex needs of older adults**
- **Analysing emerging themes in the 'new' environment of living with COVID-19, through the twin lenses of care homes and university campuses** / Interreg Northern Periphery and Artic programme, COVID-19 response, 2020–2021
- **Linked Ageing: Interdependencies in Housing and Care in the Course of Later Life (LinkAGE)** / AoF / 2016–2020
- **Social Inequalities in Ageing (SIA)** / Nordforsk
- **SOSKIELI - Language diversity and vulnerability in social work in the era of digitalisation** / The Ministry of Social Affairs and Health 2021–2023
- **Transnational health and well-being (TRANSHEALTH)** / University of Helsinki / 2020–2023
- **The Vitality 90+ Study**
- **Wellbeing and Later Life in a Digital Age-project – AgeWell**



### CoE funding 2018–2022



# Completed Doctoral Degrees 2018–2021



## **Antero Olakivi, 2018**

Title of the dissertation: The relational construction of occupational agency: Performing professional and enterprising selves in diversifying care work.

[Link to the publication.](#)

Field: Sociology



## **Jiby Mathew Puthenparambil, 2019**

Title of the dissertation: Marketisation of care within the Nordic context: Private care provision for older people in Finland.

[Link to the publication.](#)

Field: Social and public policy



## **Tiina Sihto, 2019**

Title of the dissertation: Placing women? How locality shapes women's opportunities for reconciling work and care.

[Link to the publication.](#)

Field: Social and public policy



## **Paula Vasara, 2020**

Title of the dissertation: Exigencies and choices – narratives of older people's housing paths.

[Link to the publication \(in Finnish\).](#)

Field: Social and public policy



## **Emilia Leinonen, 2020**

Title of the dissertation: Locating adult foster care. Adult foster care for older people in between of formal and informal.

[Link to the publication \(in Finnish\).](#)

Field: Social and public policy



## **Md. Sher-E Khoda, 2020**

Title of the dissertation: NGOs' Capacity Building and Mission Drift: Commercialization of Microfinance Programs and Poverty Reduction in Bangladesh.

[Link to the publication.](#)

Field: Social and public policy



## **Anna Simola, 2021**

Title of the dissertation: Passionate Mobile Citizens or Precarious Migrant Workers?: Young EU Migrants, Neoliberal Governance and Inequality within the Free Movement Regime.

[Link to the publication.](#)

Field: Sociology



## **Vilhelmiina Lehto-Niskala, 2021**

Title of the dissertation: Toimintakyky hoivapolitiikan ja hoidon arjen risteyksessä: Ikääntyneiden ympärivuorokautisen hoidon asukkaiden, heidän perheenjäsentensä sekä hoitajien käsityksiä toimintakyvystä ja kuntoutuksesta. [Link to the publication.](#)

Field: Public health

## Media and Public Outreach

Since the start of the CoE, its researchers and their work have received substantial media attention. This attention was further increased by the ‘care crisis’; that is, the serious deficiencies of care homes to provide quality care to their older residents, which the Finnish media reported on in January–February 2019. It became the most debated public issue in Finland in Spring 2019 and in campaigns of the April 2019 parliamentary elections. As a result, CoE researchers received considerable space, not only in national newspapers and professional magazines but also on national tv and radio, to address their research findings and policy recommendations. In 2019, the most discussed topics in CoE members’ interviews were care poverty (‘hoivaköyhyys’ in Finnish), quality problems in residential care, and the resources of long-term care. In 2020, the media coverage was mostly about the COVID-19 pandemic and its effects on older people’s lives and their services. The Finnish Government recommended that persons aged 70+ stay “in quarantine-like conditions” from mid-March to June 2020. This caused a lot of discussion on self-determination and overall justification for such age-related restrictions. COVID-related deaths in care homes were another issue that featured in interviews in 2020. In early 2021, the topics discussed in the media, and to which our CoE researchers gave numerous comments, focused on the problems of home care and the recruitment difficulties of home care workers. Digitalisation of home care, as well as older people’s digital skills, have also been discussed regularly in interviews, along with the situation of care workers and older people with a migrant background.

This attention has resulted in over 300 interviews in national newspapers and magazines and on national tv and radio channels and podcasts (including also our own podcast series, “Good news about ageing”).

[Video presentation of Centre of Excellence in Research on Ageing and Care](#), Academy of Finland

[Millainen on siirtolaisen vanhuus Suomessa?](#) [What kind of old age there is for migrants in Finland?] University of Helsinki’s podcast “Uteliäs mieli”, 5.11.2021

Jylhä, Marja (2021) [Vanhuustutkijan koronavuosi — Myöhäiskeskä-iä ja pitkäikäisyyden vallankumous](#) [An ageing researchers corona year – late middle age and the longevity revolution]

[Hyviä uutisia vanhenemisestä](#) [Good news about ageing] GEREC podcast series, 5 episodes

**About 10 posts per year in [CoE’s blog](#)**

**Followers on Twitter: 1,157 // Followers on Facebook: 1,189**

## Coming up

**CoE AgeCare Mid-Term Congress 15<sup>th</sup>–17<sup>th</sup> June 2022, Tampere, Finland**

### **Longer lives, better care?**

The overarching theme of the congress is population ageing as a global phenomenon that is already changing the world, and the impact of population ageing on care needs and care policies in the future. In addition, the congress discusses the measures and policy tools needed to ensure high-quality care for older people.

The mid-term congress offers researchers interested in the above-mentioned topics an opportunity to present their research results in this multidisciplinary congress. Another aim of the congress is to offer researchers an opportunity to exchange ideas and strengthen existing research networks and build new ones. Third important aim of the congress is to provide an arena to develop ideas and research collaboration for the future.

We invite contributions from researchers working within the CoE AgeCare and our collaborators, but welcome also contributions from research groups and researchers who are not affiliated to the CoE AgeCare. The congress program includes invited speakers and thematic groups, and plenty of time for general discussions and smaller gatherings. Thematic groups include three topics: 1) population ageing and care needs and inequalities, 2) agency and self-determination of older people, 3) diversification, rehybridisation and digitalisation of care work.





CENTRES OF EXCELLENCE  
IN RESEARCH